WOLVERHAMPTON GRAMMAR SCHOOL

ALLERGY AND ANAPHYLAXIS POLICY

AIMS AND OBJECTIVES

This policy outlines Wolverhampton Grammar School's approach to allergy management, in line with the Department for Education's statutory guidance published in 2026 (Supporting children and young people with medical conditions and allergy). It also anticipates the likelihood of Benedict's Law coming into force in 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with severe allergies.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the school.

WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

DEFINITIONS

Anaphylaxis: anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen: a normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by uk law to be highlighted on pre-packed food, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

Adrenaline auto-injector: single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy, we will refer to them as adrenaline devices or ADs to include other adrenaline devices.

Allergy action plan: this is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

Asthma: asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

Asthma action plan: this is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

Designated allergy lead: the member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

Critical Incident Plan: a document that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

Individual Healthcare Plan: a detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with a severe allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: The school holds spare adrenaline pens as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

ROLES AND RESPONSIBILITIES

Wolverhampton Grammar School takes a whole-school approach to allergy management.

Named Allergy Director

The Named Allergy Director is Sukhjot Dhami. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at Board level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the Board;
- Providing strategic oversight of the school's Allergy Policy, ensuring it is reviewed at least annually and published on the school's website;
- Acting as the Board of Directors' named point of contact for allergy-related matters;
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the Board of Directors is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

Designated Allergy Lead

The Designated Allergy Lead is Dan Peters, who is the Acting Head. He is responsible for:

- Leading the publication and implementation of a school-wide Allergy Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related emergency response procedures;
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the Board of Directors and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures; and
- Regularly reviewing and updating the Allergy Safety Policy.

Main First Aid team

The Reception Teams in the Junior & Infants and Senior School are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;

- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date;
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date.;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;

Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and First Aid team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity
- There is a clear structure in place to communicate this information to the relevant parties (i.e. First Aid team and catering team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy and asthma awareness across the school;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training as required. Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;

- Forwarding any communication or information that comes directly to them from parents regarding allergens to the main First Aid team and pastoral staff; and
- Ensuring that pupils have their medication with them when leaving the school site for a match or trip.

All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

Parents of children with allergies

In addition to the paragraph immediately above, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, on the journey to and from school;
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too; and
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Older pupils should:

- Learn how to recognise an allergic reaction through First Aid training and Wellbeing lessons;
- Support their peers and staff in case of an emergency; and
- should check the ingredients of food brought in from home as appropriate.

Pupils with allergies

In addition to the paragraph immediately above, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Ensuring they have their medication with them on the journey to and from school.

INFORMATION AND DOCUMENTATION

Register of pupils and staff with an allergy

The school has a register of pupils and record of staff who have a diagnosed allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school should have an Individual Healthcare Plan. The information on this plan should include:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details;
- A copy of their Allergy and/or Asthma Action Plan; and
- Where applicable, a copy of the Risk Assessment.

- Additionally, where appropriate, it may be useful to attach a copy of the most recent census where the parent has given consent to administer the use of spare adrenaline devices and asthma inhalers.

Data Protection and Confidentiality

Information about allergies and medical needs will be handled in line with the school's data protection procedures. It will be shared only with staff and relevant third parties who need the information to keep the pupil, member of staff or visitor safe, including catering providers, trip leaders, first aiders and emergency responders where appropriate.

ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog for a presentation on assistance animals;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The school will ensure compliance with the Equality Act 2010.

FOOD, INCLUDING MEALTIMES & SNACKS

Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies, including visual checks from catering staff, a photo display of children with known allergens, support

from Teaching Assistants at infant meal times, and wrist bands for younger children to aid identification.

- Dishes and menus containing the main 14 allergens will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request. Children with very serious allergies, particularly to allergens outside the main 14, are offered pre-plated food at meal times to avoid cross-contamination.
- Information on allergens will be available for pupils to check independently;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- On the rare occasion where ingredients integral to a dish have a 'may contain' warning, this is clearly communicated to pupils;
- With the exception of the above point, the catering team makes every effort to avoid foods containing nuts;
- For children in Reception:
    - Children will always be accompanied by a member of staff with full Paediatric First Aid training when eating lunch;
    - The school will obtain special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements during the admissions process
    - As noted above, a Teaching Assistant ensures children are being served the correct food at meal times.
- Food served at breakfast club and at the tuck shop follows all of the above procedures.

Food brought into school

WGS is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. The school politely requests that children do not bring nuts or nut-based products into school. Parents are encouraged to check the allergens of the class when choosing food to celebrate birthdays. As part of our healthy eating drive, parents of children in the younger year groups are encouraged to bring in party-favours instead of cake.

Food hygiene for pupils

- The school encourages pupils to wash their hands with soap and warm water before and after eating; and
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped.

EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;

- Allergens will be clearly labelled on catered packed lunches. Students with allergens outside the main 14 will have a specific lunch pre-prepared for them, or where parents prefer, a packed lunch can be sent in from home.
- See Adrenaline Devices Section for School Trips and Sports Fixtures.

INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The school's Estates Team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

ANIMALS (trips and visiting speakers)

It's normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site, a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed.

ALLERGIC RHINITIS/ HAY FEVER

Anti-allergy pills (and liquid medication in the Junior and Infants) is stored at both receptions. Pupils may access this medication, as required. Unless such medication has been sent in from home, a short phone call to parents or guardians is made to confirm consent, regardless of the age group. A note of the time and dosage administered is made. Please note the additional requirements set out in the Administration of Medicines in the EYFS policy.

INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;

- Pupils with allergies may require additional pastoral support including regular check-ins from their form tutor in the Junior & Infants or Head of House in the Senior School;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy; and
- Uniform policies take into account that children may need emergency medication near them at all times.

ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

Storage of adrenaline devices

- Pupils prescribed with adrenaline devices should have easy access to two, in-date devices at all times;
- Adrenaline devices in the Junior & Infants are stored in the medical room; in the Senior School, most pupils carry (at least) one of their devices with them and store an additional device at main reception. Some older students carry both their devices with them;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;
- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Out of date devices are either disposed of at a local pharmacy or collected by a local health professional.

Spare adrenaline devices

This school has eight spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. These are: Junior & Infants reception, Senior School reception, the Derry (School Canteen), and in Admissions (for use in trip bags).

The Allergy Lead is responsible for:

- Deciding how many spare devices are required;
- What dosage is required;
- The purchasing of spare adrenaline devices; and
- Distribution around the school site and clear signage.

Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device will be able to go on a school trip without their device. It is the trip leader's responsibility to check they have them;
- Children should have two devices in school – these should accompany the child on the trip. Where, for whatever reason, a child only has one device, the trip leader and/or Main First Aider should consult the Allergy Lead for guidance.
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;

- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Spare adrenaline devices are normally taken to off-site activities. This should be recorded as part of the risk assessment process.

RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare device if needed.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's Critical Incident Plan.

TRAINING

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should cover all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

This training will cover:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- How to report an allergic reaction or near miss.

ASTHMA

The school understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

- Staff received Asthma training in January 2026, and, as such, are aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- All pupils with moderate or severe asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- Where available, the Asthma Action Plan will be included in the pupil's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location.
- The school holds a spare reliever inhaler at both receptions. Consent for its use is sought on an annual basis through the census.

REPORTING ALLERGIC REACTIONS

The school logs all allergic reaction incidents and near-misses as soon as is feasible after they occur.

- Each record should include: who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports should be shared with:
    - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review;
    - the Designated Allergy Lead; and
    - the Health & Safety Committee, who meet termly, and the minutes of which are shared with the Board of Directors.
- The Designated Allergy Lead will ensure that the incident is recorded, reviewed and, where necessary, investigated. They will identify any immediate actions, share relevant learning with staff, and report significant incidents, trends and recommendations to the named Allergy Director.
- The named Allergy Director will ensure that the Board of Directors is updated as appropriate and that any required policy, training or risk management changes are considered.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

Please also refer to the following policies:

Health and Safety Policy - Staff network and website	Safeguarding Policy - Staff network and website
Administration of Medicines in EYFS Policy - Staff network and website	Anti-Bullying Policy - Staff network and website
Offsite Trips and Visits Policy - Staff network and website	First Aid Policy - Staff network and website

Monitoring and Evaluation of this policy

The school monitors and evaluates its Allergy Policy through the following activities:

- Record keeping of first aid training records
- Record keeping of first aid risk assessment
- Review of First Aid Record Sheets by the Head
- Review of accident and incident forms by the Head and then as a termly rolling summary by the Health & Safety Committee to address trends and take appropriate action
- Review of any RIDDOR referrals by Health and Safety Committee
- Review of concerns and complaints registers by SMT and Board of Directors

DLP
August 2026

Next Review:
September 2027

APPENDIX 1
MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

APPENDIX 2
RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.