ALLERGEN AND ANAPHYLAXIS POLICY

Amadeus
Primary Academies Trust

Limitless Learning Together

Castilion Primary School

Policy created:	**June 2026**
Implementation of Policy:	**September 2026**
Next Review:	**September 2027**

1. Policy statement

Amadeus Primary Academies Trust is committed to safeguarding pupils, staff and visitors with allergies and reducing the risk of allergic reactions, including anaphylaxis. We will:

identify and support pupils with allergies through robust planning and communication

manage allergens in food provision, the curriculum and the wider school environment

ensure staff are trained and confident to respond to allergic reactions and anaphylaxis

maintain appropriate emergency medicines, including adrenaline auto-injectors (AAIs), and clear emergency procedures

This policy should be read alongside:

- **Supporting pupils at school with medical conditions (DfE statutory guidance)**
- **DfE Allergy guidance for schools (updated 17 Nov 2025)**
- **Using emergency adrenaline auto-injectors in schools (DHSC guidance)**
- **NHS advice on anaphylaxis**
- **The school's 'Supporting Pupils with Medical Conditions' Policy**

2. Scope

This policy applies to:

all pupils (including those without a previously known allergy)

all staff, governors, volunteers, contractors and visitors

all school activities: breakfast/after-school clubs, trips, sports, events, and wraparound care

3. Key definitions

· **Allergy**: an adverse immune response to a substance (allergen) such as food, insect venom, latex, medicines.

· **Anaphylaxis**: a severe, potentially life-threatening allergic reaction requiring urgent action.

· **AAI**: adrenaline auto-injector (e.g., EpiPen, Jext, Emerade where applicable).

4. Roles and responsibilities

The Principal and a named governor Bridgette Akora hold legal ownership of allergy safety.

Governing body

Ensures this policy is implemented and reviewed annually.

Ensures arrangements are in place to support pupils with medical conditions.

Principal

Overall accountability for implementation, training, and resourcing (including emergency medicines).

First Aid Lead

Maintains the allergy register and ensures Individual Healthcare Plans (IHPs) are in place and reviewed.

Coordinates staff training and ensures reasonable adjustments are made.

Maintains medication records, checks expiry dates, ensures safe storage and accessibility.

All staff

Take allergies seriously, follow IHPs, reduce allergen risk, and respond to emergencies.

Parents/carers

Provide accurate medical information, up-to-date allergy action plans, and in-date prescribed medication.

Inform school immediately of changes.

Pupils (as appropriate to age)

Learn not to share food, to tell an adult if they feel unwell, and (where appropriate) to carry/locate their medication.

5. identification, care planning and records

5.1 Allergy register

The school maintains an up-to-date allergy register (photo where appropriate) accessible to relevant staff.

Allergies are flagged for: class lists, kitchen/catering, trip packs, club registers, and supply staff folders.

5.2 Individual Healthcare Plans (IHPs)

For pupils at risk of significant reactions, we will have an IHP in line with DfE statutory guidance. Each IHP will include:

allergens and typical reactions

avoidance measures (classroom, dining hall, curriculum, trips)

prescribed medication details (including AAI brand/dose)

where medication is stored and who checks it

emergency steps and when to call 999

parental consent and medical authorisation (including consent for use of a school spare AAI where applicable)

5.3 Allergy action plans

Parents should provide a clinician-completed allergy action plan (for example BSACI paediatric plans commonly used in the UK)

6. Day-to-day allergen risk reduction

6.1 Food provided by school (meals, snacks, cooking activities)

The school follows DfE allergy guidance and ensures allergen information is managed and communicated.

Where the school provides food, reasonable steps are taken to prevent cross contamination, including cleaning procedures and separation of utensils/areas where required.

Any food handling for lessons (DT/cooking), celebrations, or fundraising must follow a risk assessment for pupils with known allergies.

6.2 Packed lunches

The school promotes “no food sharing”.

Where a pupil has a severe allergy, the school will implement proportionate controls (for example, specific seating/cleaning routines) as set out in the pupil’s IHP.

The school may request cooperation from parents (for example, avoiding sending a specific allergen into class) where needed for safety—this will be risk-assessed and communicated clearly (recognising that “blanket bans” are not always reliable on their own).

6.3 Food brought in / events

Any external food (bake sales, parties, PTA events) must be managed with allergen awareness.

Pre-packed for direct sale (PPDS) labelling requirements and good practice will be followed where relevant.

6.4 Non-food allergens Risk reduction will also consider:

insects (wasps/bees), especially outdoors

latex (balloons, gloves)

animals

chemicals/crafts (e.g., nut oils, food-based materials)

7. Training and awareness

All staff (including supply teachers, midday supervisors, and breakfast club workers) undergo annual anaphylaxis recognition training. This is a legal obligation in response to Benedict's Law. This can be delivered through high-quality online training and school's can use the Educare ***Understanding Anaphylaxis*** course to deliver this or may choose to pay for in person training with some/all staff.

Pupils' key staff (class teacher, TAs, lunchtime supervisors, office/first aiders) are briefed on relevant IHPs.

The school refreshes AAI use training and ensures staff can follow action plans confidently.

8. Medication: storage, access and administration

8.1 Pupils' own medication

Parents must supply in-date, clearly labelled medication (including at least one AAI where prescribed).

Medication is stored so it is secure but immediately accessible in an emergency (in the child's classroom first aid cupboard).

8.2 Emergency "spare" adrenaline auto-injectors (AAIs)

We follow national guidance:

School purchases AAIs without prescription for emergency use, subject to the conditions set out in DHSC guidance.

A spare AAI may only be used for a pupil at risk of anaphylaxis where appropriate authorisation/consent is in place and the pupil's own AAI is not available or not working, in line with the guidance.

Spare AAIs are stored with clear instructions and are in-date, checked termly (Stored in an unlocked location accessible within 5 minutes from anywhere on the property – 1 set in the school office, 1 set to be taken by MDS to the playground at lunchtime).

Number/type of spare AAIs held: 2 x Jext 150 micrograms for under 6 years and 2 x Jext 300 micrograms for over 6 years.

Storage locations: School office – first aid cupboard. At lunchtimes 1 MDS will take a set with them to the playground.

Responsibility for checks:

First Aid Lead

Record system:

Record administration of epi pen on administration of medicine form (and also record on Bromcom, CPOMS and/or Worknest if a RIDDOR).

9.Recognising reactions and emergency response

9.1 Mild to moderate reaction

- Follow the pupil's action plan/IHP (often includes antihistamine if prescribed).
- Inform parents/carers.
- Monitor closely for escalation.

9.2 Suspected anaphylaxis (medical emergency)

Staff will act immediately:

1. Give adrenaline (AAI) without delay as per the pupil's action plan.
2. Call 999 and state anaphylaxis.
3. Positioning (per NHS advice):
   - lie the person down (legs raised if possible)
   - if breathing is difficult, allow them to raise shoulders / sit up slowly
   - if pregnant, lie on the left side
   - do not allow them to stand or walk
4. If symptoms do not improve after 5 minutes, give a second AAI if available/authorised and continue to wait for the ambulance.
5. Contact parents/carers as soon as possible after emergency actions are underway.

After any AAI use:

- The pupil must be transferred to hospital by ambulance for assessment, even if they appear to recover (as per emergency medical practice and NHS advice to call 999).
- The school completes an incident report and reviews controls.

10. Trips, clubs, sports and off-site activities

Risk assessments explicitly cover allergies (food arrangements, venue controls, travel, emergency access).

A trained adult is designated to carry emergency medication and the action plan(s).

Mobile phone access and emergency route planning are confirmed.

11. Allergy bullying and inclusion

Allergy-related bullying (including teasing, food intimidation, or deliberate exposure) is treated as a safeguarding concern and managed under the behaviour/anti-bullying policy.

Reasonable adjustments are made so pupils with allergies can participate fully and safely.

12. Communication

Parents receive information on the school's approach and expectations (e.g., no food sharing, event procedures).

Catering providers are formally informed of relevant allergens and control measures.

Supply staff and volunteers receive key allergy information relevant to their role.

13. Monitoring, audit and review

This policy is reviewed annually (or sooner after an incident or guidance update).

Termly checks: medication expiry dates, staff training records, and allergy register accuracy.

Post-incident debriefs identify improvements.