Fairlawn and Haseltine Federation
Allergy and Anaphylaxis Policy

Introduction

This policy outlines how the Federation supports children with allergies and anaphylaxis to ensure their safety, wellbeing, and full inclusion in school life.

An allergy is an immune system reaction to a normally harmless substance. In severe cases, this can lead to anaphylaxis, a life-threatening condition requiring immediate treatment. It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to) Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen, and Animal Dander.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

From October 2017, schools were permitted to hold spare adrenaline auto-injectors (AAIs).

Benedicts Law

The above law means that from Sept 2026 every school **must**:

- ✓ Have a comprehensive allergy and anaphylaxis policy.
- ✓ Individual Healthcare and Anaphylaxis Action Plans in place for any child with a known allergy.
- ✓ Hold spare in-date adrenaline auto-injectors on site.
- ✓ Ensure mandatory training for **ALL** staff to understand allergy risks and recognise the signs of anaphylaxis and be competent in administering adrenaline in an emergency.
- ✓ After any allergic incident or near miss, ensure it is recorded in the child's healthcare plan and the information used to continually improve the management of allergy procedures.

Aims

Safeguard pupils with allergies
Ensure rapid and effective emergency response
Promote awareness and risk reduction
Ensure compliance with legal and medical guidance

Legislation & Guidance

This policy aligns with key legislation including:
Supporting Pupils with Medical Conditions (DfE, 2026) - Statutory guidance on individual healthcare plans and staff training.
Equality Act (2010) - Schools must make reasonable adjustments for disabled pupils, including those with severe allergies.
Children and Families Act (2014) - Section 100 Schools must support pupils with medical conditions.
SEND Code of Practice (2015)
Guidance on AAIs in schools (2017)
Human Medicines (Amendment) Regulations 2017 Schools - permitted to hold spare adrenaline auto-injectors (AAIs).
Natasha's Law (2021) - All PPDS food must be labelled with name and full ingredients, allergens highlighted. Health and Safety at Work Act 1974 Employer duty to ensure staff and pupil safety
Benedict's Law / Schools (Allergy Safety) Bill (2026) - Mandatory allergy awareness training for all staff; spare Adrenaline Auto Injectors (AAIs) in every school; whole-school allergy policies.
Children's Wellbeing and Schools Act (2026) - (often discussed alongside the legislative changes of **Benedict's Law**) makes allergy safety a mandatory, whole-school legal requirement rather than optional guidance

Understanding Anaphylaxis

Anaphylaxis is a severe allergic reaction that can occur rapidly. Common triggers include foods, insect stings, medications, and latex. Key symptoms include breathing difficulty, swelling, dizziness, and collapse. Adrenaline must be administered immediately if anaphylaxis is suspected.

Roles & Responsibilities

Governing Body

The Governing Body will:

- Will appoint a governor (Ros Tuerk) with oversight of the implementation of this policy.

All Parents / Carers

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of children with allergies.
- 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 special events.
- Encouraging their child to be allergy aware.

Parent / Carers of Children with Allergies Responsibilities

- On entry to the school, it is the parent's responsibility to inform Office staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents / Carers are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to the school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents / Carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents / Carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

Allergy Lead – Is responsible for coordinating the school's allergy management arrangements.

Fairlawn – Emily Bruggy Deputy Headteacher and Sendco

Haseltine – Ellie Whilby Deputy Headteacher and Sendco

Designated Medical Lead – Is responsible for maintaining accurate medical records

Fairlawn – Francesca Marbaix

Haseltine – Keyanda Hilaire

- **All staff** will complete anaphylaxis training. Training is provided for all school staff on an annual basis and on an ad-hoc basis for any new members of staff. This will include Office staff ensuring that any Agency / Supply staff have been trained.
- Staff (regular or cover classes) must be aware of the children in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities will be risk assessed by the Teacher and must be supervised with due caution.
- Staff leading school trips will ensure that spare emergency medications are accessible if required. Trip leaders will check that all children with medical conditions, have their medications available. The member of school staff in charge of the children with an allergy will hold the medication.
- Pupils unable to produce their required medication will not be able to attend the excursion.
- The Designated Medical Lead will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure that all medication is in date, however the Designated Medical Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Designated Medical Lead will keep a register of children who have been prescribed an adrenaline auto-injector (AAI) and a record of any occasion when the AAI(s) has needed to be used and of any other emergency treatment given.
- The Office Manager (Fairlawn) & Senior Administration Officer (Haseltine) will ensure that any reaction or near misses is recorded and reported internally, to the Local Authority or in accordance with RIDDOR.

Child's Responsibilities

- Children are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Visitors, Volunteers, Contractors and Extended Services Providers

- Visitors, Volunteers, Contractors and Extended Services Providers who regularly work with pupils will be informed of the relevant allergy arrangements appropriate to their role.
- Contractors providing food services must comply with food safety legislation and school allergy procedures.
- Where appropriate, visitors delivering practical activities involving food our allergens will complete a suitable risk assessment before the activity.

Individual Healthcare Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto - injector. British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

Medication Management

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name.

The child's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action

plan)

- Spoon if required.
- Asthma inhaler (if included on allergy action plan).
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It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled. However, the Designated Medical Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Spare' Adrenaline Auto-Injectors (AAI's) in School

Haseltine

These are stored in the reception area attached to the wall. The keys are kept safely, not locked away and accessible and known to all staff. Leaders have the key on their lanyards at all times.

Fairlawn

There is a break to access emergency key just under the kit. There is one in Fran's draw and one in the office. The Epi-pens are checked and it is recorded online.

Both Fairlawn & Haseltine hold 4 spare pens which are kept in the office area (2 pens for under 6 year olds and 2 pens for over 6.) Fran/Keyanda are responsible for checking the spare medication is in date monthly and to replace as needed. A record is maintained. Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

Emergency Response

Call 999 immediately.
Administer adrenaline without delay.
Monitor child and give second dose if needed.
All cases must go to hospital.

Recording & Reporting

All incidents must be recorded and shared with parents.
Records should support ongoing safety improvements.

Staff Training

Annual training required for all staff including recognising symptoms and administering AAIs.

Training includes:

- ✓ Knowing the common allergens and triggers of allergy.
- ✓ Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services.
- ✓ Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device.
- ✓ Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what.
- ✓ Managing allergy action plans and ensuring these are up to date.

Inclusion & Safeguarding

Ensure children with allergies are fully included in school life with appropriate safeguards.

Catering

Allergens must be identified and managed.

Staff must prevent cross-contamination and ensure safe food handling.

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the ‘Top 14’ allergens must be available for all food products.

The school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on our website.

The catering company do NOT use any products that may contain nuts.

Fran (Fairlawn) and Moira (Haseltine) will inform the Chef of pupils with food allergies and provide a photo of the child with a list of his/her allergies

Fairlawn

Alongside the class list, if a new child joins throughout the year the photo list/folder is updated and the child is taken to meet the chef, at lunchtime, so chef is aware of what they look like.

Haseltine

Each child will be given a lanyard (of the appropriate colour) with their details.

Parents/carers are encouraged to meet with the Chef to discuss their child's needs.

Lunch Boxes and Snacks

For the protection of the children in our school no nuts will be allowed in any area at any time. This includes any food that contains Nutella® or similar, peanut butter or any other foods containing nuts.

These restrictions also apply to any packed lunches and snacks that are created or sent in from home.

The school cannot check all lunchboxes and items brought into school, therefore will take measures as reasonably practicable.

It is school policy to avoid using products that 'May contain nuts' and this is communicated to parents, PTFAs etc.

Packaging

Any packaging that is brought to school must not have previously contained nut products, however, reused packaging for food described as may contain nuts will be accepted as these pose a minimum risk.

School Trips

Risk assessments required.
Medication must accompany pupils.
Trained staff must be present.

Allergy Awareness

Whole-school awareness approach promoted to minimise risk.

Nuts

Fairlawn & Haseltine support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

We are an Allergy Aware School.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, children and all other staff are aware of what allergies are, the importance of avoiding the childs' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Insect Stings

Children 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 scents.
- Keep food and drink covered.

The Premises Staff will monitor the grounds for wasp or bee nests.

Animals

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 child with a known animal allergy should avoid the animal they are allergic to.
- 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 and pupils allergies considered.

Monitoring & Review

Policy reviewed every two years or sooner if required.

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 carer.
- Continue to monitor the pupil.

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways.
- It stops swelling.
- It raises the blood pressure.

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.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway	**B – Breathing**	**C - Circulation**
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or cough	Pale or floppy
Difficulty swallowing		Sleepy
Swollen Tongue		Collapse or unconscious

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

DELIVERING ADRENALINE

- ✓ Take the medication to the patient, rather than moving them.
- ✓ The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- ✓ 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.
- ✓ Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- ✓ 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.

- ✓ Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. Stay with the pupil.
- ✓ Call the pupil's emergency contact.
- ✓ 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.
- ✓ Start CPR if necessary.
- ✓ Hand over used devices to paramedics and remember to get replacements.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.