

St John Baptist CE Primary School

Allergy and Anaphylaxis Policy

Our Vision & Values



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This is St John Baptist CE Primary School's dedicated Allergy Safety and Anaphylaxis Policy. It should be published on the school website and read alongside the Supporting Pupils with Medical Conditions Policy and the Administration of Medications Policy (both September 2026). The medical conditions policy explains how Individual Healthcare Plans (IHPs), known as Care Plans, are developed. The medicines policy governs consent, administration, recording, storage and disposal. Where this policy gives more specific allergy or anaphylaxis instructions, staff follow this policy and the child's IHP and clinical Allergy or Asthma Action Plan.

This policy takes account of the Children's Wellbeing and Schools Act 2026, the Department for Education's July 2026 statutory guidance Allergy safety in schools, the current DfE guidance Supporting pupils at school with medical conditions, and the Early Years Foundation Stage statutory framework. It draws on clinical resources from BSACI and advice from Anaphylaxis UK and Allergy UK.

Legal framework and school commitments

Schools must have regard to the current allergy safety guidance when making arrangements to support pupils with allergies. Further regulations on compulsory spare adrenaline stock and staff training are intended; the following are St John's arrangements under this policy, regardless of the commencement date of those additional duties:

Maintain and publish a dedicated allergy safety policy and review it at least annually.

Put an IHP in place for any pupil whose allergy requires school support, attaching the available clinical Allergy or Asthma Action Plan.

Keep suitable pairs of in-date spare adrenaline auto-injectors on site and ensure prompt access to prescribed devices.

Provide at least annual allergy awareness and emergency response training to all pupil-facing staff, including relevant temporary, supply, catering, peripatetic and club staff.

Record and investigate serious incidents and near misses, including those reported later by pupils, families or clinicians; inform parents and the governing body and use the findings to improve arrangements.



1 Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later.

Causes can include foods, insect stings, and drugs.

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).

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.

This policy sets out how St John Baptist School will support pupils and staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2 Roles and Responsibilities

All Parents / Carers

Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils 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 Pupils 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

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.

Staff (regular or cover classes) must be aware of the pupils 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 Class 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 pupils with medical conditions, have their medications available. The member of school staff in charge of the pupil with an allergy will hold the medication.

If a pupil's prescribed emergency medication is missing before a visit, the trip leader will notify the Headteacher and family immediately. The school will seek a replacement or another safe arrangement, consult the IHP and relevant clinical advice, and document an individual risk assessment. The visit must not proceed for that pupil until safe support is in place. A missing device will not lead to automatic exclusion.

Lead First Aider will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

Parents and carers are responsible for supplying in-date prescribed medicines. The Lead First Aider maintains medicine and expiry records; the Lead First Aider checks the pupil's emergency medicine and action plan at least half termly, advises the family before expiry and reports gaps to the Inclusion Manager and Headteacher. Staff arrange interim safeguards promptly where a required item is missing.

The Admin Officer maintains the register of pupils prescribed adrenaline devices and the medicine administration record, including any use of a prescribed or spare device. The Inclusion Manager ensures the IHP and action plan are current and shared with staff who need them.

The Headteacher oversees the investigation and appropriate reporting of serious allergic incidents and near misses, including any statutory reporting to the local authority, HSE under RIDDOR, or food safety authorities where applicable. The SBM may coordinate external reporting under the Headteacher's direction.

Pupil Responsibilities

Pupils 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.

Individual Healthcare Plans and Allergy Action Plans

3 Allergy Action Plans

- These are clinical documents created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer, as this is the parental authority to administer medication, including administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, which could be annually or five-yearly. Parents/carers or the school need to update the pupil's photo annually so that they remain recognisable.

Clinical Allergy Action Plans are generally provided for pupils whose allergies may require emergency treatment, including some food or venom allergies. Not every allergy has such a plan. The school will develop an IHP for a pupil whose allergy requires support even if a clinical plan is not yet available, seeking healthcare advice and recording interim measures.

Allergy action plans inform our 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 (prior consent is not legally required in a life-threatening emergency and treatment must not be delayed while consent is checked).

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.

A clinical Allergy or Asthma Action Plan is attached to and informs the school's IHP. It does not replace the school's plan for staffing, food, lessons, trips, information sharing and adjustments.

Pupils with Epi Pens BSACI Plans

<https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf>

Pupils with Jext BSACI Plans

<https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-Jext-Final-OCT-24.pdf>

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure a pupil is fully included in the life of the school. They identify the exact risk-mitigation measures that need to be followed.

IHPs are school-owned documents that are co-created by the school, parents/carers and pupils.

They should include any advice received from health professionals. Where a pupil has an Allergy Action Plan and/or an asthma plan, this must be included with the IHP.

IHPs are reviewed at least annually, whenever needs or treatment change, and after a serious incident or relevant near miss. An updated clinical action plan prompts a review of the IHP. Relevant information is shared with supply and cover staff and passed on at transition.

St John Baptist School will ensure that:

- pupils with an Allergy Action Plan and/or an asthma plan have an IHP;
- pupils without an Allergy Action Plan or asthma plan, but who have an allergy that needs active management over and above what other pupils need, will have an IHP; and
- IHPs are created whilst pupils are waiting for a diagnosis.

4 Emergency Treatment and Management of Anaphylaxis

[See Appendix 1](#)

5 Supply, Storage and Care of Medication

Parents and carers are asked to provide both prescribed adrenaline devices. The child's IHP specifies where both devices are kept throughout the school day, including lunch, play, PE, clubs and visits, and who brings them to the pupil. Both must be rapidly accessible wherever the pupil is, with a first dose available within five minutes. The school will not rely on a fixed split between classroom and medical room if that delays access to either device.

The child's own prescribed emergency bag or devices should be close enough to be brought to the child promptly; staff do not move a pupil experiencing anaphylaxis to the storage point. The IHP records the arrangement and cover when the child moves around the school.

For pupils who do not carry their own devices, the IHP names the accessible storage location and the adult responsible for bringing both prescribed devices to the pupil. The classroom emergency bag and medical room may be used only where this arrangement meets the required rapid access throughout the day.

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

The pupil's medication storage container/zipped bag should contain:

Both prescribed adrenaline devices, or their exact accessible locations as recorded in the IHP.

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).

Parents and carers keep their child's prescribed devices in date and labelled. The Lead First Aider checks the child's emergency bag and medication at least half termly, with the Admin Officer recording expiry dates and contacting parents in time for replacement. Any missing or unusable device is escalated immediately to the Inclusion Manager and Headteacher for an individual safety plan.

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

Older Children and Medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a **specialist collection service**. The sharps bin is kept in the **medical** room.

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

The [Human Medicines \(Amendment\) Regulations 2017](#) permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

St John Baptist School holds spare adrenaline devices, provided through its Kitt Medical Anaphylaxis Kitt, for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Emergency use of a 'spare' device may include a pupil at risk of anaphylaxis whose own devices are not available or not working (for example because they are out of date, or multiple doses are needed before emergency services arrive), or use on someone experiencing anaphylaxis for the first time who does

not have their own prescribed AAI. A person's own prescribed AAI should never be used on another person, as this leaves them vulnerable.

Where a 'spare' AAI is used on a person without a known allergy, staff should feel confident to administer it. Under [Human Medicines Regulations 2012, Regulation 238](#), there is a legal exemption to administer a 'spare' or back-up AAI to any pupil or person (including staff and visitors) experiencing an unexpected, life-threatening anaphylactic emergency, even if that individual is not formally known to have a prescription or prior allergy diagnosis.

The school stocks spare adrenaline devices in age-appropriate pairs. The Headteacher assesses whether they can be brought to any occupied school area within five minutes, including the playground, hall and dining space, and adds or relocates stock if this cannot be achieved. Taking a spare pair on a trip must not leave inadequate cover on site.

The school's spare devices are stored in the clearly labelled Kitt Medical Anaphylaxis Kitt. The kit is situated in the medical room beside the office/reception. Kitt access requires an orange key; keys are held at designated accessible points and an emergency break-access key is available. Staff induction and drills must demonstrate that the kit can be opened and brought to a person promptly even if usual key holders are absent. The Headteacher will amend the storage or key arrangement immediately if this cannot be achieved. The kit is separate from medication prescribed to a named child.

St John Baptist School holds 4 Jext pens (2x150; 2x300).

The single designated Anaphylaxis Kitt is located in:

The medical room beside the office/reception. The Headteacher verifies the room label, access route and key locations against the site emergency map before approving this policy.

The Inclusion Manager/Allergy Lead checks and records the spare adrenaline devices and Kitt access monthly on the Kitt Medical Portal, including the condition, correct pair of each dose, expiry and key availability. The Admin Officer retains the central medicine register and coordinates the usual half-termly checks of other medical supplies. Kitt Medical's reminders and replenishments support, but do not replace, the school's checks. Used, expired or degraded devices are replaced promptly and recorded on the portal; the Inclusion Manager reports any gap in stock to the Headteacher.

Adrenaline devices that are used will be given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box, the school should register with the Local Authority, which will arrange collection.

In the event of an anaphylactic reaction

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed devices or 'spare' devices).
- If the individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the individual **does not have prescribed adrenaline devices**, 'spare' adrenaline devices can be used. The correct dose must be selected and used. This is clearly labelled inside the Anaphylaxis Kitt.
- If the individual's **prescribed adrenaline devices are not available, out of date, or misfire**, 'spare' adrenaline devices can be used.

- If the individual has both a serious allergy and asthma, and there is any doubt whether they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The [Human Medicines \(Amendment\) Regulations 2017](#) does not require consent to have been obtained for 'spare' adrenaline devices to be used. It is good practice for the school to obtain advance consent from parents or the young person for 'spare' adrenaline devices to be used, so that in an emergency consent can be assumed to be in place. However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given.

7 Staff Training

All pupil-facing staff receive allergy awareness and emergency response training at induction and at least annually under St John's policy and DfE statutory guidance. Training covers recognition of anaphylaxis and acute asthma, immediate access to the child's and school's devices, practical use of relevant devices, calling 999, risk reduction and incident reporting. This includes relevant supply, agency, catering, peripatetic and club staff. Specific healthcare procedures receive additional competence assessment where necessary. First aid training alone does not replace allergy training.

The Headteacher is accountable for this policy. The following staff coordinate its implementation:

The Inclusion Manager – Emma Mitchell

The Lead First Aider – Jill Taylor

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after-school clubs, will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching and peripatetic staff have received allergy awareness training.

Emma Mitchell is the named staff member responsible for coordinating training via the Kitt Medical Portal, where online training is available at any time. There is no limit on the number of staff who complete it, nor the number of times they complete it. The training will be completed annually by all staff members.

Training can be online or face-to-face. The content of the training provided by Kitt Medical includes the following:

- allergy awareness, the risks it poses, how allergic reactions occur and how to manage them;
- that allergy includes multiple co-existing conditions: asthma, eczema, hay fever;
- understanding the difference between food allergy, intolerance and coeliac disease;
- that an individual can be allergic to any food, not just the 'top 14' allergens;
- knowing the symptoms of allergic reactions and how to treat them;
- knowing the symptoms of anaphylaxis and how to treat it;
- how to locate and administer adrenaline or an asthma inhaler;
- practising with all types of adrenaline device held in school, as an individual pupil's own device may differ from the 'spare' devices;
- how to report an allergic reaction, whether mild to moderate, anaphylaxis, or a near miss/incident;

- understanding their responsibilities in risk reduction, to prevent pupils coming into contact with their allergens;
- understanding the impact allergy can have on a pupil's wellbeing;
- understanding the school's allergy safety policy;
- how to check whether a pupil is on the record of those with a known allergy; and
- how to use an Allergy or Asthma Action Plan.

St John Baptist School ensures that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk.

8 Inclusion and Safeguarding

St John Baptist School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

St John Baptist School recognises that a safeguarding referral may be needed if an incident highlights concern that a pupil might be at increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting them at risk.

9 Minimising risk and exposure to allergens

Exposure to a known allergen is assessed individually. St John's asks families not to include nuts, nut products or sesame-containing foods in packed lunches as an established precaution. The school is allergy aware; this request does not guarantee an allergen-free site. Additional food restrictions or adaptations are determined through the pupil's IHP and a proportionate risk assessment with family and clinical advice where available, without waiting to protect a child whose diagnosis is under investigation.

St John Baptist School is allergy aware, ensuring that staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure, and have robust emergency response plans in place.

St John Baptist School completes a school-wide allergy risk assessment annually, that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the pupil who has the allergy;
- risks of exposure to allergens for individuals when planning external visits or trips;
- identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff);
- identifying measures to manage risks of exposure to a food allergen through food provided by the school;
- putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens; and

- identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk - for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, and hygiene measures after pupils have worked with the therapy dog.

St John Baptist School will ensure that allergy is included in all school risk assessments, to identify risks and plan control measures to minimise the risk of exposure.

St John Baptist School will ensure that the risk of exposure is minimised by:

- all school staff completing allergy training every year;
- educating pupils through awareness assemblies and within PSHE;
- educating Parent Teacher Associations (PTA) about school expectations for allergy management;
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy, and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response;
- working closely with parents/carers and health professionals to understand the pupil's allergy;
- monitoring this policy to ensure that agreed practices are implemented; and
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

10 Catering

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.

The Inclusion Manager will inform the Catering Manager/Cook/Chef of pupils with food allergies.

At St John Baptist School, catering staff can identify children with allergies via the following ways:

A comprehensive list is provided to the catering staff termly

Children with allergies are at the front of the line for each class

Children with allergies wear a red lanyard which lists their allergens

The Inclusion Manager has responsibility for keeping this information up-to-date.

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

The school adheres to the following [Department of Health guidance](#) recommendations:

Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

The catering team and designated serving staff check that food supplied by the school is suitable for the pupil against the current dietary information and agreed IHP; parents may discuss menus and changes with the Catering Manager.

Pupils are taught, in an age-appropriate way, to ask catering staff about food, but this does not replace the adult check required before serving.

Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and

serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

The Inclusion Manager and Catering Manager maintain a clear process for checking menu changes, ingredients and cross-contact risks with families.

Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Lunch Boxes and Snacks

St John's asks families not to send nuts, nut products or sesame-containing foods in packed lunches. Staff will address any unsuitable item sensitively and ensure the pupil still has a suitable meal. The school cannot inspect or guarantee every item brought on site, so this is an allergy-aware precaution rather than a claim that the premises are nut-free or allergen-free.

11 School Trips / Off Site Visits

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication if they are deemed mature / sensible enough.

If required emergency medication is unavailable, the trip leader informs the Headteacher and family immediately, follows the pupil's IHP and seeks a replacement or safe alternative. An individual risk assessment and any clinical advice inform the decision; there is no automatic exclusion from the visit. The visit cannot proceed for that pupil without safe arrangements.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight / residential school trips should be possible with careful planning and a meeting for parents/Carers with the lead member of staff planning the trip should be arranged.

Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

A trained member of staff will always be present on a school trip where pupils with allergies are attending.

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Outdoor Lessons and Forest School

Staff leading outdoor lessons will ensure they carry all relevant emergency supplies and a qualified first aider will be in attendance at all times.

Consideration should be given to any children identified as having nut allergies and a risk assessment should be put in place for when children take part in Forest School activities or access areas of the outdoor area that contains trees.

12 Allergy Awareness

We are an allergy aware school which ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Insect Stings

Pupils 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 pupil 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.

13 Wellbeing support and Incident Management

Wellbeing and Allergy-Related Bullying

The school recognises that living with an allergy can affect a pupil's emotional wellbeing and may cause anxiety about eating, participating in activities or experiencing an allergic reaction.

Staff will listen to pupils' concerns, provide reassurance and ensure that reasonable adjustments enable them to participate fully in school life. Pupils will not be unnecessarily excluded from lessons, clubs, trips, residential visits or other activities because of their allergy.

Allergy-related teasing, intimidation or bullying will be treated seriously and addressed in accordance with the school's Behaviour and Anti-Bullying Policies. This includes deliberately exposing a pupil to an allergen, threatening to do so or making inappropriate comments about their allergy or medication.

Identifying People with Allergies

The school will maintain an up-to-date record of pupils with known allergies, their allergens, prescribed medication and whether they have an Individual Healthcare Plan, Allergy Action Plan or Asthma Action Plan.

Parents and carers must inform the school when their child joins the school, receives a new diagnosis or experiences any change to an existing allergy or treatment.

The school will also make reasonable arrangements to identify and support members of staff and relevant visitors with allergies, particularly when food is being provided or an activity may involve exposure to a known allergen.

Information Sharing

Information about a pupil's allergy will be shared with members of staff who need it to keep the pupil safe. This may include teaching staff, support staff, supply staff, lunchtime supervisors, catering staff, wraparound-care staff and adults accompanying trips or activities.

Relevant information will be shared securely and sensitively, taking account of the pupil's age, dignity and right to privacy. Photographs and emergency information may be displayed in appropriate staff-only locations where this is necessary to ensure that pupils can be identified quickly in an emergency.

Parents and carers will be informed about how information is recorded and shared. Relevant information will also be shared with external providers, trip venues and emergency services where this is necessary to protect the pupil's health and safety.

Access to Prescribed Adrenaline and Inhalers

Pupils who have been prescribed adrenaline devices or asthma inhalers must have rapid access to them at all times, including during lessons, lunchtimes, breaktimes, physical education, outdoor activities, before- and after-school provision, and educational visits.

Pupils should be encouraged to carry their medication themselves where this is appropriate for their age and level of understanding. Where a pupil cannot carry their own medication, it will be stored in an unlocked, clearly identified and readily accessible location.

Two prescribed adrenaline devices should be available to the pupil at all times, as a second dose may be required. Medication must not be stored somewhere that would cause a delay in an emergency.

The pupil's Allergy Action Plan or Asthma Action Plan should be kept with, or be immediately accessible alongside, their medication. Staff responsible for the pupil must know where the medication is stored and how to access it.

Serious Incidents and Near Misses

All serious allergic incidents and near misses will be recorded and reported to the designated senior leader responsible for allergy safety. Parents or carers will be informed as soon as possible.

A near miss includes any situation in which a person could have been exposed to an allergen or harmed because established procedures were not followed, even if no allergic reaction occurred.

The school will also record and investigate relevant incidents reported subsequently by parents, carers, pupils or healthcare professionals. This is important because the effects of allergen exposure may not become apparent until after the pupil has left school.

Following an incident or near miss, the school will consider:

- what happened and how the incident arose;
- whether the school's policy and the pupil's Individual Healthcare Plan were followed;
- whether medication and trained staff were available promptly;
- whether information was communicated effectively;

- whether additional staff training or support is required; and
- whether the policy, risk assessment or Individual Healthcare Plan needs to be amended.

Relevant serious incidents and near misses will be reported to the governing body, while maintaining appropriate confidentiality. Where required, the school will also report the incident to the local authority, the Health and Safety Executive under RIDDOR, the Food Standards Agency or other appropriate bodies.

The pupil and their parents or carers will be involved in reviewing the arrangements made for their safety. Where appropriate, advice will also be sought from relevant healthcare professionals.

14 Risk Assessment

St John Baptist School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:

<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

15 Confidentiality

The information collected regarding pupils and their medical requirements discussed in this policy, although should be easily accessible by those required, confidentiality should still be observed.

Photos of children with allergies should be displayed in an area that alerts staff to the children with allergies but not on general display. (e.g. inside a cupboard door where medications are stored)

Review and approval

The governing body approves and publishes this policy. The Headteacher reviews it at least annually, following any serious incident or material change in law, clinical advice or school arrangements. Before approval, the Headteacher confirms the Kitt location, keys and retrieval times, prescribed-device access in each pupil's IHP, named staff roles, and consistency with the school's medical conditions and medicines policies.

Useful Links

Anaphylaxis Campaign - <https://www.anaphylaxis.org.uk>

AllergyWise training for schools - <https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools>

Allergy UK - <https://www.allergyuk.org>

Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

DfE Supporting pupils with medical conditions: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Whole School Allergy and Awareness Management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

DHSC Using emergency adrenaline auto-injectors in schools:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

DfE Allergy safety in schools (July 2026): <https://www.gov.uk/government/publications/allergy-safety-in-schools>

Appendix 1

Emergency Treatment and Management of Anaphylaxis

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 the pupil's prescribed antihistamine only if directed by their clinical Allergy Action Plan and authorised for that pupil. Do not use it instead of adrenaline if anaphylaxis is suspected.
- 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

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

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.