Allergy and Anaphylactic Shock Policy

Written by	J Shaw/SLT
Date for review	July 2027
Signed by Headteacher	
Signed by SLT	
Review Dates confirmed	

NEW YORK PRIMARY SCHOOL

'Come as you are leave at your best'

Rationale:

At New York Primary School, we strive for a stimulating, educational and vibrant learning environment which celebrates pupil achievement and individuality. We have a duty of care to our pupils specifically within this policy in regard to the management of allergies in pupils and staff.

New York Primary School is an inclusive school. We welcome and support pupils with medical conditions. We are aware that there are times when pupils may be fit for school but require medication for a period of time as prescribed by a doctor or GP.

Under **Benedict's Law** and the DfE statutory guidance (*Allergy Safety in Schools*), every school in England must have a standalone **Whole-School Allergy Policy** published on its website. It can no longer be included into a generic medical conditions document.

This policy aims to align with the European Academy of Allergy and Clinical Immunology (EAACI) to: *"Create a network of support and self-sustaining environment of awareness which will in turn decrease the likelihood of reactions and enable staff to recognise and treat emergencies"*

25% of severe allergic reactions that happen in school occur in pupils with no history of allergies. (EAACI).

Aims:

New York Primary School is committed to providing a safe, inclusive environment for all pupils and staff living with allergies. This policy outlines our proactive strategy to minimize the risk of accidental allergen exposure, ensure early recognition of allergic reactions, and outline rapid emergency procedures for anaphylaxis.

This policy applies to all staff whether in direct contact with pupils or not

- To know which pupils in school have allergies
- To know the risk assessment details of the pupils and their allergies and the action required should an allergy present.
- ensure children have access to required medication without losing time in school
- Ensure access for all pupils as far as practicable
- Ensure that allergy support is planned with clear protocols
- Follow a pupil Healthcare plan if in place

- Engage with parents and plan review of Administering Medicine process in regard to allergies and potential anaphylactic shock

Definition of :

Allergy - a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic Shock - Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.
The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

Roles and Responsibilities

- The **Designated Allergy Lead (Inclusion Manager Miss R Eiles):** Oversees policy implementation, audits incident/near-miss reporting, and ensures annual staff training.

- **First Aid Lead for Allergies: Miss E Swan** Maintains the central register of pupil allergies, monitors expiration dates of spare Adrenaline Auto-Injectors (AAIs), and audits Individual Healthcare Plans (IHPs). This activity would be done working in conjunction with the Designated Allergy Lead.

- All staff should know and understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist; •
- All staff should know and understand the difference between food allergy, coeliac disease and food intolerance;
- **All staff** should know the **allergy triggers**

Airborne Triggers

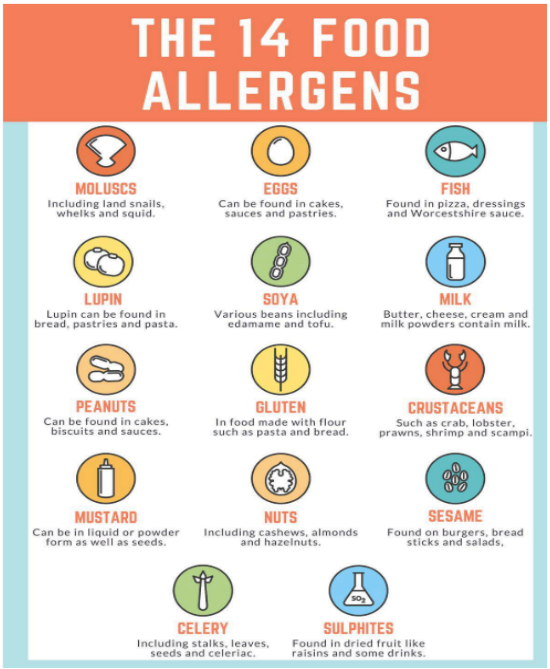
- **Pollen:** Dust from trees, grass, and weeds causes seasonal hay fever.
- **Dust mites:** Tiny bugs live in beds, carpets, and old furniture.
- **Pet dander:** Flakes of dead skin or fur come from cats and dogs.
- **Mould:** Fungi grow in damp places like bathrooms and basements.

Food and Contact Triggers

- **Foods:** Nuts, milk, eggs, wheat, soy, fish, and shellfish cause strong reactions.
- **Insect stings:** Bees and wasps inject venom that can hurt or swell.
- **Latex:** Rubber items like gloves cause skin rashes.
- **Medicines:** Drugs like penicillin can set off the immune system

For each pupil with an allergy school staff must know the allergy, how it presents as a reaction from early stages and the best action to take for the individual child. This information will be documented in the IHC and displayed in the school office and staff room and on the back of cupboard doors in the relevant pupil classroom.

Staff must also have an awareness of the 14 allergens and these should be displayed by catering management.



- **All Staff:** Complete annual allergy awareness training, know how to recognize signs of anaphylaxis, and know where emergency AAI kits are stored. Records of CPD completion held by the Business Manager.

- **Parents/Carers:** Provide accurate, updated medical details and supply two in-date, labeled AAIs (if prescribed) before the first day of term.
- Ensure at least annual **CPD** is provided to all staff to embed a culture of allergy knowledge and emergency response protocols.

Visitors and Staff

- Visitors/students/trainees working with children should be made aware of any allergies and the risks associated. These personnel should be made aware of what action to take and who to call for support should any concerns arise - at the earliest point of concern. ONLY SLT AND OTHER NAMED STAFF (above) MAKE DECISIONS REGARDING ACTIONS TO TAKE AND ALL OTHER PERSONNEL TAKE ACTION IMMEDIATELY AND ARE NOT AUTHORISED TO WAIT AND SEE.

  What to look for in an allergic reaction.

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:
- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

Pupil Health Plans & Record Keeping

- Every pupil with a diagnosed food allergy or severe reaction history will have an **Individual Healthcare Plan (IHP)** and a **BSACI (British Society of Allergy and Clinical Immunisation) Allergy Action Plan** signed off by parents and medical professionals usually the GP. It should be noted that the AAP is not a document provided by school but one the school must request and keep on file.
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- The IHP will set out the additional and/or different arrangements that will be in place in the school setting for supporting the child with their medical condition or allergy, including in emergency situations.

  It sets out how children and young people with an allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those

who require medication (either proactively or in an emergency situation).

- IHPs are reviewed annually or immediately following any medical change or near-miss incident. An example of the IHP is attached to the end of this document as **Appendix A**.

Emergency Adrenaline Auto-Injectors (AAIs)

- The school maintains a central supply of **Spare Emergency AAIs** (unassigned) for use on any pupil or adult exhibiting signs of anaphylaxis where consent/IHP permits or emergency escalation is required.

- All pupils who are allocated an AAI will bring this plus a spare to be kept in school. These 2 pens will be kept clearly labelled in the classroom cupboard relevant to the child.
- School also has one spare AAI for each pupil who has an allocated one. Depending upon the location of the classroom for the pupil will depend upon where the school spare AAI is kept.
    - EYFS and KS1 - kept in the school office in the medical cupboard.
    - KS2 - kept in the staff room
- Where the pupils concerned are working further away from the classroom i.e. on the field or biking or walking around the local area. The child's AAI should be taken with the first aid kit.
- Any educational visits should ensure that the AAI is taken with the first aid kit and kept by the member of staff responsible for that pupil.
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- **Access:** Emergency AAI kits are stored in clearly marked, unlocked locations (School Office, Staff Room,) accessible within **5 minutes** from any point on site.

- **Inspection:** A monthly log of spare AAI expiry dates and functionality is maintained by [Emma Swan, overseen by a designated member of SLT or Inclusion Manager Miss R Eiles].

Risk Reduction & Catering Protocols

- **Allergen-Aware Environment:** School operates as an allergen-aware site. High-risk allergens (e.g. nuts) are strictly forbidden across school meals, tuck shops, and cooking lessons. New York is a nut free school
- **School Kitchens:** External/internal catering teams must maintain strict cross-contamination controls, display daily 14-allergen matrices for all menu items, and verify dietary needs against pupil IHPs prior to service.

- **Events & Trips:** Risk assessments for educational visits and celebrations must explicitly address allergy safety, inclusion, and mobile first-aid kit requirements.

Emergency Anaphylaxis Protocol In the event of severe allergic reaction / suspected anaphylaxis:

More serious symptoms are often referred to as the **ABC symptoms** and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

Often the allergy symptoms can be treated with antihistamines - which must be provided by the parent/carer School will hold a supply of antihistamines for emergency purposes, seeking permission from parents perhaps over the phone to administer..

The term for the more serious reaction is 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.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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.

Risk Assessment/ Management

Pupils identified as having an allergy will be listed on the school Allergy Risk Register. A Risk assessment will be in place to minimise/prevent risk of the pupil coming into contact with the item(s) causing the allergy. Additional risk assessments will be in place bespoke to the pupil and the particular educational visit or residential.

Risk Assessments will be reviewed annually or as required with any changes to the pupil allergy.

Storage of Special dietary foods

Where a pupil has a dietary need or allergy to certain foods there are protocols within the policy associated with kitchen and catering. Where there are activities requiring teachers to provide food or drink a permission slip must be provided by the parent or guardian for the child to take part. This might be an offsite trip, baking in the classroom or around the firepit. On such occasions the parent will be invited to provide appropriate food or drink.

- When making the food or drink using the specialist item, the item itself should be labelled with the pupil name, date and allergy.
- When administering the item eg specialist milk, staff involved should check the labelling and initial to say that they agree it is correct. This must then be countersigned by a second member of staff.
- Staff should continue to check in with the pupil to ensure that they feel well and there are no adverse effects despite using the correct food products.
- Any concerns then a First Aider should be contacted and a phone call home to parents.
- New York Primary School is a nut free school

For pupils with a Healthcare Plan (supporting pupils with long term, complex medical condition) *(as per managing medicines policy)*

- Staff responsible are JS. JW, ES and RE together with class teacher
- Meeting with parents pre mediation arrangements - set a review date
- Healthcare professional meeting to discuss needs
- Healthcare plan with consent forms for implementation
- Staff training needs identified and CPD arranged
- Child photo and notification displayed in office, staffroom and kitchen as appropriate

Offsite educational visits and activity

- When taking children on an educational visit, residential visit or sporting activity, the lead member of staff should liaise with office staff to ensure they have all relevant risk assessment and medications and a copy of any Healthcare Plans for children attending.

- The child's 'Record of Medicines Administered' will only be copied and taken off site on a residential visit.
- For visits during the school day, the 'Record of Medicines Administered' will remain in school and staff should liaise with the school office before administering any medication.

Complaints

Should parents have concerns or feel dissatisfied with the administering of medicines associated with allergies and support given, they should in the first instance contact school to speak with the Headteacher and/or Learning Mentor.

Equal Opportunity

At New York we have carefully considered and analysed the impact of this policy on equality and the possible implications for all pupils. Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation. As part of our commitment to meet the Public Sector Equality Duty (PSED) requirement we have due regard of the need to eliminate discrimination, advance equality of opportunity and foster good relations. This policy has been equality impact assessed and we believe that it is fair, does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

We make reasonable adjustments for those with a disability or additional need, including those with medical needs, and we plan strategically to improve access over time in a cycle of continuous improvement. In response to the requirement to support pupils at school with medical conditions and/or allergies we will produce individual healthcare plans and risk assessments where necessary and make reasonable adjustments to enable pupils with such needs to fully participate in all areas of school life including educational visits and sporting activities.

Staff must direct any request to administer medication to the office and must not accept medication themselves.

Staff will administer medication in line with the procedures below ensuring written consent has been obtained from the parent.

Staff should not assume that a child's allergy requires the same treatment as another child with the same condition and should refer to the IHC and risk assessment..

Staff should ensure that any personal medication is stored securely with the exception of response medication (medication for emergency use - inhalers, ACI's.)

Staff should not offer personal medication to others.

Health and Safety Audit

SLT and Governors should carry out an annual audit. This is in addition to the Local Authority 3 yearly H&S audit.

These would check systems and protocols and determine how robust the management of medicines in school is

Other Acts within the Legal Framework Relevant to this policy

Medicines Act 1968
Misuse of Drugs Act 1971
Health and Safety at Work Act 1974
Management of HSWAWA Regulations 1999
Care Standards Act 2000
Control of Substances Hazardous to Health Regulations 2002
Allergy and Anaphylactic Shock Policy (Including Benedict's Law) 2026
Equality Act 2010
Children and Families Act 2014

Appendix A - Example of IHC Form

New York Primary School
Come as you are. Leave at your best.

Lanark Close, North Shields, NE29 8DP
Head Teacher: Mrs Jill Shaw
office@newyorkprimaryschool.org 01918141788
www.newyorkprimaryschool.org
@Newyorkprimary

IQM Flagship School

Individual Healthcare Plan for pupil with allergies (2026/2027)

Name of school/setting	New York Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

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IQM Flagship School

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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IQM Flagship School

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to