Allergens and Anaphylaxis Policy September 2026

Review date
September 2027

Siddal Primary School

Polaris
Multi-Academy Trust

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1. Policy Statement

Polaris Multi Academy Trust is committed to providing a safe and inclusive environment for all pupils, including those with life-threatening allergies. We recognize that anaphylaxis is a medical emergency and this policy mandates a whole-Academy approach to risk reduction, staff preparedness, and emergency response across all primary and secondary phases.

Pupils with allergies will be enabled to participate fully in all aspects of Academy life. Reasonable adjustments and risk assessments will be used to reduce risk whilst maximising participation and inclusion

2. Statutory Compliance

This policy has been developed in accordance with:

- Department for Education *Allergy Safety in Schools Statutory Guidance* (July 2026);
- Children and Families Act 2014;
- Supporting Pupils with Medical Conditions at School;
- Food Information Regulations 2014;
- Human Medicines (Amendment) Regulations 2017;
- Children's Wellbeing and Schools Act 2026 ("Benedict's Law").

3. Linked Policies

- Academy Food Policy
- Medical Needs Policy
- Health and Safety Policy
- Policy and Procedures for the planning of Academy events and trips

4. Identification & Planning

Parents

- On entry to the Academy, it is the parent's responsibility to inform office staff/SENCO/First Aider of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans; displayed in Appendix 1) to Academy. 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. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the Academy up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Academy Staff Responsibilities
- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly 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 must be supervised with due caution.
- Staff leading Academy trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The SENCO/First Aider 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 all medication is in date, however the SENCO/First Aider will check medication kept at Academy on a termly basis and send a reminder to parents if medication is approaching expiry.
- SENCO/First Aider*)* keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- SENCO/First Aider ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupils
- 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.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

5. Allergy Action Plans

The Academy will determine whether a pupil requires a formal Individual Healthcare Plan in accordance with DfE guidance. Where appropriate, a BSACI Allergy Action Plan may form all or part of the pupil's IHP.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by Academy. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

6. Recording of Pupils Allergens

The Academy recognises the importance of accurately recording and maintaining up-to-date information regarding pupils with food allergies, intolerances, and other medically diagnosed allergens in order to safeguard pupil health and wellbeing.

All allergen information provided by parents/carers must be supported by relevant medical evidence where appropriate and recorded on the Academy's management information system.

This will include details of the allergen(s), severity of reaction, symptoms, and any prescribed medication (e.g. adrenaline auto-injectors).

Parents/carers are responsible for informing the Academy promptly of any new diagnoses or changes to their child's allergen information. The Academy will review allergen records at least annually and whenever updated information is received.

Relevant staff, including teaching staff, support staff, lunchtime supervisors, and first aiders, will have appropriate access to allergen information on a need-to-know basis to ensure pupils' safety. Individual healthcare plans or allergy action plans will be created and shared where required.

All allergen records will be handled in accordance with data protection legislation, ensuring confidentiality while allowing sufficient information sharing to protect pupils from avoidable risk.

7. Risk Reduction & Environment

Catering

- External providers must comply with this policy.
- Where appropriate, academies may establish allergen-aware or restricted areas based on individual risk assessments. The Trust does not claim to provide a completely allergen-free environment.
- Allergen processes in Academy kitchens will include, separate storage of allergens, separate utensils for serving food containing allergens, allergenic foods will be stored separately and clearly labelled, and a two stage clean down process is always followed.

Curriculum & Activities

- All food-based lessons (Science, DT) and trips must be risk-assessed. Staff leading trips outside of the Academy site must carry emergency medication for all relevant pupils.

Identification at Mealtimes:

- Primary Academies will use the CYPAD system to clearly identify pupils with allergies. This process includes blocking pupils with allergens from choosing foods that may harm them.
- Secondary Academies will use the till system to identify / flag pupils with allergies.

8. Learning from Serious Incidents and near misses

Following any allergic reaction, anaphylactic event, or significant near miss, a review will be undertaken to identify learning points and any amendments required to risk assessments, healthcare plans, training or procedures.

9. Emergency Medication (Spare AAIs)

Emergency medication must be capable of being accessed and administered without delay and should normally be available within five minutes of a suspected anaphylactic reaction.

- **Spare Stocks**: In line with new 2026 mandates, every Academy site must stock spare Adrenaline Auto-Injectors.
- **Storage**: Spare AAIs must be kept in an unlocked, easily accessible location (e.g., Academy Office or Staff Room) and clearly labelled for emergency use for any pupil with an Allergy Action Plan.

10. Staff Training & Governance

- **Mandatory Annual Training**: All staff must complete accredited allergy awareness training annually, covering symptom recognition and AAI administration.
- **Named Leads**: Each Academy must designate a Senior Leader and a Link SEND Governor responsible for allergy safety oversight. The Local Governing Body will receive an annual report, as part of the Head of School report on allergy management, including training compliance, incidents, near misses and when required, policy review.
- **Incident Reporting**: All allergic reactions and "near misses" (e.g., accidental exposure without reaction) must be recorded and reviewed termly by the designated senior leader and Head of School.

- **Named Lead: Mrs Lucy Aaron**

11. Monitoring and Review

This Policy will be reviewed annually. Oversight rests with the Local Governing Body. The plan will be published on the academy website

Appendix 1: Allergy Action Plan

Each child with must have a plan in place completed by a medical professional (GP / Allergy Specialist). This plan must then be stored with the child's medication and Individual Health Care Plan. This plan does not replace the IHP, instead it informs it. This document must be recorded alongside a child's IHP on any risk assessments drafted by staff for trips and/or events. The plan template is copied below. This plan can be used by parents to take to their GP / Allergy Specialist to support the Academy's record keeping.

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH Royal College of Paediatrics and Child Health | anaphylaxis UK | AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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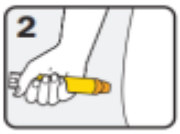
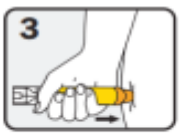
How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen.
Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds.** Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....