# Allergy Awareness & Anaphylaxis Management Policy

**Approval date:** 20/05/2026
**Next review:** May 2027 (annual, or sooner after an incident/legislative change)
**Policy owner:** Headteacher
**Linked policies:** Supporting Pupils with Medical Conditions; First Aid; Safeguarding.

## 1) Policy statement & legal framework

Park View Primary School is committed to providing a safe, inclusive environment for pupils with allergies, ensuring rapid recognition and treatment of allergic reactions, and enabling full participation in education and school life. We take a whole-school approach to allergy awareness and anaphylaxis preparedness.

This policy reflects:

- Forthcoming DfE statutory allergy safety requirements (consultation published March 2026; due to take effect September 2026), which will require schools to stock spare adrenaline auto-injectors (AAIs), provide staff training, and maintain a dedicated allergy policy and Individual Healthcare Plans (IHPs).
- The Human Medicines (Amendment) Regulations 2017, allowing schools to obtain spare AAIs without prescription; the Department of Health (2017) guidance on using emergency AAIs in schools; and the MHRA (2023) clarification on Regulation 238 (anyone may administer adrenaline in an emergency).
- Resuscitation Council UK guidance (2021) on the emergency treatment of anaphylaxis and recognition principles.
- NICE CG134 on assessment/referral after emergency treatment for anaphylaxis.
- BSACI guidance on AAI prescription and safe use.

## 2) Scope and definitions

- **Allergy:** An abnormal immune response to a usually harmless substance (allergen). Common school allergens include peanuts/tree nuts, milk, egg, sesame, fish/shellfish, wheat/gluten, soya, kiwi, insect venom, latex.
- **Anaphylaxis:** A *serious, rapid-onset systemic hypersensitivity reaction* that is potentially life-threatening, with airway/breathing/circulation (ABC) compromise which may occur without skin symptoms.

## 3) Roles and responsibilities

### Governing Body

- Approves and annually reviews this policy; assures resources for spare AAIs, staff training and safe storage; and monitors incident data and lessons learned.

### Headteacher / Designated Allergy Lead

- Ensures policy implementation; maintains the Allergy Register and IHPs; coordinates, whole-staff allergy awareness & AAI training; ensures drills and post-incident reviews; and oversees procurement, storage, checking and disposal of spare AAIs.

**All Staff (teaching, support, peripatetic, lunchtime, clubs, transport)**

- Know pupils at risk (as appropriate), recognise signs & symptoms, know where AAIs are kept, how to call 999, and how to administer an AAI (if needed) under Regulation 238.

**Parents/Carers**

- Provide up-to-date medical information, written consent, and in-date two personal AAIs for school (plus any prescribed antihistamines/reliever inhalers), replenish before expiry, and participate in IHP reviews. (Note: MHRA/BSACI advise that those at risk should carry two AAIs at all times.)

**4) Allergy awareness: prevention and culture**

- **Whole-school awareness:** Induction for all staff; refresher annually; visible signage at AAI locations; age-appropriate pupil education to reduce stigma and bullying.
- **Food & catering controls:**
    - Caterers maintain allergen-safe menu management compliant with UK food law (FIR 2014/Natasha's Law 2019 for PPDS labelling) and school food standards; robust cross-contamination controls; clear allergen information at point of service.
    - We avoid blanket "nut-free school" claims and instead apply risk-assessed measures (e.g., safe zones, table management, supervision), recognising allergens extend beyond nuts.
- **Classroom & activities:** Planning for practical subjects (DT/food tech, science), celebrations, charity bake sales, visitors, and off-site activities; hand-washing and surface-cleaning protocols; no food sharing.

**5) Signs & symptoms: recognition**

**Mild–moderate allergic reaction (monitor):** itchy mouth, hives/rash, swelling of lips/face/eyes, abdominal pain, vomiting, sudden change in behaviour (young children).

**Anaphylaxis (treat immediately):** airway swelling/hoarse voice/difficulty swallowing; breathing difficulty/wheeze/persistent cough; pallor/floppiness/dizziness/collapse; may occur without skin signs.

**If in doubt—give adrenaline.**

**6) Emergency action & treatment (on-site and off-site)**

**First response (any staff member)**

1. Call for help and bring AAIs immediately; call 999 – say *"Anaphylaxis".*
2. Lie the pupil flat with legs raised (or sitting if breathing is difficult); do not stand.
3. Administer AAI into outer mid-thigh *without delay*. Use the pupil's own AAI first; if unavailable/misfired/expired, use a school spare AAI.
4. If no improvement after 5 minutes, give a second AAI (use the other device). Continue to monitor ABC, prepare for CPR if needed, and give high-flow oxygen if available and trained.
5. Do not leave the pupil; hand over to paramedics with the used AAI(s) and the pupil's IHP. If required, arrange for a staff member to accompany to hospital and inform parents.

**Who can give adrenaline?** Under Regulation 238, *any person* may administer adrenaline in an emergency to save life; formal medical training is not a legal requirement (though we train all staff).

**Aftercare**

- All suspected anaphylaxis cases are transferred to hospital due to risk of biphasic reactions; ensure observation as per local ambulance advice.
- Incident reporting & debrief: Record in the medical log; complete RIDDOR/reporting if applicable; conduct a same-day staff/pupil debrief; update the IHP and risk assessment.
- Referral/Review: Encourage GP/specialist allergy service follow-up.

**7) Use, storage & maintenance of AAIs (pupil-owned and spare)**

- **Personal AAIs:** Pupils at risk should have two in-date AAIs accessible at all times (classroom/with pupil/kit bag per IHP and age). The school monitors presence/expiry regulary.
- **Spare AAIs (school-held):**
    - Park View Primary School will maintain 2 spare AAIs in clearly marked, unlocked, quickly accessible locations reachable within 5 minutes (not in an office safe or remote store). Locations: medical room cupboard above the sink.
    - Stock for junior dose (150 mcg) and intermediate/adult dose (300–500 mcg) as appropriate to pupil cohort; check monthly; replace ahead of expiry; document checks.
    - Authorised staff may use spare AAIs for a known at-risk pupil or in rare undifferentiated severe reactions without prior diagnosis, while awaiting ambulance advice.
    - Spare AAIs are backup and not a substitute for a pupil's own prescribed devices.

**8) Individual Healthcare Plans (IHPs) & Allergy Action Plans (AAPs)**

- Every pupil at risk of anaphylaxis must have an IHP, developed on admission/diagnosis and reviewed at least annually and after any reaction, with input from parents, the pupil (where appropriate), healthcare professionals and school staff.
- The allergy action plans from the hospital include: photo ID; allergens; typical signs/symptoms; co-morbid asthma; medication (two AAIs, antihistamine, inhaler/spacer); storage/locations; responsibilities; consent; and trip arrangements. We attach an Allergy Action Plan (e.g., BSACI/Anaphylaxis UK format), which can function as the child's IHP where appropriate.

**9) Training & drills**

- **Whole-staff annual training**: recognising allergic reactions; anaphylaxis management; **hands-on AAI trainer** practice; calling 999; positioning; post-incident processes. New starters receive induction within **4 weeks**. Refresher: after any incident or changes to guidance.
- **Scenario drills** at least **termly**, including mealtime, playground and off-site scenarios; log response times and improvement actions.

**10) Risk management for curriculum, trips, clubs & transport**

- **Curriculum**: Food tech/DT/science/art: pre-lesson risk assessment; allergen substitution; strict ingredient control; label checks; cleaning protocols; gloves if required.
- **Trips/Residentials/Sport**: Trip leader ensures two AAIs travel with the pupil (plus spares if advised), staff trained and designated; venue catering/allergen checks completed; emergency access and mobile signal verified; 999 plan briefed. The school will hold separate emergency AAI to be taken on school trips and residentials. Pupils will carry their own AAI with them at all times. For younger children a responsible adult will ensure the AAI are near to the child at all times.
- **Clubs/after-school/transport**: Supervising adults briefed; AAIs accompany the pupil; emergency plan shared; storage accessible.

**11) Communication, records & data protection**

- Maintain an Allergy Register (need-to-know access) with photos for staff in relevant areas; keep consent records for use of spare AAIs; track training completion; record monthly AAI checks; retain incident logs and lessons learned actions.

**12) Monitoring & review**

- The Designated Allergy Lead reports termly to SLT/Governors on: training coverage, AAI audits, incidents and near misses.
- This policy is reviewed annually, and earlier if there is an incident, a significant change to pupil needs, or updated national guidance (including the DfE's new statutory requirements expected from September 2026).

**What's "new" to prepare for (2026 update)**

The DfE has announced mandatory measures (consultation March 2026) moving beyond previous non-statutory advice. Schools should begin aligning now by:

- Ensuring spare AAIs are stocked and audited;
- Providing compulsory staff training (symptoms, emergency response, AAI use);
- Maintaining a dedicated allergy policy and robust IHPs;
- Strengthening incident recording and lessons-learned processes.