Hillhouse C of E Primary School

Whole-School Allergy and Anaphylaxis Safety Policy

Our vision : I can do all things through Him who strengthens me.

(Philippians 4:13)

At Hillhouse Church of England Primary School we provide an environment where everyone is safe, secure, challenged and supported to achieve their true potential within a Christian community. We recognise as part of God's family we are all unique and beautiful and together we can achieve anything.

Signed by:	**Date:**
Last reviewed on:	
Next review due by:	

Policy Control Panel	
Document Owner (Senior Leader)	Joanne Willcox Headteacher
Governor with Oversight	Kristyna Gangadeen Safeguarding Governor
Approved By	Hillhouse Governors
Date of Approval / Review	September 2026 / *To be reviewed annually or post-incident*
Next Scheduled Review Date	June 2027

Statement of Intent: Hillhouse C of E Primary is committed to providing a safe, inclusive, and welcoming environment for all pupils, including those with severe allergies. In accordance with statutory guidance, we aim to minimise the risk of allergen exposure through a whole-school preventative approach, while ensuring robust emergency procedures are in place to respond swiftly to anaphylaxis (a severe, life-threatening allergic reaction).

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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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 Hillhouse CofE Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

1. Statutory Context & Linked Policies

This policy complies with all relevant UK legislation and statutory duties, including:

- **DfE Statutory Guidance:** *Supporting Children and Young People with Medical Conditions and Allergy*
- **Section 100 of the Children and Families Act 2014** (Duty to support pupils with medical conditions)
- **The Food Information (Amendment) (England) Regulations 2019** (Natasha's Law)
- **The Human Medicines (Amendment) Regulations 2017** (Allowing schools to hold spare adrenaline auto-injectors)

This policy must be read in conjunction with the school's: *Supporting Pupils with Medical Conditions Policy, Safeguarding and Child Protection Policy, Health and Safety Policy, and Educational Visits Policy.*

2. Named Roles and Responsibilities

2.1 The Named Senior Leader Joanne Willcox Headteacher is responsible for:

- Ensuring this policy is effectively implemented, published on the school website, and reviewed at least annually.
- Overseeing the creation, deployment, and annual review of Individual Healthcare Plans (IHPs) for all pupils with allergies requiring active management.
- Coordinating staff training and ensuring up-to-date training logs are maintained.
- Overseeing the procurement, storage, and monthly checking of the school's Spare Emergency Adrenaline Auto-Injectors (AAIs).

2.2 The Named Governor Kristyna Gangadeen is responsible for:

- Providing governance oversight and ensuring the school meets its statutory duties regarding allergy safety.
- Ensuring allergy safety and near-miss logs are routinely audited at governor meetings to foster a preventative learning culture.

2.3 All School Staff are responsible for:

- Completing mandatory annual allergy awareness and anaphylaxis training.
- Familiarising themselves with the faces, symptoms, and IHPs of pupils in their immediate care.
- Acting instantly in accordance with emergency procedures if a pupil shows signs of an allergic reaction.

2.4 Parent responsibilities

- On entry to the school or following a new diagnosis, it is the parent's responsibility to inform Reception Staff/SENCO/First Aider of any allergies & update Arbor. 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 preferred) to 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 are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

2.5 Pupil Responsibilities

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

3. Individual Healthcare Plans (IHPs) & Allergy Action Plans

- Every pupil with a known allergy that requires active management must have an IHP which has been approved by the parent or guardian of the pupil. If provided, a clinical Allergy Action Plan (e.g., BSACI plan) signed by a doctor or healthcare professional should inform the IHP.
- It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.
- In line with updated guidance, a formal medical diagnosis is *not* a prerequisite to establishing supportive arrangements. If a parent informs the school of a suspected allergy, an interim safety plan will be enacted immediately.
- **Transition and Mid-Year Admissions:** Zoe Rodrigues SENDCo / Sue Shinkin Haines will ensure that medical information and IHPs seamlessly follow pupils during transitions or mid-year entries. No child will start their first day at Hillhouse without an active safety protocol where required.

4. Allergen Risk Mitigation & Management

4.1 Catering and Mealtimes

- **Caterer Compliance:** The school's catering provider,Herts Catering, must strictly comply with this policy and the terms of Natasha's Law.
- All food prepared, packaged, and sealed on-site for direct sale or distribution (PPDS) must feature a clear label listing full ingredients, with the 14 major allergens highlighted in **bold**.
- A robust system is in place to identify allergic children at the servery point (e.g., [Insert system: staff knowledge plus photo-id lanyards / coloured bands or meal trays / digital meal-selection blockers]).
- No-Sharing Culture**:** The school operates a strict "no food sharing" and "no utensil sharing" policy.
- Tables must be adequately cleaned after use with an appropriate cleaning agent which can break down proteins and debris, before being sanitised.
- The school menu is sent out to parents weekly in the newsletter & a 3week menu is available on the school website.
- The parent/guardian will inform the Herts Catering Ltd **https://www.hcl.co.uk/**of a child with food allergies or to view the ingredients.
  (Hillhouse CofE Primary School has a system in place to ensure catering staff can identify pupils with allergies (they have a list of pupils with allergies & an alternative menu if appropriate).

4.2 Packed Lunches, Snacks, and Food Brought from Home

- **Allergen-Controlled Status:** The school operates an Allergen-Aware (Note:Medical experts and organisations like *Anaphylaxis UK* strongly discourage schools from labeling themselves "Nut-Free." It creates a false sense of security (as no school can 100% guarantee a nut-free

environment) and isolates children with non-nut allergies (milk, egg, sesame), which are just as life-threatening.) policy regarding all food brought onto the premises by pupils, staff, or visitors. Parents must not include any of the following items in packed lunches or snacks:
    - [e.g., Loose nuts, peanut butter, Nutella, satay sauces, or items explicitly stating "contains nuts" in the ingredients.]
- **Proportionate Food Bans:** In cases where a pupil has an exceptionally severe, airborne, or contact-sensitive allergy to an allergen (e.g., egg, sesame, or dairy), the school reserves the right to implement a targeted ban on that specific allergen within a particular classroom, year-group bubble or Key Stage group as appropriate. This will be communicated clearly and empathetically to affected families.
- **Monitoring and Management:**
    - Staff supervising lunchtimes will conduct discreet visual checks of packed lunches.
    - If a prohibited allergen is identified, the item will be safely removed, wrapped, and returned to the parent at the end of the day with an explanatory note. The child will be provided with a safe alternative meal from the school kitchen free of charge for that day.
- **Celebrations and Birthdays:** To ensure the safety of all pupils, parents are requested **not** to send in edible treats (such as birthday cakes, sweets, or chocolates) to share with the class. The school welcomes non-food alternatives instead (e.g., a class book donation, token gifts or small stickers).

4.3 Classrooms, Visual Arts, and Science

- **Allergen-Free Activities:** Food allergens (such as empty milk cartons, egg boxes, birdseed, or nut shells) must not be brought into classrooms for junk modelling, science experiments, or arts and crafts.
- Ingredients for Food Technology or cooking activities must be checked and approved by the: Class Teacher / Allergy Lead 48 hours prior to the lesson.

4.4 Educational Visits

- Risk assessments for school trips must explicitly detail the medical and dietary requirements of attending pupils.
- At least two trained members of staff who know how to administer AAIs will accompany any trip where an allergic child is present.
- The pupil's prescribed AAIs and a school **Spare Emergency Kit** must travel with the trip lead.
- Overnight school trips should be possible with careful planning and a meeting for parents 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).

4.5 Third-Party Providers and External Wraparound Care

- **Oversight and Service Level Agreements (SLAs):** Any third-party provider operating wraparound care, extracurricular clubs, or holiday camps on the school premises must sign a formal SLA committing to match the safety standards outlined in this policy.
- **Information Sharing and Data Transfer:**
    - For wraparound care the school's office will securely share the allergy register and copies of relevant Individual Healthcare Plans (IHPs) with the provider lead prior to the pupil's first day of attendance.

    - Parents must give explicit consent for this data share upon enrolling their child in the third-party provision.
- **Medication Handover Protocol:**
    - Third-party staff must never be left without immediate access to a child's prescribed medication.
    - A formal, signed handover log will be completed daily between the daytime school staff and the third-party provider when transferring responsibility for the child and their prescribed AAIs.
- **Access to School "Spare" AAIs:** External providers operating outside standard school hours will have access to the school's emergency spare AAIs. If they do not have access, the provider must demonstrate they hold their own independent emergency first-aid kit and that their staff are qualified to deploy it.
- **Training Verification:** The third-party provider must submit documented evidence to the school's Senior Leadership Team annually proving that *all* staff working on-site have completed accredited anaphylaxis and AAI administration training.

Headteachers please consider how you manage the physical **handover of the keys/medication**.

The individual schools must localise this by ensuring that named AAI's either **physically move with the child** to the club room, or school AAI's are stored in a location that the third-party staff can access instantly at 5:55 PM. The named medication would then need to be returned to the school medical room/other storage area, either that night or the next morning.]

5. Staff Training & Emergency Drill Protocols

5.1 Mandatory Training Framework
All staff (including teaching, support, lunchtime supervisors, and administrative staff) must receive CPD-accredited allergy safety training annually. Hillhouse uses Virtual college for allergen training. {Note: a 30 min e-learning course is available on iamcompliant free of charge)

Staff Group	Training Type	Frequency
All Staff	Basic Allergy Awareness & Recognising Anaphylaxis	Annual (At start of academic year)
All Staff	Practical Administration of AAIs (EpiPen, Jext)	Annual (Hands-on training)
Allergy Leads/SLT	Designated Allergy Lead Advanced Risk Management	Every 2 Years

5.2 Emergency Drills
The school will conduct scheduled anaphylaxis emergency drills [once per academic year] to ensure staff can confidently locate, prepare, and administer emergency medication under pressure.

6. Emergency Adrenaline Auto-Injectors (AAIs)

6.1 Prescribed Medication

- Pupils who are prescribed AAIs must have **two in-date devices** in school at all times.
- These are stored in an unlocked, clearly labeled, easily accessible location in the school office and travel with the pupil to PE, hall spaces, and outdoors. The AAI is stored in an individual dedicated, box clearly marked with the child's name and photo. .

6.2 School "Spare" Emergency AAIs

- In accordance with the Human Medicines Regulations, the school maintains a supply of **Spare Emergency AAIs (**[Insert quantity, e.g., 2 x 0.15mg doses and 2 x 0.3mg doses (0.15mg doses for pupils under 30kg, 0.3mg for pupils over 30kg and adults].
- These are stored in the Main School Office Medical Cabinet and are clearly labeled **"Emergency Use Only"**.
- **Usage Criteria:** The spare AAI will only be deployed if a pupil's own prescribed devices fail or are missing, and for whom written parental consent and medical authorisation have been documented. In the event of a first-ever reaction with no prior medical framework, staff will call 999 and only administer an AAI if explicitly directed to do so by the emergency services operator.
- The Office checks expiry dates and device integrity on the first Monday of every half term and logs this on iamCompliant, or by another method.

7. Emergency Response Protocol (Anaphylaxis)

If a pupil shows signs of anaphylaxis (difficulty breathing, swelling of the throat/tongue, dizziness, or collapse), staff must act instantly without hesitation:

1.Administer the AAI immediately: Time-critical step.
Inject the pupil's own prescribed AAI into the outer middle thigh. Note the exact time of injection. **Do not move the pupil** unless they are in immediate physical danger. Keep them lying flat with legs raised (or sitting up slightly if breathing is highly labored).

2.Call emergency services (999): State 'Anaphylaxis'.
Dial 999 immediately. Explicitly state to the operator that a child is suffering from **"Anaphylaxis"** (pronounced Anna-fill-axis) so the call is prioritised. Provide the operator with the school's exact address and the specific location on site of the incident.

3.Retrieve the Spare Emergency Box: Simultaneous action.
Direct a second adult to fetch the school's Spare Emergency AAI Kit and the pupil's IHP file from the designated storage area.

4.Administer a second dose if needed:5-minute threshold.
If the pupil's symptoms do not improve, or if they worsen after **5 minutes**, administer a second AAI device into the opposite thigh.

5.Contact parents/guardians: Post-emergency alert.
Contact the pupil's emergency contacts immediately after emergency services have been dispatched.

6. Direct Emergency Services: Delegate a specific member of staff to stand at the school gates to guide the ambulance crew directly to the casualty.

Remember: Give the used AAI(s) to the ambulance paramedics, or dispose of them safely in a rigid sharps bin. Never discard them in general waste.

7. Incident Recording, Near-Misses & Continuous Learning

- **Zero-Harm Learning Culture:** In alignment with current statutory updates, *any* allergic incident or "near-miss" (e.g., a child almost being handed an allergen-heavy meal, or an expired AAI found in stock) must be formally recorded via iamCompliant].
- A full written report of any serious incident or near-miss will be shared directly with the affected pupil's parents within 24 hours.
- **Interim Review Trigger:** Any serious incident or near-miss will automatically trigger an immediate interim review of this policy and the specific child's IHP to tighten future risk management.
- **Post-Incident Debrief:** an anaphylaxis incident can be very upsetting for the pupil involved, the adult who delivered the AAI and any other pupils or adults who witnessed the incident. A psychological debrief and/or counseling support (via Staff Assistance Programmes or school counselors) will be offered to those involved following an emergency event.

Localisation Checklist for Schools

When adapting this template, school leadership teams must explicitly define:

- [ ] The individual names and titles for the Senior Leader and Governor roles.
- [ ] The exact physical storage locations for both individual and spare AAIs.
- [ ] The specific mealtime identification system used by your school's catering team.
- [ ] Tailored adaptations if the school is a specialised setting where children cannot communicate symptoms or are resistant to clinical intervention.

8. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

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

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement

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

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Appendix 1: Food Sensitivity Control

Appendix 2: Allergen Record Keeping and Verification