Allergy and Anaphylaxis Policy

Weaverham High School

Approved by:	Governors	Date: 7th October 2026
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Next review due by:	**September 2027**	

The named staff members responsible for coordinating staff anaphylaxis training and upkeep of this policy:

Ms Morgan - Headteacher

Mr Richard Harris – Designated Safeguarding Lead, Deputy Headteacher & Allergy Lead

1. Introduction
2. Roles and Responsibilities
3. How pupils are identified and minimise risk
4. Allergy Action Plans
5. Emergency Treatment and Management of Anaphylaxis
6. Supply, Storage and Care of Medication
7. 'Spare' Adrenaline Auto-Injectors in School
8. Staff Responsibilities for Anaphylaxis Training
9. Inclusion, Safeguarding & Wellbeing
10. Food and Catering – managing risk and provide clear information on allergens
11. Equitable provision and opportunities - Trips and Educational Visits
12. Risk Assessment

Appendix 1: Benedict's Law: Taken from Anaphylaxis UK

Appendix 2: Template for logging anaphylaxis training

Appendix 3: IHP Templates

Appendix 4: Midshire Allergen Policy

1. Introduction: Allergies and Anaphylaxis

An allergy is a reaction of the body's immune system to substances that are usually harmless. This reaction can cause mild symptoms such as itching, sneezing, or rashes, but can sometimes lead to a much more serious reaction known as anaphylaxis.

Anaphylaxis is a severe, life-threatening allergic reaction and is the extreme end of the allergic spectrum. The whole body can be affected, often within minutes of exposure to the allergen, although in some cases it may occur several hours later. Common causes include foods, insect stings, and certain drugs.

Most healthcare professionals define an allergic reaction as anaphylaxis when it involves difficulty breathing or affects heart rhythm or blood pressure. Symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to almost any substance containing a protein; however, most people react to a smaller group of common allergens. Common UK allergens include (but are not limited to):

- Peanuts
- Tree nuts
- Sesame
- Milk
- Egg
- Fish
- Latex
- Insect venom
- Pollen
- Animal dander

This policy sets out how Weaverham High School will support pupils with allergies, ensuring they are kept safe and are not disadvantaged in any way while taking part in school life.

2. Roles and Responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform school via the pupil registration form. This information should include all previous serious allergic reactions, any history of anaphylaxis, and details of all prescribed medication.
- Where applicable parents are required to provide the school with a copy of their child's Allergy Action Plan (BSACI plans are preferred). If a child's allergy requires management beyond over the counter medication and does not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional (e.g. GP or allergy specialist).
- Parents are responsible for ensuring that any required medication is provided, remains in date, and is replaced when necessary.
- Parents are requested to keep the school informed of any changes to their child's allergy management. The Allergy Action Plan will be updated accordingly.

Staff Responsibilities

- The Headteacher and Allergy Lead must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of new foods.
- All staff will complete anaphylaxis training. Training is provided annually for all staff, with additional training delivered on an ad-hoc basis for new members of staff.
- Before a child is admitted, school must obtain information about any food allergies that the child has. This information must be shared by the Allergy Lead with all staff involved in the preparing and handling of food.
- Staff (regular or cover) must be aware of the children 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 considerable caution.

- Staff leading trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all children with medical conditions, including allergies, carry their medication. Children must not leave the setting without staff carrying the child's medication. Lead staff will ensure they have spare allergy pens if a child on the trip has a known Allergy Action Plan.
- The Allergy Lead will ensure that the up-to-date Allergy Action Plan is kept with the child's medication.
- It is the parent's responsibility to ensure all medication is in date however the Office Manager and Allergy Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school keeps a register of children who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupils

- Pupils are encouraged to develop an awareness of their allergies and symptoms, including to ask an adult, 'Is this safe for me?'
- Pupils should be taught to let an adult know if they are feeling unwell.

3. How pupils are identified

We have a robust identification process

- Collect medical information at admission (and transition points)
- Require clinical confirmation (GP/allergy clinic where possible)
- Complete an Individual Healthcare Plan (IHP) for every pupil with allergy that requires medication and management

Maintain a live, central allergy register, accessible to relevant staff:

- SIMs/Class Charts flag
- Summary spreadsheet/dashboard including:
    - pupil photo
    - allergy type (food, insect, medication)
    - severity (mild / anaphylaxis risk)
- Accessible to:
    - SLT
    - pastoral teams
    - catering
    - trip leads

4. Allergy Action Plans

Allergy Action Plans are designed to function as individual healthcare plans for children with food allergies. They provide medical and parental consent for schools to administer medication in the event of an allergic reaction, including consent for the use of a spare adrenaline auto-injector.

It is the responsibility of the parent/carer to complete the Allergy Action Plan in consultation with a healthcare professional (e.g. GP or allergy specialist) and to provide a copy to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

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.

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.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. In younger children, anaphylaxis almost always involves skin reactions. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may experience diarrhoea and they may display sudden behaviour changes such as inconsolable crying, become clingy and refuse food. 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. If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

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. In emergency situations school will administer emergency medication to children with know allergies.

What does adrenaline do?

- It opens up the airways

- It stops swelling
- It raises the blood pressure as soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD 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 AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. 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 AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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.

All children must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and carry their own two adrenaline auto-injectors (AAIs) in a suitable bag or container.

Younger children and children not yet ready to manage their own medication, need adults to be responsible for their emergency medication. Their medication/anaphylaxis kit must be kept within 5 minutes of them, not locked away or behind a locked door and accessible to all staff at all times.

Medication must be stored in a suitable container and clearly labelled with the pupil's name. Each pupil's medication storage container should contain:

- Two AAIs
- An up-to-date Allergy Action Plan
- Antihistamine (tablets or syrup, if specified on the Allergy Action Plan)
- Spoon (if required)
- Asthma inhaler (if specified on the Allergy Action Plan)

It is the responsibility of parents/carers to ensure that the anaphylaxis kit is up to date and clearly labelled.

Storage

AAIs should be stored at room temperature and protected from direct sunlight and extreme temperatures.

Disposal

AAIs are single-use only and must be disposed of as sharps. Used AAIs may be handed directly to ambulance personnel upon arrival or disposed of in a pre-ordered sharps bin. Sharps bins are obtained from and disposed of by a clinical waste contractor and are stored securely in a locked cupboard.

6. 'Spare' Adrenaline Auto-Injectors in School

Weaverham High School has purchased spare adrenaline auto-injectors (AAIs) for emergency use in children who are at risk of anaphylaxis, but only where their own devices are not available or are not functioning (for example, if they are out of date).

These are stored in the Main Office, in a clearly labelled container marked: **"Emergency Anaphylaxis Adrenaline Pen"**.

Weaverham High School's Allergy Lead is responsible for checking that spare medication is in date and replacing it as required.

If anaphylaxis is suspected in an undiagnosed individual, staff must call the emergency services immediately and state that anaphylaxis is suspected. Advice from emergency services must be followed regarding whether administration of the spare AAI is appropriate.

7. Staff Responsibilities for Anaphylaxis Training

The named staff members responsible for coordinating staff anaphylaxis training and maintaining the school's anaphylaxis policy are Ms Morgan and Mr Harris

Training includes:

- Understanding common allergens and allergy triggers
- Recognising the signs and symptoms of an allergic reaction and anaphylaxis, with an emphasis on early identification and knowing when to call emergency services
- Administering emergency treatment, including adrenaline auto-injectors (AAIs), and knowing when and how to use the devices
- Implementing measures to reduce the risk of allergic reactions, including allergen avoidance and clear understanding of staff responsibilities
- Managing Allergy Action Plans and ensuring they are kept up to date

- Participation in practical training sessions using trainer devices

8. **Inclusion and Safeguarding**

Weaverham High 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 provider so that they can play a full and active role in provider life, remain healthy and achieve their developmental milestones.

9. Food and Catering

All food businesses, including school caterers, must comply with the Food Information Regulations 2014, which require that allergen information relating to the 'Top 14' allergens is made available for all food products.

The school menu is available for parents/carers to view in advance, with all ingredients listed and allergens clearly highlighted on the school website at Weaverham High School.

The Allergy Lead, or member of Senior Leadership Team in the absence of the lead, will inform the Catering Manager of all pupils with known food allergies. The school maintains a system to ensure catering staff can identify pupils with allergies, through a list kept with photos in a file accessible to kitchen staff.

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

The provider adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The child should be taught to also check with staff, before eating, 'Is this safe for me?'
- Where food is provided by the provider, 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to food-allergic children without parental engagement and permission.
- Use of food in crafts, cooking, 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 children and their age.

10. Trips and Educational visits

Staff leading visits will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have their required medication with them. If the mediation is not present, the child will be unable to attend the trip as it wouldn't be safe.

All activities included in school trips will be risk assessed to identify any potential risk to pupils with allergies. Where necessary, alternative activities will be planned to ensure full inclusion.

Overnight residentials should be possible with careful planning. A meeting should be arranged between parents/carers and the member of staff leading the trip to discuss individual needs.

Staff at residential venues must be informed in advance that a child with allergies will be attending, and that appropriate food provision will be required if meals are provided by the venue.

Sporting Excursions

Pupils with allergies should have every opportunity to attend sports trips at other schools. PE staff will be fully informed of any relevant medical conditions.

A member of staff trained in the administration of adrenaline will accompany the team on all sporting excursions.

If a host school is unable to cater for a child's dietary requirements, alternative arrangements will be made, including the provision of suitable food brought from home where appropriate.

The school recognises the importance of inclusion in all aspects of school life and expects parental cooperation in supporting any necessary arrangements to ensure the safety and participation of all pupils.

12. Risk Assessment

Weaverham High School will carry out a detailed individual risk assessment for all new pupils with allergies, as well as any pupils who are newly diagnosed. The risk assessments will identify the control measures that are needed to be implemented to keep the child with allergies safe.

This process is used to help identify any potential risks and to highlight any gaps in the school's systems and procedures for keeping pupils with allergies safe.

Date: June 2026

Appendix 1:

Benedict's Law: Taken from Anaphylaxis UK: Benedict's Law: New Allergy Safety Requirements 2026 for Schools | Anaphylaxis UK



Appendix 2:

Record of Anaphylaxis Training

(maintained by Allergy Lead and Headteacher)

Staff Name	Role	Training	Date	Renewal Due

Appendix 3: Template A: individual healthcare plan

Name of school/setting	
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.	

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

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

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

Template B: parental agreement for setting to administer medicine

The school/setting requires you complete and sign this form. We have a policy that the staff can administer medicine in emergency situations. We encourage children to carry their own medication.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	

Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 4 MIDSHIRE - ALLERGEN MANAGEMENT POLICY

Policy:

This Policy is to ensure that Midshire Signature Services Ltd complies with the Food Safety (General Food Hygiene) Regulations 1995 (amended 2006) and the Food Information Regulation 2014

The Process outlines below summarises the key aspects in relation to allergy management which are a minimum standard.

It is important to work with and understand our customer requirements.

- Food handlers should be briefed before service, this briefing should include allergen information.
- Allergy notices should be on display at all times.
- Risk assessments should be completed for all food and should be easily accessible by staff during service.
- If a customer identifies themselves as a sufferer clear factual advice must be provided. When addressing customer requirements NEVER GUESS. Relevant information can be found in risk assessments and on food packaging.
- Menus should be designed to include names and brief description of dish.

Hospitality and Events:

When bookings are made any specified dietary requirements must be adhered to.

If it is known that a customer with allergies will be present a suitable selection from the buffet should be selected beforehand and held separately for the customer to reduce the risk of cross contamination.

All products should be labelled to identify allergens.

Labelling non prepacked food:

Information about allergens used must be readily available to staff and customers. The following methods should be implemented:

- Allergy notice should be on display where customers can see it.
- Instruct staff how to reply to questions.
- Staff must be trained in allergen management policy.
- All staff should be aware of allergen risk assessments.
- All staff have a responsibility to know the food they are serving.

For operations in schools:

- All staff should know the ingredients of the food you are serving.
- Have a system for finding out which children have food allergies.
- Ensure all staff are aware of children with food allergies.
- Set up a system for accessing ingredient information.
- When writing the menu, include any major allergen in the name / description of each dish. For example, Lasagne with a cheese sauce (milk).
- When preparing food for an allergic child, take extra care to avoid the risk of cross-contamination. Were possible a separate, identified, area should be used. However, if a separate area is not possible please ensure a two-step cleaning process is adhered to.
- Inform staff about the issues of allergen cross-contamination.