FOREST OF DEAN COMMUNITY SCHOOLS FEDERATION

PARKEND PRIMARY & YORKLEY PRIMARY

Allergy Safety and Anaphylaxis Policy

2026 - 2027

This policy fulfils the school's statutory duty to maintain and publish an Allergy Safety Policy and should be read alongside the Supporting Pupils with Medical Conditions Policy.

Ratified: July 2026

Contents:

Statement of intent

The governing board at The Forest of Dean Community Federation has a duty to minimise the risk of any pupil suffering a serious allergic reaction whilst in school or attending any school related activity.
The aim of this policy is to protect pupils with allergies; ensure staff can recognise and respond to anaphylaxis; reduce risk and support inclusion.
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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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 Parkend and Yorkley Primary Schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

The Federation does not operate a "nut-free" guarantee but will undertake reasonable risk reduction measures and individual risk assessments.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following: This policy has been developed with regard to the following legislation:

- Children Act 1989
- Education Act 1996
- Education Act 2002
- Health and Safety at Work etc. Act 1974
- Equality Act 2010
- Human Medicines Regulations 2012
- Human Medicines (Amendment) Regulations 2017 (allowing schools to obtain and hold spare Adrenaline Auto-Injectors for emergency use)
- Children and Families Act 2014 (Section 100)
- Special Educational Needs and Disability Regulations 2014
- School Premises (England) Regulations 2012
- Data Protection Act 2018
- UK General Data Protection Regulation (UK GDPR)
- Food Information (Amendment) (England) Regulations 2019 ("Natasha's Law")

This policy also has regard to the following statutory guidance and recognised good practice:

- Department for Education: Supporting Children and Young People with Medical Conditions and Allergy (2026)
- Department of Health and Social Care: Guidance on the Use of Adrenaline Auto-Injectors in Schools
- Department for Education: Special Educational Needs and Disability Code of Practice: 0–25 Years
- Department for Education: First Aid in Schools
- Department for Education: School Admissions Code
- Department for Education: Keeping Children Safe in Education
- Anaphylaxis UK – Safer Schools Programme and allergy management guidance
- British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans
- NICE Guideline CG134: Anaphylaxis – Assessment and Referral after Emergency Treatment
- NICE Quality Standard QS118: Food Allergy

Roles and responsibilities

The governing board will be responsible for:

- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the school may temporarily limit attendance, in line with public health guidance, where a pupil has an infectious disease and attendance would pose a risk to the pupil or others. This does not affect admissions decisions.

- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Executive Headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.

Parents will be responsible for:

- Notifying the school if their child has an allergy
- Providing the school with sufficient and up-to-date information about their child's medical needs. Working closely and positively with the school.
- Being involved in the development and review of their child's
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable. Pupil voice will be considered when reviewing the effectiveness of medical support.
- Encouraged to have an awareness of their symptoms and to let an adult know as soon as possible if they suspect they are having an allergic reaction.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of other pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils who have allergic reactions.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils
- Knowing what to do and responding accordingly when they become aware that a pupil has an allergic reaction.

• 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 severe 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.

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.

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

IHPs

All pupils diagnosed with an allergy that presents a risk of anaphylaxis will have an Individual Healthcare Plan

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the Executive Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

• Managing medicines

The school's emergency anaphylaxis kit is stored in the school office and is clearly labelled, readily accessible to trained staff at all times, and available during all school activities.

Medication will be stored in a suitable container and clearly labelled with the pupil's name.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school office / First Aider check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

• Spare Adrenaline Auto-Injectors in school

Parkend and Yorkley Schools have purchased a Kitt Medical Anaphylaxis Kitt with spare AAIs for emergency use**.**

Emergency use may include pupils who are known to be at risk of anaphylaxis but whose prescribed AAI is unavailable, inaccessible, out of date, damaged, or where additional doses of adrenaline are required before emergency services arrive.

In exceptional life-threatening circumstances, where an individual is displaying symptoms consistent with anaphylaxis and no prescribed AAI is available, the school's spare AAI may be used to preserve life, in accordance with current legislation and national guidance.

A spare AAI is not intended to replace a pupil's own prescribed medication and should only be used in an emergency.

These are stored in the school's Anaphylaxis Kitt(s) which are clearly labelled 'Emergency Allergy Medication'. These are kept safely in the school office and are accessible and known to all staff. The school holds several keys with which they can access the medication. The school will also hold a spare key in an 'Emergency Break Glass' box in case immediate access in an emergency is required. All accessories are provided by Kitt Medical.

The Administrator/First Aiders are responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Reminder prompts are scheduled on the Kitt Medical portal.

All pupils at risk of anaphylaxis should have an IHP's describing exactly what to do and who to contact in the event that they have an allergic reaction. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay.

Written parental permission for use of the spare AAIs is included in the pupil's IHP.

• Food Safety and Allergen Management

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view in advance on the school website. The School administrator will inform the Catering Manager of pupils with food allergies. All staff also have copy's of the medical sheet listing all allergies.

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

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

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school kitchen, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, 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 primary school age food-allergic children without parental engagement and permission (e.g. birthday treats).
- Use of food in crafts, cooking classes, 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 particular children and their age.

• Record keeping

Medical and medication records will be retained and disposed of in accordance with the school's Records Management and Data Protection policies. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

Incident and Near-Miss Reporting

The school will record:

- Anaphylactic reactions.
- Allergic reactions requiring intervention.
- Administration of AAIs.
- Near misses involving exposure to allergens.
- Food labelling or catering errors.
- Incidents occurring on educational visits.

Following any serious incident or near miss, a review will be undertaken and actions identified.

• Emergency procedures

In the event of an emergency the school will seek assistance from the emergency services.
If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.
In addition to the information provided within this policy please refer to our Safeguarding and Child Protection Policy.

• Training

All staff will complete training on the Kitt portal account where online training is available.

It is recommended that the training be completed at least once a year (at a minimum) by all staff members.

● Additional ad-hoc training sessions will be provided for new staff or anyone requiring refresher training.
● A trainer AAI pen will be held in the office which can be used for practical training alongside the online training.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Understanding what it is like for those individuals living with allergies

Parkend and Yorkley Schools ensure that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

Monitoring and review

This policy has been developed with reference to current legislation and statutory guidance relating to supporting pupils with medical conditions and the management of anaphylaxis in schools.

The Governing Board will review this policy annually, or sooner if:

- There are changes to relevant legislation or statutory guidance;
- National best practice guidance is updated;
- A serious incident indicates a need for review;
- The school's procedures are amended.

Links to other policies

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Policy
- Educational Visits
- Attendance Policy
- Admissions Policy
- Safeguarding and Child Protection Policy
- Behaviour, Rewards and Sanctions
- First Aid
- Pupil Equality Statement
- Intimate Care Policy
- Supporting Pupils with Medical Conditions

Written by K.Burke and First Aiders and Office Staff, SENDCo

Useful Links

Kitt Medical – https://www.kittmedical.com/

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-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-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/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

'Access Our Free AllergyWise Resources', Anaphylaxis UK [https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/]

a) Individual Healthcare Plan Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The Executive Headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

b) Example Individual Healthcare Plan

- **Pupil's details**

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

- **Family contact information**

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

- **Hospital contact**

Name	
Phone number	

- **Pupil's GP**

Name	

Phone number	

Who is responsible for providing support in school?
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Name of medication, dose and method of administration
Daily care requirements
Arrangements for school visits and trips
Other information

Describe what constitutes an emergency, and the action to take if this occurs
Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when:

c) Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

- **Administration of medication form**

Name of pupil	
Year Group / Class	
Date	
Medical condition or illness	

- **Medicine**

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instruction	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

- **Contact details**

Name	
Telephone number	
Relationship to pupil	

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

Signature _____ Date _____

d) Contacting Emergency Services

<u>To be stored by the phone in the school office</u>

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.

- The telephone number: **Parkend – 01594 562407**

  Yorkley – 01594 562201

- Your name.
- Your location as follows:

Parkend Primary School	Yorkley Primary School
Yorkley Road	Lydney Road
Lydney	Yorkley
GL15 4HL	GL15 4RR
What Three Words	What Three Words:
///suave.pushes.post	///cheesy.hikes.bonds

- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.