



BANTOCK PRIMARY SCHOOL

Allergy Safety in Schools Policy

Headteacher	J Thomas
Chair	J Cockburn
Approved Date	30.9.26

Whole-School Allergy & Anaphylaxis Policy

1. Policy Statement

Bantock Primary School committed to providing a safe and inclusive environment for all pupils, including those with life-threatening allergies (anaphylaxis). We recognise that allergies are a growing clinical concern and that anaphylaxis is a medical emergency. This policy outlines our "Whole-School" approach to risk reduction, staff training, and emergency response.

2. Roles and Responsibilities

- **The Governing Body:** Will appoint a **Lead Allergy Governor** to oversee compliance and ensure the school has a robust risk management strategy.
- **The Headteacher/Senior Leadership Team:** Will appoint a **Designated Allergy Lead** to manage Individual Healthcare Plans (IHPs) and coordinate staff training.
- **All Staff:** Must complete annual anaphylaxis training and be familiar with the symptoms and emergency protocols for pupils in their care.
- **Parents/Carers:** Must provide the school with up-to-date medical information and ensure that two in-date Adrenaline Auto-Injectors (AAIs) are provided to the school if prescribed.

All staff will be trained on what to do in the event of an allergic reaction, as a student may be under their supervision when this happens. Allergy training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence. Supply and cover staff will receive allergy awareness training.

Acting fast is key in reducing the risk of a serious allergic reaction.

Allergy training should include a practical session (trainer AAIs are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy
- 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
- Associated conditions e.g. asthma
- Managing Individual Healthcare Plans (IHPs) and ensuring these are up to date

3. Individual Healthcare Plans (IHPs)

Every pupil with a diagnosed allergy will have a formal IHP. This document will include:

- Specific allergens (triggers).
- Signs and symptoms of a reaction for that specific child.
- Clear "Step-by-Step" emergency instructions.

- Storage location of the child's medication.
- A recent photograph of the child.

4. Medication & Storage

- **Prescribed AAI:** Must be stored in a central, accessible, and unlocked location (e.g., Medical Room or School Office).
- In secondary schools, pupils should carry their own AAI, with a second "back-up" kept by the school.
- **Spare/Statutory AAI:** Under **Benedict's Law**, the school will maintain a supply of "spare" AAI (not assigned to a specific child) for use in emergencies when a child's own device fails or for children with no previous history of allergy who experience their first reaction.
- **Expiry Tracking:** The Designated Allergy Lead will check expiry dates monthly and notify parents at least one month before a device expires.

5. Risk Reduction Measures

The school will implement the following "Allergy Aware" protocols:

- **Catering:** The kitchen manager will maintain an allergen matrix for all meals, showing each item that is served daily with the 14 regulated allergens. School has provided a photographic list of pupils with allergens.
- **Curriculum:** Food Technology and Science departments must risk-assess every lesson involving food or chemicals.
- **The "No-Sharing" Rule:** A strict policy against pupils sharing food or drinks.
- **Handwashing:** Mandatory handwashing for all pupils before and after lunch to prevent cross-contamination.

6. Emergency Response Protocol

In the event of a suspected anaphylactic reaction:

1. **Stay with the child:** Never leave the pupil alone or ask them to walk to the medical room.
2. **Call for Help:** Alert the designated first aider and the Allergy Lead.
3. **Positioning:** Keep the child lying flat with legs raised (unless they are struggling to breathe, in which case sit them up slightly). **Do not stand them up.**
4. **Administer AAI:** Follow the instructions on the child's specific device (EpiPen, Jext, or Emerade) immediately.
5. **Call 999:** State "ANAPHYLAXIS" clearly to the operator.
6. **Second Dose:** If there is no improvement after 5 minutes, administer a second AAI in the opposite thigh.

Under existing UK legislation, a school's Emergency/spare AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

When storing “spare” adrenaline devices:

- Emergency/spare AAI adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of their allergy safety policy. In larger schools, more than one set of “spare” adrenaline devices may be needed (for example one near the central dining area and another near the playground);
- Emergency/spare AAI adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- Emergency/spare AAI adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked “emergency anaphylaxis kit” containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

School trips and external visits

Bantock Primary will conduct a risk assessment for any child or young person at risk of anaphylaxis taking part in a trip off the premises.

Children and young people at risk of anaphylaxis will have their own adrenaline device with them, and staff trained to administer adrenaline in an emergency. Schools, colleges and settings may wish to consider whether it may be appropriate,

Bantock Primary will consider the need to take “Emergency/spare AAI adrenaline devices” in case of emergency use on some trips. However, this should not cause a lack of Emergency/spare AAI adrenaline devices in school.

7. Post-Incident Review

Following any allergic reaction, the school will conduct a "Cold Debrief" to evaluate the response, update the risk assessment, and provide emotional support to the staff and pupils involved.