Noadswood

Allergy Recognition, Management & Response Policy

Policy status	**Statutory**
Member of staff responsible	**CFOO**
Date approved by SLT	**July 2026**
Governor committee responsible	**Finance Audit and Risk**
Date relevant committee approved (including Trust Board agreement)	**21 July 2026**
Revision period	**1 year**
Revision due date	**July 2027**

The named staff members and trustee responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Carla Bradshaw, CFOO

Jean Cookson, Welfare Assistant

Cayley Debbage, Premises Administrator

Tom Weeks, Nominated Trustee

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1. Introduction

The purpose of this policy is to reflect the principles of Benedict's Law by establishing a clear and proactive framework for safeguarding students with severe allergies. In line with the law's emphasis on risk reduction and organisational responsibility, the policy ensures that the school takes all reasonable steps to minimise exposure to allergens during the school day and throughout any school-related activity. It further supports the law's requirement for staff competence by mandating that all personnel are adequately trained to recognise the signs of anaphylaxis and respond promptly and effectively, thereby promoting a safe and compliant learning environment.

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 life-threatening reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction to a trigger. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later, this is typically referred to as a delayed reaction. Common causes can include foods, insect stings, and drugs.

Most healthcare professionals define anaphylaxis as a severe allergic reaction that causes ABC compromise — affecting the airway, breathing, or circulation, such as difficulty breathing or changes in heart rate or blood pressure.

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 allergens include (but not limited to):

Celery, Gluten, Crustaceans, Egg, Fish, Lupin, Milk, Molluscs, Mustard, Nuts, Peanuts, Sesame, Soya, Sulphur Dioxide.

This policy sets out how Noadswood School will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Trust Board Responsibilities

The Trust Board holds overarching responsibility for ensuring that robust systems are in place to safeguard students with allergies in the school. This includes approving and regularly reviewing the Allergy Management Policy, ensuring compliance with statutory guidance, and allocating sufficient resources for staff training and emergency equipment. The Board must

ensure that the school maintains consistent standards of allergy awareness, that staff receive appropriate and up-to-date training in recognising and responding to anaphylaxis, and that monitoring arrangements are in place to assure the effectiveness of these measures. The board will also have a nominated Trustee to monitor and support this policy and its implementation.

SLT Responsibilities

The Senior Leadership Team is responsible for implementing the Trust's allergy and anaphylaxis policy at school level and ensuring that effective operational arrangements are in place to safeguard students with allergies. This includes maintaining accurate records of students with identified allergies, ensuring staff receive appropriate and up-to-date training in recognising and responding to anaphylaxis, and overseeing the availability, accessibility, and monitoring of emergency medication such as adrenaline auto-injectors. The team must promote a culture of allergy awareness across the school, ensure risk assessments are completed for all relevant activities, and regularly review procedures to confirm they remain compliant, effective, and responsive to individual student needs.

A nominated member of the team to be the accountable person for the implementation and management of this policy.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the students 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 planned and supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.
- It is the parent/carer's responsibility to ensure all medication is in date however the Welfare Assistant will check on a termly basis, that medication issued by medical professionals and which is kept at school is in date. The Welfare Assistant will send a reminder to parents if medication is approaching expiry.
- The Welfare Assistant is responsible for co-ordinating the paperwork, information and medicines from families, keeping records up to date in the school's MIS: Arbor.
- Keeping a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. This will be recorded in the school's MIS: Arbor.
- The Welfare Assistant/Named First Aid staff ensures that any reaction or near miss is recorded and reported internally or in accordance with RIDDOR.
- The Premises Administrator is responsible for ensuring spare AAI's on site are in

date.

Parent Responsibilities

- On entry to the school, it is the parent/carer's responsibility to inform the Data Manager of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers 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. GP/allergy specialist.
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Student Responsibilities

- Students with allergies are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Students with allergies are responsible for understanding how and when to use the adrenaline auto-injector.
- Students with allergies are responsible for carrying their adrenaline auto-injector on their person and only use them for the intended purpose.
- Students without allergies are responsible for being aware of allergens and the risk they pose to their peers.

3. Healthcare Plans

Where the school is informed of a student's allergy or allergies, a Healthcare Plan will be sent to the parent/carer to be completed and returned to school. Once received it will be reviewed by the Welfare Assistant and an appropriate note placed on the school's MIS to inform all staff of the medical condition and treatment.

The school will also ask the parent/carer for the student's 'Allergy Action Plan' which is the individual healthcare plan for children with severe allergies, developed by a registered medical professional. It provides the treatment plan and medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer spare adrenaline auto- injector(s).

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

Once received, the Allergy Action Plan will be accepted as the student's Healthcare Plan and recorded on the school's MIS. A medical note will also be added to the student's record to make all staff aware of the student's medical condition and treatment plan.

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 signs & 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.

Anaphylaxis signs & 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.

Where a student with a known allergy has been exposed to the allergen, there is a strong change of anaphylaxis. The onset can be rapid, it is an emergency, anaphylaxis can be fatal. The treatment for anaphylaxis is adrenaline. This is usually delivered by an adrenaline auto injector (commonly known as an epi-pen).

What does adrenaline do?

- It opens the airways by relaxing the muscles in the airway
- It relaxes the muscles around the lungs
- It causes the body to constrict blood vessels
- This increases the heart rate and blood pressure
- It buys time for emergency care to arrive

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the student where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be sat up or 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 – **in the opposite thigh**.
- If the patient does unresponsive and stops breathing commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the student 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 them to collapse or go in to cardiac arrest.

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

Supply, storage and care of medication

Students who have been issued with AAIs will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container.

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:
- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the student's parents/carer to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Welfare Assistant will check on a termly basis, that medication issued by medical professionals and which is kept at school is in date. The Welfare Assistant will 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.

Storage
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 crews on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a specialist collection service. The sharps bin is kept in the medical room.

5. ‘Spare’ adrenaline auto-injectors in school

Noadswood School has purchased spare AAIs for emergency use in children or adults who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time. These are stored in emergency medical kit boxes labeled ‘Emergency Anaphylaxis Adrenaline Pen’ in the following locations:

- Reception
- Food Technology corridor
- Small school hall, close to medical room

The Premises Administrator is responsible for checking the spare medication is in date on an annual basis and replacing them as appropriate.

6. Staff Training

The named staff members and trustee responsible for coordinating staff anaphylaxis training and the upkeep of the school’s anaphylaxis policy are:-

- **Carla Bradshaw, CFOO**
- **Jean Cookson, Welfare Assistant**
- **Cayley Debbage, Premises Administrator**
- **Tom Weeks, Nominated Trustee**

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- 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
- Managing allergy action plans and ensuring these are up to date

Noadswood School ensures that staff undertake a practical session using trainer devices.

7. Inclusion and safeguarding

Noadswood 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 school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

8. Managing Risk

Noadswood School will conduct an individual risk assessment for new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Catering

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 with all ingredients listed and allergens highlighted on the organisation website at www.noadswood.hants.sch.uk

The Welfare Assistant will inform the Catering Manager of students with food allergies.

Parents/carers are encouraged to discuss their child's needs with the Year Leader and/or Welfare Assistant as appropriate.

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

- Bottles, other drinks and lunch boxes provided by parents for students 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 canteen, parents should check the appropriateness of foods by contacting the catering manager.
- The student 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 read labels for food allergens and take all measures to prevent cross contamination during the handling, preparation and serving of food.
- 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.

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we encourage students and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a student brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Insect bites/stings

To prevent potential stings by insects, when outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

The school is visited by a therapy dog and some students on occasion may visit a farm.

- All students will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Students with animal allergies will not interact with animals

Support for Mental Health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with tutor

Commercial Hire / External Users

Commercial users operating on school premises must comply with the school's allergy and anaphylaxis policy and ensure that their practices do not introduce avoidable risks to students and staff with allergies. They are responsible for maintaining clear allergy awareness within their activities, following all instructions issued by the school, and ensuring that any food, materials, or equipment they bring onto the site are appropriately risk-assessed.

9. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies including spare AAIs. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a conversation for parents with the lead member of staff planning the trip should be arranged if necessary. 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)/specific arrangements in relation to the allergy.

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

10. Policy Monitoring

This policy will be monitored by trustees at least annually or after a near miss or incident.

11. Linked Policies

- Health and Safety Policy
- Supporting Students with Medical Needs

12. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- Allergy UK - https://www.allergyuk.org
- BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

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