Allergy and Anaphylaxis Policy

WATERGATE SCHOOL

'I Can, You Can, Together We Will'

Written by: Isabell Fisher

Date Written: July 2026

Date of Next Review: July 2027

Watergate Allergy and Anaphylaxis Policy

This policy is intended to be incorporated into Watergate School Medical Conditions and Administration of Medications Policy.

This policy has been produced using information and guidance from BSACI, Allergy UK Anaphylaxis UK and the new legal requirements under Benedict's Law.

Benedict's Law:
The above law means that from September 2026 every school **MUST**:

- Have a comprehensive allergy and anaphylaxis policy.
- Individual Healthcare and Anaphylaxis Action Plans in place for any pupil with a known allergy.
- Hold spare in-date adrenaline auto-injectors on site.
- Ensure mandatory training for ALL staff to understand allergy risks and recognise the signs of anaphylaxis and be competent in administering adrenaline in an emergency.
- After any allergic incident or near miss, ensure it is recorded in the pupil's healthcare plan and the information used to continually improve the management of allergy procedures.

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Watergate Allergy and Anaphylaxis Policy

1. *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 Watergate School will support pupils and staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. *Roles and Responsibilities*

All Parents / Carers

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for special events.
- Encouraging their child to be allergy aware.

Parent / Carers of Pupils with Allergies Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school 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 Care Plan (BSACI plans preferred) to the 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. Complex Needs' Nurse / 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 Care Plan will be kept updated accordingly.

Staff Responsibilities

- **All staff** will complete anaphylaxis training. Training is provided for all school staff on an annual basis and on an ad-hoc basis for any new members of staff. This will include the Premises and Admin team and ensuring that any Agency / Supply staff have been trained.
- Staff (regular or cover classes) must be aware of the pupils 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 will be risk assessed by the Class Teacher and must be supervised with due caution.
- Staff leading school trips will ensure that spare emergency medications are accessible if required. Trip leaders will check that all pupils with medical conditions, have their medications available. The Lead Adult will hold the medication and always be with the pupils who require the medication.
- Where medication has not been sent in, pupils will be unable to stay in school
- Kerry Jack (AHT) will ensure that the up-to-date Allergy Care Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School Admin team will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Kerry Jack (AHT) will keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of any occasion when the AAI(s) has needed to be used and of any other emergency treatment given.
- Carly Crittenden (SBM) will ensure that any reaction or near misses is recorded and reported internally, to the Local Authority or in accordance with RIDDOR.

Pupil Responsibilities

- Where applicable, pupils 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.

3. *Allergy Action Plans*

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

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

The allergy action plans are designed to function as an individual healthcare plan.

Pupils with Epi Pens BSACI Plans
https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf

Pupils with Jext BSACI Plans
https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-Jext-Final-OCT-24.pdf

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4. *Emergency Treatment and Management of Anaphylaxis*

See Appendix 1

5. *Supply, Storage and Care of Medication*

For all pupils at Watergate School, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

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

The pupil'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 child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Admin team will 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.

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 paramedics 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 **Nursing** room.

6. Spare' Adrenaline Auto-Injectors (AAI's) in School

These are stored in a **bag**, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen, not locked away and **accessible and known to all staff.**

Watergate School holds 4 spare pens which are kept in the following location/s:-

School Office Lushington Road **School Office Oakview Road**

The admin team responsible for checking the spare medication is in date monthly and to replace as needed. A record is maintained.

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

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See Appendix 2 - Emergency AAI's Policy.

7. *Staff Training*

In line with Benedict's Law (Sept 2026) all adults in Watergate School will receive Allergy and Anaphylaxis Awareness training. Those that attend first aid courses will also be trained in the administration of AAI's and emergency procedures.

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: -

Linda Matthews and Barbara Lambe

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

8. Inclusion and Safeguarding

Watergate 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.

9. 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.

School staff will inform the Catering Company of pupils with food allergies.

To ensure children with allergies are easily identified, each classroom will display a confidential allergy information sheet containing the names and photographs of children with diagnosed allergies, together with a clear summary of their allergens. These displays will be positioned where they are visible to staff but not accessible to pupils or visitors. Class teachers are responsible for ensuring the information is displayed in their classroom and that all staff working in the class, including temporary staff and volunteers, are made aware of pupils' allergies. Any changes to a child's allergy status must be communicated immediately and the classroom display, catering information, and relevant records updated without delay.

If applicable 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.
- 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.
- 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.

Lunch Boxes and Snacks

- For the protection of the children in our school no nuts will be allowed in any area at any time. This includes any food that contains Nutella® or similar, peanut butter or any other foods containing nuts.
- These restrictions also apply to any packed lunches and snacks that are created or sent in from home.
- The school cannot check all lunchboxes and items brought into school, therefore will take measures as reasonably practicable.
- Products that are labelled "May contain nuts" will be accepted into schools as these poses minimal risk and are labelled to protect the manufacturer.

Packaging

Any packaging that is brought to school must not have previously contained nut products, however, reused packaging for food described as may contain nuts will be accepted as these pose a minimum risk.

10. *School Trips / Off Site Visits*

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication if they are deemed mature / sensible enough.

Pupils unable to produce their required medication may 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 pupils and alternative activities planned to ensure inclusion.

Overnight / residential school trips should be possible with careful planning and a meeting for parents / carers 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).

A trained member of staff will always be present on a school trip where pupils with allergies are attending.

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the trip lead/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.

Outdoor Lessons and Forest School
Staff leading outdoor lessons will ensure they carry all relevant emergency supplies and a qualified first aider will attend all times.

Consideration should be given to any children identified as having nut allergies and a risk assessment should be put in place for when children take part in Forest School activities or access areas of the outdoor area that contains trees.

11. Allergy Awareness

Nuts
Watergate School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

We are an Allergy Aware School.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the

pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Insect Stings
Pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible

keep arms and legs covered.
- Avoid wearing strong perfumes or scents.
- Keep food and drink covered.
- The Premises Staff will monitor the grounds for wasp or bee nests.

Animals
It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:
- A pupil with a known animal allergy should avoid the animal they are allergic to.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed and pupils allergies considered.

12. *Risk Assessment*

Where deemed appropriate Watergate School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. Is this necessary?

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

13. Confidentiality

The information collected regarding pupils and their medical requirements discussed in this policy, although should be easily accessible by those required, confidentiality should still be observed.
Photos of children with allergies should be displayed in an area that alerts staff to the children with allergies but not on general display. (e.g. inside a cupboard door where medications are stored)

14. Useful Links

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

AllergyWise training for schools - https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools]

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

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

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

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

Whole School Allergy and Awareness Management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

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

Spare AAI's in Schools http://www.sparepensinschools.uk

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Appendix 1

Managing Allergic Reactions

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes.
- Itchy or tingling mouth.
- Hives or itchy rash on skin.
- Abdominal pain.
- Vomiting.
- Change in behaviour.

Response:

- Stay with pupil.
- Call for help.
- Locate adrenaline pens.
- Give antihistamine.
- Make a note of the time.
- Phone parent or carer.
- Continue to monitor the pupil.

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **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.

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 the airways.
❖It stops swelling.
❖It raises the blood pressure.

It should always be treated as a time-critical medical emergency. Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.
People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

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RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway	**B – Breathing**	**C - Circulation**
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or cough	Pale or floppy
Difficulty swallowing		Sleepy
Swollen Tongue		Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

- Take the medication to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
- 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. Stay with the pupil.
- Call the pupil's emergency contact.
- If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device.
- Call 999 again and tell them you have given a second dose and to check that help is on the way.
- Start CPR if necessary.
- Hand over used devices to paramedics and remember to get replacements.

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