



# **ALTRINCHAM PREPARATORY SCHOOL**

## **Allergy and Anaphylaxis Policy**

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This policy applies to Altrincham Preparatory School, including the EYFS. It is available to current and prospective parents upon request and is published on the School's website.

## 1. AIMS AND OBJECTIVES

This policy outlines Altrincham Preparatory School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Administration of Medications Policy
- Asthma Policy
- Equal Opportunities for Pupils Policy
- Safeguarding and Child Protection Policy

## 2. WHAT IS AN ALLERGY?

An allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

## 3. DEFINITIONS

**ANAPHYLAXIS:** Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

**ALLERGEN:** A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

**ADRENALINE AUTO-INJECTOR:** Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

**ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

**INDIVIDUAL HEALTHCARE PLAN:** A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

**RISK ASSESSMENT:** A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

**SPARE PENS:** Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

## 4. ROLES AND RESPONSIBILITIES

Altrincham Preparatory School takes a whole-school approach to allergy management.

### 4.1 Designated Allergy Lead

The Designated Allergy Lead is Mrs Holly Finnie, Deputy Head and SENCo. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy
- Taking decisions on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Registrar for new joiners)
- Ensuring allergy information is recorded (including a photo of the child), up-to-date and communicated to all staff. Although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school administrator
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill once a year
- Coordinating medication with families and ensuring medication is in date. Whilst it's the parents and carers responsibility to ensure medication is up to date, the Allergy Lead should also have a system in place to check this and notify the parents when they see the expiry date is approaching
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

### 4.3 Admissions Registrar

The Admissions Registrar is likely to be the first to learn of a pupil's or visitor's allergy. They should work with the Designated Allergy Lead and School Office to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (this should be in place before any taster days if food is offered or likely to be eaten).
- There is a clear structure in place to communicate this information to the relevant parties (i.e. catering team).
- Visitors (for example at Open Days and events) are aware of the catering set up if food is to be offered and plans are made for medication when a child comes in to School for a taster day.

#### **4.4 All staff**

All school staff, to include teaching staff, support staff, occasional staff (for example activity club instructors, music teachers) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils and staff, when necessary, with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf (depending on the age of the pupils and the management of adrenaline pens in the school)
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to inform their line manager if they have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

#### **4.5 All parents**

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema
- 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 fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

#### **4.6 Parents of children with allergies**

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too; and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis, to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.

#### **4.7 All pupils**

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency

#### **4.8 Pupils with allergies**

In addition to point 4.7, depending on their age, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose
- Understand how and when to use their adrenaline auto-injector
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

## 5. INFORMATION AND DOCUMENTATION

### 5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

### 5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A photograph of each pupil
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

## 6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

## 7. FOOD, INCLUDING MEALTIMES & SNACKS

### 7.1 Catering in School

- The school is committed to providing a safe meal for all pupils, staff and visitors, including those with food allergies
- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training

- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff
- The school has robust procedures in place to identify pupils with food allergies, these include class teachers being provided with a list of pupils with medical conditions/allergies and this information being on hand for cover teachers, photos of pupils with allergies are available on the school's MIS and provided to the catering teams. The Admissions Registrar will notify the relevant staff of any new starters with allergies.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request. For pupils or staff with allergies to food other than the "main 14" a meeting with the parent/staff member will be requested by the Allergy Lead.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the Catering Manager.
- The school allows products with precautionary allergen labelling or 'May Contain' labelling, however these items will not be given to children with these known allergies. The school very rarely uses products that state 'May Contain Nuts'. When these products are used the catering staff put additional labelling on the product and ensure that any children with a known nut allergy are not given the food item.
- Food provided at the after-school care is prepared by the catering team, with allergens identified and after school care staff are made aware of children with allergies.

## **7.2 Food brought into School**

The school does not allow any food to be brought in from home with the exception of a packed lunch for pupils that may have a medical condition i.e. diabetes or severe allergies that cannot be catered for in school. In these cases, parents are given clear guidelines on what foods can be sent in and a member of the catering team will check the contents to ensure guidance with school policy.

## **7.3 Food bans or restrictions**

This school is an Allergen Aware school. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.

All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product.

On the rare occasion that food items are sent in by parents i.e Diwali celebrations, then only individually wrapped foods are allowed which are sent home with the pupil for the parents to decide on whether it can be consumed.

## **7.4 Food hygiene for pupils**

- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

## **8. SCHOOL TRIPS AND SPORTS FIXTURES**

- Staff leading the trip will be made aware of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches and for pupils/staff with allergies outside of the main '14', a separate packed lunch will be prepared.

- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See Adrenaline Pens section for School Trips and Sports Fixtures

## **9. INSECT STINGS**

Pupils with known allergies to insect stings are identified and parents are asked to send in to school any medication which is to be administered in the event of an allergic reaction.

The school will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

## **10. ANIMALS**

It is normally the dander 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

## **11. ALLERGIC RHINITIS/ HAY FEVER**

Pupils with hayfever are made known to the school and parents are asked to send in to school any medication which is to be administered in the event of an allergic reaction.

## **12. INCLUSION AND MENTAL HEALTH**

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.

Pupils with allergies may require additional pastoral support including regular check-ins from their Class Teacher.

Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.

Bullying related to allergy will be treated in line with the school's anti-bullying policy.

## **13. ADRENALINE PENS**

[See the government guidance on Adrenaline Pens in Schools.](#)

### **13.1 Storage of adrenaline pens**

Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.

Adrenaline pens are carried by teaching staff for pupils in the Early Years and Pre-Prep setting. For pupils in Years 3 to 6, the pupil will carry them.

- Spot checks will be made to ensure adrenaline pens are where they should be and in date
- Adrenaline pens must not be kept locked away
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Used or out of date pens will be disposed of

## **13.2 Spare pens**

This school has one spare adrenaline pen to be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in the following locations:

- Prep – School Office
- Early Years and Year 1 – First aid area

The Allergy Lead is responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11)
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above
- Distribution around the site and clear signage

## **13.3 Adrenaline pens on school trips and match days**

No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the trip leader's responsibility to check they have them.

Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms.

Adrenaline pens will be protected from extreme temperatures.

Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.

Consider whether to take spare pens to sporting fixtures and on trips.

## **14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS**

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will ensure that privacy is given to that pupil.
- If anaphylaxis is suspected, adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency, anyone will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.

- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

## **15. TRAINING**

The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergies, for example, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

The school will carry out an anaphylaxis drill annually. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

## **16. ASTHMA**

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Please refer to the school's Asthma Policy.

## **17. REPORTING ALLERGIC REACTIONS**

All allergic reaction incidents and near-misses should be reported to the Allergy Lead who will log them and inform the Business Operations Manager. All incidents and near-misses are investigated in order for School to evaluate the effectiveness of current policy and procedures.



# 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 guardian
- Continue to monitor the pupil

## SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

**In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.**

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.



# RESPONDING TO ANAPHYLAXIS

## SYMPTOMS OF ANAPHYLAXIS

### A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

### B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

### C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

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

## DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. 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.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. 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.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. 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.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools](#).