OLD BEXLEY CE PRIMARY SCHOOL

Love God ♦ Love Each Other ♦ Love Learning

Happy Children and Limitless Learning in an Anglican Christian School
A place where everyone can flourish

Reviewed	Agreed by Staff	Agreed by Governors	Review Date
September 2026	September 2026	September 2026	September 2027

ALLERGEN AND ANAPHYLAXIS POLICY

At Old Bexley CE Primary School, we aim to provide the best possible education for each child within the context of a caring Christian community.

Our school values are the Fruit of the Spirit – Love, Joy, Peace, Patience, Goodness, Kindness, Faithfulness, Gentleness and Self-Control (Galatians 5: 22-23). These values promote inclusion, respect and empathy whilst our broad and balanced curriculum inspires aspirational, lifelong learners. They underpin all aspects of school life, including behaviour and relationships within the school.

Policy statement

Amadeus Primary Academies Trust is committed to safeguarding pupils, staff and visitors with allergies and reducing the risk of allergic reactions, including anaphylaxis. We will:

- Identify and support pupils with allergies through robust planning and communication;
- Manage allergens in food provision, the curriculum and the wider school environment;
- Ensure staff are trained and confident to respond to allergic reactions and anaphylaxis;
- Maintain appropriate emergency medicines, including adrenaline auto-injectors (AAIs), and clear emergency procedures.

- This policy should be read alongside:

- **Supporting pupils at school with medical conditions (DfE statutory guidance)**
- **DfE Allergy guidance for schools (updated 17 Nov 2025)**
- **Using emergency adrenaline auto-injectors in schools (DHSC guidance)**
- **NHS advice on anaphylaxis**
- **The school's 'Supporting Pupils with Medical Conditions' Policy**

Scope

This policy applies to:

- All pupils (including those without a previously known allergy);
- All staff, governors, volunteers, contractors and visitors;
- All school activities: breakfast/after-school clubs, trips, sports, events, and wraparound care.

Key definitions

· **Allergy**: an adverse immune response to a substance (allergen) such as food, insect venom, latex, medicines.

· **Anaphylaxis**: a severe, potentially life-threatening allergic reaction requiring urgent action.

· **AAI**: adrenaline auto-injector (e.g., EpiPen, Jext, Emerade where applicable).

Roles and responsibilities

The Principal and two named governors; Julie Bowen and Tony Wallace, hold legal ownership of allergy safety.

Governing body

- Ensures this policy is implemented and reviewed annually.
- Ensures arrangements are in place to support pupils with medical conditions.

Principal

- Overall accountability for implementation, training, and resourcing (including emergency medicines).

First Aid Lead

- Maintains the allergy register and ensures Individual Healthcare Plans (IHPs) are in place and reviewed.
- Coordinates staff training and ensures reasonable adjustments are made.
- Maintains medication records, checks expiry dates, ensures safe storage and accessibility.

All staff

- Take allergies seriously, follow IHPs, reduce allergen risk, and respond to emergencies.
- Complete anaphylaxis training yearly.
- Take medication to all off site activities.

Parents/carers

- Provide accurate medical information and an up-to-date BSACI Allergy Action Plan.
- Supply two prescribed in-date AAIs i.e. EpiPen or Jext.
- Inform school immediately of changes.
- Provide the school catering company with accurate and up to date information.
- Must dispose of expired medication.
- Ensure children 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.

Pupils (as appropriate to age)

- Learn not to share food, to tell an adult if they feel unwell, and (where appropriate) to carry/locate their medication.

Identification, care planning and records

Allergy register

- The school maintains an up-to-date allergy register (photo where appropriate) accessible to relevant staff.
- Allergies are flagged for: class lists, kitchen/catering, trip packs, club registers, and supply staff folders.

Individual Healthcare Plans (IHPs)

For pupils at risk of significant reactions, we will have an IHP in line with DfE statutory guidance. Each IHP will include:

- allergens and typical reactions;
- avoidance measures (classroom, dining hall, curriculum, trips);
- prescribed medication details (including AAI brand/dose);
- where medication is stored and who checks it;
- emergency steps and when to call 999;
- parental consent and medical authorisation (including consent for use of a school spare AAI where applicable).

Allergy action plans

- Parents should provide a clinician-completed allergy action plan (for example BSACI paediatric plans commonly used in the UK)

Day-to-day allergen risk reduction

Food provided by school (meals, snacks, cooking activities)

- The school follows DfE allergy guidance and ensures allergen information is managed and communicated.
- Where the school provides food, reasonable steps are taken to prevent cross contamination, including cleaning procedures and separation of utensils/areas where required.
- Any food handling for lessons (DT/cooking), celebrations, or fundraising must follow a risk assessment for pupils with known allergies.

Packed lunches

- The school promotes "no food sharing".
- Where a pupil has a severe allergy, the school will implement proportionate controls (for example, specific seating/cleaning routines) as set out in the pupil's IHP.
- The school may request cooperation from parents (for example, avoiding sending a specific allergen into class) where needed for safety—this will be risk-assessed and communicated clearly (recognising that "blanket bans" are not always reliable on their own).

Food brought in / events

- Any external food (bake sales, parties, PTA events) must be managed with allergen awareness.
- Pre-packed for direct sale (PPDS) labelling requirements and good practice will be followed where relevant.

Non-food allergens Risk reduction will also consider:

- insects (wasps/bees), especially outdoors;
- Latex (balloons, gloves);
- Animals;
- Chemicals/crafts (e.g., nut oils, food-based materials).

Training and awareness

- All staff (including supply teachers, midday supervisors, and breakfast club workers) undergo annual anaphylaxis recognition training. This is a legal obligation in response to Benedict's Law. This can be delivered through high-quality online training and schools can use the Educare ***Understanding Anaphylaxis*** course to deliver this or may choose to pay for in person training with some/all staff.
- Pupils' key staff (class teacher, TAs, lunchtime supervisors, office/first aiders) are briefed on relevant IHPs.
- The school refreshes AAI use training and ensures staff can follow action plans confidently.

Medication: storage, access and administration

Pupils' own medication

- Parents must supply in-date, clearly labelled medication (including at least one AAI where prescribed).
- Medication is stored so it is secure but immediately accessible in an emergency.
- Medication is clearly labelled with one AAI in the class medical box and the spare AAI is kept in the office. All medication is taken to off-site activities.

Emergency "spare" adrenaline auto-injectors (AAIs)

We follow national guidance:

- School purchases AAIs without prescription for emergency use, subject to the conditions set out in DHSC guidance.
- A spare AAI may only be used for a pupil at risk of anaphylaxis where appropriate authorisation/consent is in place and the pupil's own AAI is not available or not working, in line with the guidance.
- Spare AAIs are stored with clear instructions and are in-date, checked termly (Stored in an unlocked location accessible within 5 minutes from anywhere on the property – **School Office**.
- Number/type of spare AAIs held: 2 x EpiPen 1X 150 micrograms for under 6 years 300 micrograms for over 6 years (adapt for school)
- Storage locations: **School Office**
- Responsibility for checks: **First Aid Lead**

First Aid Lead

- Record system:

Record administration of EpiPen/Jext pen on administration of medicine form (and also record on Bromcom and/or WorkNest if a RIDDOR).

Recognising reactions and emergency response

Mild to moderate reaction

- Follow the pupil's action plan/IHP (often includes antihistamine if prescribed).
- Inform parents/carers.
- Monitor closely for escalation.

Suspected anaphylaxis (medical emergency)

Staff will act immediately:

1. Give adrenaline (AAI) without delay as per the pupil's action plan.
2. Call 999 and state anaphylaxis.
3. Positioning (per NHS advice):
   - lie the person down (legs raised if possible)

- if breathing is difficult, allow them to raise shoulders/sit up slowly
- if pregnant, lie on the left side
- do not allow them to stand or walk

4. If symptoms do not improve after 5 minutes, give a second AAI if available/authorised and continue to wait for the ambulance.
5. Contact parents/carers as soon as possible after emergency actions are underway.

After any AAI use:

- The pupil must be transferred to hospital by ambulance for assessment, even if they appear to recover (as per emergency medical practice and NHS advice to call 999).
- The school completes an incident report and reviews controls.

Trips, clubs, sports and off-site activities

- Risk assessments explicitly cover allergies (food arrangements, venue controls, travel, emergency access).
- A trained adult is designated to carry emergency medication and the action plan(s).

Mobile phone access and emergency route planning are confirmed.

Allergy bullying and inclusion

- Allergy-related bullying (including teasing, food intimidation, or deliberate exposure) is treated as a safeguarding concern and managed under the behaviour/anti-bullying policy.

Reasonable adjustments are made so pupils with allergies can participate fully and safely.

Communication

- Parents receive information on the school's approach and expectations (e.g., no food sharing, event procedures).
- Catering providers are formally informed of relevant allergens and control measures.

Supply staff and volunteers receive key allergy information relevant to their role.

Monitoring, audit and review

- This policy is reviewed annually (or sooner after an incident or guidance update).
- Termly checks: medication expiry dates, staff training records, and allergy register accuracy.
- Post-incident debriefs identify improvements.

Related Policies

For additional information, see Health and Safety Policy, First Aid Policy and Supporting Pupils at School with Medical Conditions.