WEST HATCH HIGH SCHOOL

THE BEST THAT I CAN BE

Allergy and Anaphylaxis Policy

Policy Date	September 2026
Policy to be reviewed	September 2027

Signed by the Headteacher

Ratified by the Chair of Governors on 21st October 2026

Review Frequency	Annually or when an incident is experienced.
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Welfare Policy First Aid Policy Health and Safety Policy Behaviour Policy

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

Mrs L Chittock, PA to the Headteacher and School Compliance Officer
Mrs A Thomas, Medical Officer

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1. Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though this can also occur several hours later. Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergies, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

West Hatch High School has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

West Hatch High School understands that severe allergies are included in the Equality Act, 2010.

2. 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 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
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC 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, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is 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.

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

Steps to take:

- Keep the individual where they are and radio or email the main office for a first aider to attend, do not leave the individual unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- Main office/Medical Officer to CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**

- Adrenaline should be administered as soon as possible, within five minutes (note the time given). **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or “spare” ADs). AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
    - If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
    - If the child, young person or individual **does not have prescribed adrenaline devices**, “spare” adrenaline devices can be used.
    - If the child, young person or individual’s **prescribed adrenaline devices are not available or misfire**, “spare” adrenaline devices can be used.
    - If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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.

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

3. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and West Hatch High School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

West Hatch High School is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

West Hatch High School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk

West Hatch High School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

West Hatch High School will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Educating students through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

4. Food Provision and Catering:

West Hatch High School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring school catering provide information on food allergens to parents/carers and have this available for the students to check independently
- Provide student's allergen information to the school catering manager in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the school catering manager
- Identify students with allergies at point of payment – information on student allergies is held on SIMS, photos of students with allergies are in the kitchen and the kitchen staff introduce themselves to students with allergies.
- Ensure that food is always labelled, as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

Catering staff receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

5. Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are normally prescribed two adrenaline devices which they are recommended to carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes.

6. Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

West Hatch High School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

West Hatch High School holds the following EpiPens and Inhalers:

MAIN MEDICAL ROOM STORED IN A LIDDED PLASTIC BOX	JUNIOR EPIPEN	Batch number 114169D Expiry Date 06 – 2027
	JUNIOR EPIPEN	Batch number 114169D Expiry Date 06 – 2027
	VENTOLIN INHALER	Serial number 19108051861266 Expiry date 03 – 2028
	VENTOLIN INHALER	Serial number 1743066309075 Expiry Date 03 – 2028
	VENTOLIN INHALER	Serial number 12355201337863 Expiry 03 - 2028
	VENTOLIN INHALER	Serial number 13150388264176 Expiry 03 - 2028
	EPIPEN	Serial Number 167564285999584 Lot 114702A Expiry 11 – 2027
	EPIPEN	Serial number 15298148222573 Lot 114702A Expiry 11- 2027
THE PAVILLION STORED IN A LIDDED PLASTIC BOX	EPIPEN	Serial number 14957451443567 Lot 114702A Expiry 11 - 2027
	EPIPEN	Serial number 12914363313247 Expiry 11 – 2027
FOOD & TECHNOLOGY OFFICE STORED IN A LIDDED PLASTIC BOX	EPIPEN	Serial number 16185833387776 Expiry 11 – 2027
	EPIPEN	Serial number 12435246778918 Expiry 11 – 2027
CANTEEN (LEANNE'S OFFICE) STORED IN A LIDDED PLASTIC BOX	EPIPEN	Serial number 13477781966475 Expiry 11 – 2027
	EPIPEN	Serial number 1289926681586 Expiry 11 – 2027

They are stored in plastic boxes and will be clearly marked with what they contain.

The medical officer is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box, kept in the medical room or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

7. Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own adrenaline devices on them in a suitable bag/container.

8. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

9. Emergency Preparedness

West Hatch High School will communicate key messages regarding risk reduction leading up to trips and end of term celebrations.

During fire drills and alarms the medical officer will take spare AAI devices with them.

10. Roles and Responsibilities:

Allergy lead and governing body:
The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. West Hatch High School have a link governor for Health and Safety who works closely with the allergy lead and reports to the meetings.

West Hatch High School includes the risks pertaining to students and staff with allergy on the school's risk register.

West Hatch High School has a member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The medical officer and school compliance officer are responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared with staff and catering teams as soon as possible but within two weeks of the student starting
- Holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- Ensures that systems are robust for the identification of students at mealtimes
- Communication about:
    - The policy
    - The students who are on the register of those with allergies
    - The importance of recording and reporting near misses and incidents

- Communication with:
  - Governors to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Lead to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Catering Manager; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
  - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- That IHPs are created and communicated
- Training
  - Ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.

All Staff:
Responsible for:
- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Supporting the creation of the students IHP
- Implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:
Responsible for:
- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

11. Identification of Individuals with Allergies

Admissions Data Collection: West Hatch High School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. Medical information is collected on the admissions form and then once places are offered the medical officer contacts those parents where their child has an allergy to collect more information.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. Information is held on SIMS and all staff have access to this.

Transition: Allergy information and existing care plans are shared as part of a student's transition. West Hatch High School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. West Hatch High School work with parents/carers and the student if appropriate to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move.

Staff: the new starter form will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment. This is included in the school's visitor and volunteer forms. It is also included in the data collection sheet used by agencies and trainees.

12. Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed. Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed. Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

West Hatch High School will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan

- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

13. School Trips and External Visits

West Hatch High School ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication may not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. West Hatch High School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

14. Serious Incidents and "Near Misses":

West Hatch High School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

West Hatch High School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

West Hatch High School uses EVOLVE to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

West Hatch High School will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. West Hatch High School will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

15. Wellbeing and Support

At West Hatch High School allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

West Hatch High School:

- Communicates to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks

- Plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- Understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- Has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

16. Safeguarding:

West Hatch High School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

17. Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education
Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies
Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools
Guidance on the use of adrenaline auto-injectors in schools
Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.
The Early Years Foundation Stage (EYFS) statutory framework.