

Created by	Rhiannon Simmons, Senior SEND Nurse & Elisa Witts, Medical Lead
Date	September 2026
Ratified by Governors	September 2026
Next review date	September 2027

Allergy and Anaphylaxis Safety Policy

A. Vision and Aims

Our vision is to create a community where everyone achieves and thrives, so that all our students succeed through their education years and beyond. Everyone is valued within a safe and nurturing environment. All our students have full and equal access to an ambitious curriculum, rich learning experiences and high-quality personalised support.

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with allergies.
- Students with allergies are properly supported to allow them to access the same education as other students, including school trips and sporting activities

This policy applies to all Linwood Campus' and Extended Services (After school clubs and Holiday clubs).

Legislation

This policy complies with:

Children and Families Act 2014 – duty to support pupils with medical conditions.

Food Information Regulations 2014 – allergen labelling requirements.

Department for Education statutory guidance on supporting pupils with medical conditions.

Health and Safety at Work Act 1974

Equality Act 2010

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

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

AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

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



Whole school allergy and awareness management -
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

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

Spare Pens in Schools - <http://www.sparepensinschools.uk>

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>

Allergy safety in schools. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, July 2026 [Children's Wellbeing and Schools Act 2026](#)

Named Leader responsible for allergy safety:

The designated leader responsible for allergy safety is the Health and Medical Lead (Elisa Witts). This individual is responsible for implementation, monitoring, review of the allergy safety policy and coordination of allergy safety across all campuses.

The Governing Board

The governing board has responsibility to ensure the safety and welfare of all students is prioritised. Through the learning & achievement committee the governing board will ensure and have oversight that there are effective arrangements in place for staff to be properly trained and supported in school. Full Governing Board is responsible for the oversight of the policy.

The Executive Headteacher

The Executive Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there are a sufficient number of trained staff available to implement this policy and deliver against all Care Plans (CPs), Allergy Plans and Individual Healthcare plans (IHP), including in contingency and emergency situations

The Deputy Headteacher/ Assistant Headteacher will:

- Make staff aware of student's allergies, where appropriate
- Make sure there are cover arrangements to ensure someone is always available to support students with allergies
- Providing supply teachers with appropriate information about the policy and relevant students.
- Contact the school nursing service in the case of any student who has an allergy that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's allergies and that this information is kept up to date
- Initial assessment to be completed by the phase leader to identify allergies and staff training required before starting school.

Health and Medical Lead

- To have oversight, review and monitor this policy.
- Coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.
- To support the allergy needs of pupils attending Linwood School
- To ensure there is a clinically effective provision/service which meets the developing and changing allergy needs of students attending the school
- To provide key liaison between school staff and other professionals to ensure students' needs are well met
- To provide information and liaise with external professionals to ensure students have appropriate funding to support their health and medical needs
- Keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.
- Communicate with Kitt Medical regarding training and replacement AAIs.
- Following any allergy incident or near miss, a review will be undertaken to identify lessons learned, amend risk assessments where necessary and improve allergy safety arrangements.

Senior SEND Nursing Team

- To have oversight, review and monitor this policy.
- Employed by the Commissioned Service, Diverse Abilities, will audit, monitor and provide advice, support and training regarding allergies at Linwood School as requested and agreed with school management.
- Help with coordinating staff anaphylaxis training.

Students and their information

- Students with allergies will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their allergy needs and contribute as much as possible.

- Age-appropriate allergy awareness education will be provided to support understanding, inclusion and emergency help-seeking.
- Information will be gathered at enrolment
- The collection and transfer of IHP and Allergy Action Plans before start date from their previous school.

Parents/Carers

- Inform school staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's BSACI Allergy Action Plan. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. Where possible send in unopened bottles or full packets of medication, all of which will have a pharmacy label with clear directions on each item.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents to complete a Individual Healthcare Plan (IHP) every year and provide this information to school yearly and any updates as necessary.
- Consent forms for each item of medication will be provided with clear instructions and signed annually.

All 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 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 must be supervised with due caution.
- 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. Pupils unable to produce their required medication will not be able to attend the excursion.
- The class teacher will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date, however the classroom staff check medication kept at school on a daily basis on the visual check of emergency medication form and should send a reminder to parents if medication is approaching expiry.

Staff and Regular Visitors

Staff and regular visitors with severe allergies may provide details of their condition and emergency medication requirements to management so that appropriate support arrangements can be implemented.

Supply, agency and temporary staff will be made aware of pupils with allergies and emergency procedures before commencing duties.

Wellbeing and emotional Impact of Allergy

Linwood School recognises that living with an allergy can cause anxiety and impact emotional wellbeing. Staff will provide reassurance, supportive supervision, inclusion in activities and access to pastoral support where required.

Bullying related to Allergies

Any bullying, teasing or deliberate exposure of a pupil to a known allergen will be treated as a serious safeguarding concern and managed in accordance with the Behaviour and Anti-Bullying Policies.

Equal opportunities

Our school is clear about the need to actively support students with allergies to participate in school trips and visits, or in sporting activities, and remove barriers that may prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with allergies are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

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

We aim:

- To be a **nut-free** and **allergen aware** at Linwood school but it is impossible to guarantee that no nuts will be brought onto the premises.
- To raise awareness about allergies to our school community
- Provide a safe learning environment for all
- Give assurance to those families/children with severe allergies that we take the management of these seriously.

We request that:

- Parents/carers/Staff **DO NOT** send/ bring food to school that contains nuts. This includes all types of nuts, peanut butter, Nutella, cereal/chocolate bars that contain nuts.
- Staff are alert to any obvious signs of nuts being brought into school, but they will not inspect all food brought into school.
- If on the rare occasion that a student comes into school with food containing nuts, the item will be safely removed and an alternative option will be requested from the kitchen and parents notified.
- Children do not share food
- The school kitchen will ensure all cooked food is nut free; every food item has an allergen information sheet.
- Staff check creams used for massage.
- Everyone checks hand creams and sun creams for nut traces.

Statement of Intent

Linwood School is committed to providing a safe, inclusive, and supportive environment for all pupils, staff, and visitors, including those with allergies. We recognise the potentially life-threatening nature of allergic reactions and aim to minimise risks through proactive management, staff training, and collaboration with families and healthcare professionals.

Key Principles

Any pupil with an allergy will have specific details recorded on Arbor. Staff will receive regular training in allergy awareness and emergency response, including the use of adrenaline auto-injectors (AAIs). If required, school will maintain spare AAIs on-site, as permitted by law.

Staff or visitors with an allergy or allergies must make management aware and share their personal BSACI Allergy plans.

Allergy Action Plan

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 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.

Individual Healthcare Plan (IHP)

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm because of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Set out how children and young people with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

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.
-

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.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

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

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

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be 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. AAls 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.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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.

All pupils 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

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two AAls on them in a red emergency bum bag.

For younger children or those not able to take responsibility for their own medication, their AAls should be kept within 5 minutes of them, not locked away and accessible to all staff.

Medication should be stored in a red emergency bum bag and clearly labelled with the pupil's name.

- Two AAls 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 to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the classroom staff will check medication kept at school daily and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, if deemed competent, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes. In labelled red emergency bum bag.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival.

Spare adrenaline auto-injectors in school

Spare AAls may be administered in accordance with current legislation, local guidance and the individual's Allergy Action Plan where appropriate.



It could be that their own devices are not available or not working (e.g. because they are out of date) or are someone is experiencing anaphylaxis for the first time.

Linwood School holds spare Jext adrenaline pens which are kept in the following location/s: -

- Linwood Campus – Reception and Extended Services
- Springwood - Reception
- Summerwood – AHT's office
- Littlewood – PPA office
- Woodford – PPA office
- Skills Centre – Reception
- CHI – Bargates admin area,
Marsham Court – Learning room,
Tesco – Learning room

The Medical lead is responsible for checking the spare medication is in date monthly and to replace as needed.

Key staff have been identified on each campus to complete a weekly visual check of the spare AAI's; these checks will be documented and archived half termly.

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

Staff Training

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 service.
- Administering emergency treatment (including AAls) 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

Linwood School ensures that staff undertake a practical session using trainer devices

Linwood school and Kitt Medical training to also include:

- The difference between allergy and intolerance as well as coeliac awareness
- Relationship between allergy, asthma and anaphylaxis.
- The emotional impact of allergies on wellbeing
- Recognising all allergic reactions
- How to report incidents and near misses via the health team.
- How to access allergy records on Arbor and where to find copies in the Green Health folder and with the emergency medication.

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 Catering Team provide meals for Linwood Campus, Springwood Campus, and The Skills Centre. The satellite campuses Woodford and Littlewood order their food through the host school provider.

The school menus get published via the Linwood School Website for the whole half term and are bookable via Parent Mail.

The menus clearly list (via icons) all possible allergens from the 14 allergens listed in each meal choice.

The Medical Lead will inform the Catering Manager of pupils with food allergies.

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.

Food Preparation

- 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.

All catering staff have a level 3 Food Hygiene Training which is refreshed every 3 years.

All catering staff complete 'allergy awareness' training annually.

Classroom staff who work with food as part of the curriculum are required to complete The National College certificate in food safety and hygiene in addition to Kitt Medical allergy and anaphylaxis annual training.

· Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

· 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.

Please be aware that allergens are not restricted to oral consumption and contamination can spread through touch and breathing.

Airborne and Contact Allergens

Be aware that some allergens can be airborne or due to contact, this is covered in whole staff training with Kitt Medical.

Such allergens include, but this is not an exhaustive list:

- latex
- animal dander
- pollen
- cleaning products
- arts and crafts materials
- sensory resources

Staff planning curriculum activities must consider potential allergen exposure and complete a risk assessment where required.

School trips

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. Pupils 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 pupils and alternative activities planned to ensure inclusion.

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

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.

Allergy awareness and nut bans

Linwood School adopts an allergy-aware approach. Families and staff are requested not to bring nut-containing products onto school sites; however, the school cannot guarantee a completely nut-free environment. 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.

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.

Risk Assessment

Linwood 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.

Serious Incidents and Near Misses

The health team should be notified if there are any allergy/anaphylaxis incidents or near misses.

The medical lead will notify Kitt Medical if one of the spare adrenaline pens is used.

The local authority would also be notified via the near miss recording document.

The health and medical incident form should be used if there are any allergy/anaphylaxis incidents or near misses.

Information Sharing

All GDPR regulations should be always followed in accordance to legislation and school policy.

- Staff have access to plans if working with a pupil with anaphylaxis.
- Need-to-know basis
- Secure storage of individual information
- Arbor records pinned for emergency quick access
- Red emergency bum bags kept with the student or within easy access, never left unattended.

Awareness of the Allergy Safety Policy

This policy will be published on the school website and all staff made aware via email.

Monitoring and Review

This policy will be reviewed annually or following any incident. Feedback from staff, parents, and pupils will give updates. As well as lessons learned implemented. Training logs and incident reports will be maintained.

Please note:

It is thought that some essential oils may trigger seizures, and so are **not** recommended for use by people with epilepsy. Essential oils that are **not** recommended include:

- Rosemary
- Fennel
- Sage
- Eucalyptus
- Hyssop
- Wormwood
- Camphor
- Spike Lavendar

(epilepsy society.org.uk)

This policy is also linked to other Linwood Policies:

- [Supporting Students with Medical Conditions, Medication Administration Policy & Processes](#)
- [Anti-Bullying Policy](#)
- Staff Code of conduct (informing school about their own allergies)