Laxton Junior School
OUNDLE

Allergy Safety Policy

The Corporation of Oundle School includes both Oundle School, a boarding and day School for pupils aged 11 – 18 and Laxton Junior School, a day School for pupils aged 4 - 11. This policy applies solely to Laxton Junior School.

Policy Statement

This policy is concerned with the Laxton Junior School approach to the health, care and management of those members of the school community suffering from specific allergies.

In line with the Children's Wellbeing and Schools Act 2026 and the Department for Education's Allergy Safety in Schools guidance (the allergy safety provisions introduced through the Act are widely known as 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.

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

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this Allergy Safety Policy.

Asthma, eczema and allergy frequently occur together. Asthma is particularly relevant to allergy safety because asthma and anaphylaxis may present with similar respiratory symptoms and poorly controlled asthma can increase the risk associated with an allergic reaction. Pupils with asthma will be managed in accordance with the School's arrangements for supporting pupils with medical conditions. Where a pupil with an allergy also has asthma, their Asthma Action Plan will be incorporated into their Individual Healthcare Plan. All staff will receive appropriate awareness training in recognising and responding to both anaphylaxis and acute asthma.

Laxton Junior School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

This policy applies to all members of the School community including, staff, parents, carers, volunteers, supply staff and pupils.

This policy is published on the School's website and is available in hard copy on request. It is brought to the attention of staff as part of annual allergy awareness training and communicated appropriately to pupils and parents/carers.

Policy Aims

The intention of this policy is to

- Minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school-related activity.
- Ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
- Set out our school's approach to allergy management, including the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.

Legislation and Guidance

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- Allergy safety in schools - GOV.UK
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Definitions

Allergy: a condition in which the body has an exaggerated response to a substance (e.g. food or drug) also known as hypersensitivity

Allergen: a normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person

Anaphylaxis: also known as anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines (see Appendix 1)

Auto Injector: a syringe style device containing the drug Adrenaline, which is ready for immediate intermuscular administration

Minimised Risk Environment: an environment where risk management practices have minimised the risk of (allergen) exposure

Allergy Action Plan/Risk Assessment/Individual Healthcare Plan: a detailed document outlining an individual child's condition, treatment and action plan (Appendix 3). These are usually presented as one document and can be found on iSams for each individual child.

Serious Incident: any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

Near Miss: an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Allergens

People can be allergic to many things, but common allergens include:

- foods (peanuts, tree nuts, milk/dairy, egg, wheat, fish/seafood, sesame, soya)
- medicines (antibiotics, pain relief)
- latex (rubber gloves, balloons, swimming caps)
- insect stings (bees, wasp)

The 14 most recognised food allergens are:

- Cereals containing gluten
- Crustaceans
- Eggs
- Fish
- Peanuts
- Soya
- Milk
- Nuts
- Celery
- Mustard
- Sesame seeds
- Sulphur dioxide/sulphites
- Molluscs
- Lupin

It is important to ensure that all the allergies and intolerances are treated equally as the effect to the individual can be both life threatening and uncomfortable, if suffered. Even traces of an allergen can cause a reaction.

It is important to be aware of potential cross-reactivity with similar antigens e.g. individuals with a latex allergy have a 30-50% chance of also reacting to jack fruit, and there is also an increased probability of an individual with a nut allergy reacting to certain plant allergens (jack fruit, birch pollen).

Coeliac disease is not an allergy or a food intolerance. It is an autoimmune condition in which consuming gluten triggers an immune response that damages the lining of the small intestine. In coeliac disease this attack is triggered by gluten, a protein found in wheat, rye and barley. This intolerance to gluten causes an inflammatory response that damages the gut. Other food intolerances may also require management and awareness.

Allergy Management

Procedures and Responsibilities

- The School must have a single Allergy and Anaphylaxis policy which is part of the School Handbook and available to all staff.
- School, parents, pupil and health care professionals will be involved in creating risk assessments/Allergy Action Plans/Healthcare Plans where appropriate.
- These should be established, maintained and reviewed at least annually.
- An appropriate number of staff should be trained in anaphylaxis management, including awareness of triggers, and first aid procedures to be followed in the event of an emergency.
- Age-appropriate education of the children with severe food allergies should be promoted.

Medical Information

- Parents should initially state on a child's school admission form medical information before starting school.
- Parents should state any allergies, reactions and medications on the child's school admission form.
- Parents will be asked to ensure they provide an Allergy Action Plan completed in conjunction with the child's doctor/nurse.
- Any change in a child's medical condition during the year must be reported to the school.

- The Head and Deputy Head will ensure that, where needed, a Health Care Plan is established and updated for children with allergies.

Training

- All academic staff, including Sports Coaches and Visiting Music Teachers, receive training in anaphylaxis management, including risk reduction, awareness of the triggers, and first aid procedures to be followed in the event of an emergency. Other groups of staff should also be trained, including Senior Leadership and pupil facing support staff managers such as Domestic Team Leaders.
- Drills will be completed at least annually to highlight procedures and the importance of rapid action on a regular basis. These may involve any combination of Leadership Team, Staff and Children.
- Provide appropriate training on allergen awareness and anaphylaxis to the relevant staff. The regulated and nationally recognised qualifications provided for staff include - Level 3 Award in First Aid at Work; Level 3 Award in Emergency First Aid at Work; Level 3 Award in Paediatric First Aid; and a recognised and regulated qualification in Outdoor and Wild Country Emergency First Aid at Work and Basic Life Support. All first aid courses cover the causes, identification and treatment of those who suffer allergies and those with asthma in varying levels of detail.
- Staff should be aware of pupils with allergies, especially those with severe allergies. This will be flagged on iSAMS and associated systems (e.g. SOCS).
- All staff who have responsibility for the child should be made aware of what treatment/ medication is required and where medication is stored.
- As part of staff first aid training, AAIs usage and storage will be discussed
- Catering Department staff are all trained to Level 2 in Allergen Awareness and are trained in and familiar with The Oundle School Allergy and Intolerance Management Guide for The Catering Team.

Roles and Responsibilities

Governing Body:

The Governing Body is responsible for:

- Ensuring the school's policy sets out the arrangements to reduce the risks of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis.
- Monitoring this policy with it being a standing agenda item at meetings.
- Having a named Governor who works closely with the allergy lead and reports to the meetings.

Deputy Head:

The Deputy Head is the nominated allergy lead. They are responsible for:

- Promoting and maintaining allergy awareness across our school community.
- 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 staff and catering teams as soon as possible but within two weeks of the pupils starting.
- Holding a register of pupils 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 pupils at mealtimes
- Communication about:
    - the policy
    - the pupils 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 Leads 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
- caterers; the procedures in the kitchen and the procedures for ensuring that the pupils 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
- pupils 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 receive annual training and that allergy is included in induction even for short term members of staff.
- ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

All Staff:

All Staff are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency.
- Promoting and maintaining allergy awareness among pupils.
- Ensuring the wellbeing and inclusion of pupils with allergies.
- Supporting the creation of the pupil's IHP.
- Implementing the pupil's IHP.
- Creating an inclusive curriculum
    - Carefully considering the use of food or other potential allergens in lesson and activity planning.
- 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.

Role of Parents:

Parents are responsible for:

- Adhering to this policy.
- Involving School and Health Care professionals in establishing individual risk assessments/Allergy Action Plans/Individual Health Care Plans.
- Maintaining effective communication with School relating to a child's Allergy Action Plan/Health Care Plan.
- Providing medical information about their child's allergy in writing and by filling out the Allergy Action Plan, including:
    - The allergen

    - The nature of the allergic reaction (rash, breathing problems, anaphylactic shock)
- Control measures (such as how the child can be prevented from getting into contact with the allergen).
- Informing School of any changes to child's health care need immediately.
- Updating School when reactions happen outside of school or any changes to the child's allergy and its management.
- If required, providing their child with two in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamines etc., and making sure these are replaced in a timely manner.
- Providing up to date emergency contact information.
- Ensuring snacks brought into school are safe for the child to consume.
- Liaising with Form Teachers and Tutors about the appropriateness of any food-related activities (e.g.: cooking club, special events).
- Considering non-food ways to celebrate birthdays in school and following the school's guidance on food brought in to be shared.
- Following the School's allergy-aware approach and not knowingly sending nuts or products containing nuts into school.

Role of pupils with allergies:

- Being aware of their allergens and the risks they pose.
- Understanding the signs and symptoms of their reactions.
- Understanding how and when to use their adrenaline auto-injector.
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose.

Role of pupils without allergies:

- Being aware of allergens and the risks they pose.
- Supporting their peers with allergies.
- Having positive hand hygiene.
- Not sharing snacks.

Identification of Individuals with Allergies

Admissions Data Collection

Laxton Junior School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via online joining instruction questions.

Information Sharing

UK GDPR does not prevent the sharing of a pupil'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. This is done through iSams and Sharepoint.

Transition

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

Staff

Pre-employment questionnaires will ask whether prospective staff 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, as required.

Visitors and regular volunteers

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.

Individual Health Care Plans 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 pupil'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 medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or five yearly. Parents/carers or school need to update the photograph of the pupils annually so that the pupils is recognisable.

Allergy action plans are issued for pupils who have a known immunoglobulin E (IgE) food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils 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 pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans (IHPs) are school owned documents that are co-created by school, parents/carers and pupils.

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.

Laxton Junior School will ensure that:

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

Assessing Risk

Minimising Risks 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.

Laxton Junior School is allergy aware ensuring that the staff and pupils 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

Laxton Junior School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment includes:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the pupil 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, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
- 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 adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog.

Laxton Junior 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.

Managing Risk

Education and Training

- All school staff receive allergy training annually.
- Educating children through awareness assemblies and within Learning for Life curriculum.
- Educating Friends of Laxton Junior School about expectations for allergy management.
- Educating families through awareness School Posts and training opportunities (Parents in Partnership).

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating.
- Sharing of food is not permitted.
- Pupils have their own named water bottles.

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies:

- Catering staff receive appropriate training and are able to identify pupils with allergies.
- School menus are available for parents to view, additional ingredient information is available upon request.
- Daily menus are printed, with allergen information, and displayed at the servery.
- Where changes are made to school menus, we ensure these continue to meet any special dietary needs of pupils.
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

- Identifying children with allergies at the point of service by Allergy Champion staff, Form Teachers and Tutors, information cards that sit on child's tray, photographs in the kitchen.
- Ensuring food is always labelled
- Catering staff are available to meet parents/carers to discuss the provision of safe meals for pupils with allergies.
- Where menus or ingredients change, allergen information will be updated accordingly and affected pupils and staff will be made aware.

Food Restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. This includes:

- Packaged nuts.
- Cereal, granola or chocolate bars containing nuts.
- Peanut butter or chocolate spreads containing nuts.
- Sesame seeds and foods containing sesame seeds.

If a pupil brings these foods into school they will be confiscated and handed back to the parents at collection.

Caution must be taken when staff distribute confectionery or any food. Staff must ensure that, to the best of their knowledge, no nuts are included in the product. For example: Celebrations, Roses, Heroes, Quality Street all include chocolates with nuts.

All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product should be checked with the Deputy Head and may require checking with the pupil's parent. Packaging must be checked for:

- Not suitable for nut allergy sufferers;
- This product contains nuts;
- This product may contain traces of nuts;
- Any indication that it is unsuitable for school consumption.

Insect bites/stings

When outside

- Shoes should always be worn.
- Food and drink should be covered.
- First aid bags should be available.
- Visual checks of the area will be undertaken by staff prior to the activity.

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.
- Pupils with animal allergies will be risk assessed for interaction with animal activities.

Wellbeing and Support

Pupils with allergies may 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. We will, as appropriate and required:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.

- include allergy and anaphylaxis lessons during assembly, tutor time or in Learning for Life.
- plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation.
- involve pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management, as appropriate.
- understand that allergy bullying is extremely serious and actively monitor, prevent, and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints.
- promote "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils.
- ensure new joiners with allergies have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall, if required/requested.
- ensure proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available.
- regular check in opportunities for pupils via our Form Teacher and Tutor model.

Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part.
- 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 ensure
    - they carry all relevant emergency medication.
- Individual pupils' medication, including AAIs are with the child before departure. Pupils without their required medication will not be able to attend.
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of the pupils' allergies and to have received adequate training.
- Trip Leads, in conjunction with the Allergy Lead, will review risk assessments to determine whether the school's spare adrenaline device should be taken on a trip.
- Notify host schools, when arranging a sporting fixture, that a member of the team has an allergy. When a match tea is provided, a member of Laxton Junior School staff will ensure that the food is appropriate.

Serious Incidents and 'Near Misses'

Laxton Junior 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 pupils are better protected in the future.

Not all serious incidents and "near misses" will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the child or young person is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school, college or setting. The child or young person, their parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

Following any serious incident or "near miss" involving a child, young person, member of staff or visitor with a medical condition or allergy, the school should record what happened; report it as appropriate; and consider what lessons can be learned. Laxton Junior School uses CPOMS and SmartLog 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. The Health and Safety Officer is alerted.

Laxton Junior School will share information with the pupil's parents/carers, the pupils 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. Laxton Junior School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary. Near misses will be reported to the Governing Body Committee of LJS.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

Allergic Reactions

As part of the whole-school awareness approach to allergies, all staff are training in the school's allergic reaction procedure, to recognise the signs of anaphylaxis and respond appropriately, and to administer AAIs.

First aiders are trained in this, too, as part of their First Aid qualification.

Staff should always act in line with a child's Allergy Action Plan / Individual Healthcare Plan.

Emergency Treatment and Management of Anaphylaxis

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. Following a mild or moderate allergic reaction, the individual must remain under appropriate observation in a safe place for at least 60 minutes, as symptoms can progress to anaphylaxis. They must not be left unattended. Staff must continue to monitor for any Airway, Breathing or Circulation symptoms and administer adrenaline immediately if anaphylaxis is suspected.

More serious symptoms are often referred to as the ABC symptoms (Appendix 1) 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

This 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 or unconsciousness and, on rare occasions, can be fatal.

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

Action:

- Keep the individual where they are, call for help and do not leave them 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.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. 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 or individual **has their own prescribed adrenaline devices** these should be used in the first instance
    - If the child or individual **does not have prescribed adrenaline devices** 'spare' adrenaline devices can be used
- If the child's or individual's **prescribed adrenaline devices are not available or misfire**, spare adrenaline devices can be used
- If the individual has a serious allergy or asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- 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.

Alert the Head, Deputy or a member of the Leadership Team.

Medications and Adrenaline Auto-Injectors (AAIs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times.

Prescribed

Storage

- AAIs are stored at room temperature (in line with manufacturer's guidance, protected from direct sunlight and extremes of temperatures.
- Kept in a safe and suitable central location to which all staff have access at all times.
- Not locked away
- Not located more than 5 minutes away from where they may be needed.

Disposal

- AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

Use of AAIs off school premises

- Pupils at risk of anaphylaxis should have two in-date AAIs available
- Pupils who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

Spare Adrenaline Devices

A map and tabular list of the location & nature of Response Boxes is provided in Appendix 4. Response boxes contain a single AAI and Salbutamol inhalers & all associated paraphernalia. If an AAI is used, it will be replaced immediately from a stock of unused in-date AAIs held by the Health Centre, whose staff are responsible for this.

At each of the locations, a designated member of staff is appointed to ensure that the kits are kept in a safe and secure place to avoid unauthorised use but are still available for use in the event of an emergency.

Laxton Junior School Holds

- 1 x 300mcg AAI
- 2 x 150mcg AAIs

They are stored in an orange colour container and labelled 'Emergency Anaphylaxis Kit' in the Front Office on top of the medicine fridge.

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

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Pupils Self-Management

Depending on their level of understanding and competence, pupils (in Years 5 and 6) may be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

Younger children's individual medication will be carried in their class rucksack or sports team bag. It is the responsibility of the teacher to ensure the child's individual medication is present.

Training

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils 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.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a pupil can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- Staff should train with all types of adrenaline devices as the pupils may have different ones to the spare adrenaline
- How to report an allergic reaction including

    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy and
- How to check if a pupil is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

Emergency Preparedness

Laxton Junior School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- How to find out who has an allergy
- The storage of spare adrenaline devices
- Practice with adrenaline trainer devices

Laxton Junior School will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, Laxton Junior School will ensure that a pupil's adrenaline device is with them.

Safeguarding

Laxton Junior 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 a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable Practice

Staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;

- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

Linked Policies

- Safeguarding and Child Protection Policy
- Anaphylaxis Policy
- Administering Medicines Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Risk Assessment Policy
- Countering Bullying Policy
- Behaviour Policy
- Complaints Policy

Reviewer	Stacey Crump
Post of Reviewer	Deputy Head
Review Date	Michaelmas 2026
Reviewed and filed with both Schools	Michaelmas 2026
Next Review (max 3 years)	Michaelmas 2027

Appendix 1: Be Allergy Aware and Save a Life Poster

anaphylaxis UK

A brighter future for people with serious allergies

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheezing (like an asthma attack)

C Consciousness/Circulation

- Feeling lightheaded or faint
- Clammy skin
- Confusion
- Unresponsive/ unconscious (due to a drop in blood pressure)

WHAT TO DO

1. Lay the person flat - do NOT allow them to stand and walk
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up
   C. If they feel dizzy or appear pale, their legs should be raised

2. Administer an adrenaline auto-injector (refer to device label for instructions)

3. Phone 999 and tell them the person is suffering from anaphylaxis (ana-fil-axis)

4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

01252 542029

info@anaphylaxis.org.uk

anaphylaxis.org.uk

Charity Number: 1085527

Appendix 2: Allergy Action Plans for Children

There are 4 plans available for creating Allergy Action Plans. The plans are created by The British Society for Allergy and Clinical Immunology (bsaci). Plans can be completed electronically (and then printed and saved) or filled in by hand.

NHS School Nurses and GPs will support parents in the completing of Allergy Action Plans. It is the parent's responsibility to provide School with this document.

- Plan for individuals prescribed EpiPen
- Plan for individuals prescribed Jext
- A generic plan for individuals assessed as not needing AAI

Individual Healthcare Plan

Pupil Name		**Picture**
Form		
Date of Birth		

Medical diagnosis or medical condition	
My medical condition means that…	**Summary:**
Date:	
Review date:	

Contact Information

School Health Centre	01832 277 200
Family Contact 1	**Family Contact 2**
Name	Name:
Relationship:	Relationship:
Phone No: (Work)	Phone No: (Work)
(Home)	(Home)
(Mobile)	(Mobile)

Essential Information Concerning This Child's Health Needs

	Name	Contact Details
GP		
Specialist Nurse		
Key Worker		
Consultant paediatrician		
Class Teacher		
Other relevant staff		
Head Teacher		
Person with overall responsibility for implementing the plan		
Other		

Medical diagnosis or condition	
My medical condition means that	
Baseline presentation (typical presentation for this child)	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:	
How my medical condition affects my education… **1) Impact on health** **2) Impact on learning** **3) Impact on wellbeing**	

Medication

Medical Condition	Drug	Dose	When	How is it administered?	Who administers?

All medications must be in original packaging with clear instructions and (where applicable) a pharmacy dispensing label

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	
Storage of medication (locked cabinet, medical bag, fridge, carried by child)	

Emergency Situations

An emergency situation occurs whenever a child needs urgent treatment to deal with their condition.

What is considered an emergency?	
What are the symptoms, including early warning signs ?	
What are the triggers?	
What action must be taken?	

Are there any follow up actions (eg: tests or rest) that are required?	

Further Information

Daily care requirements (including mealtimes)	
Specific support for pupil's educational, social and emotional needs	
Arrangements for school visits / trips / fixtures etc	
Is an individual risk assessment required?	
Other information	

Staff Training

What training is required?	
Who needs to be trained?	
Has the training been completed? **Please date.**	

Any other information:

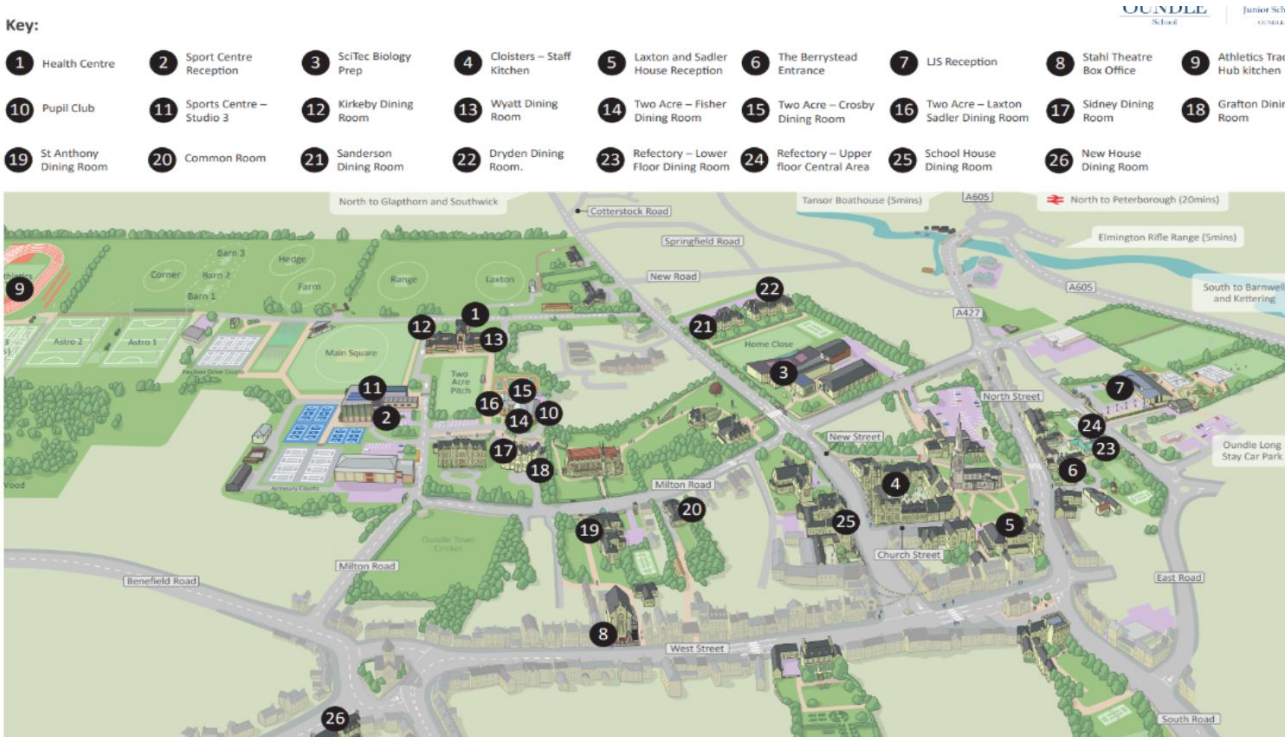
	Name	Signature	Date
Child (as appropriate)			
Parent/Carer 1			
Parent/Carer 2			
Healthcare Professional (as appropriate)			
School Representative			
School Nurse (as appropriate)			

Date of review: Reviews will take place at least annually. This Individual Healthcare Plan may be reviewed in advance of this date due to: medical incident, medication change, at the request of school, child or parent.
Form Copied to:

Developed Using:

DfE Guidance - Supporting pupils at school with medical conditions www.medicalconditionsatschool.org.uk

Health Conditions in Schools Alliance www.medicalconditionsatschool.org.uk

SMC June 2026

Appendix 4: Location of Response Boxes