CASTLE BROMWICH
INFANT AND NURSERY SCHOOL

PLAY. LEARN. GROW.

Allergy and Anaphylaxis Management Policy

Approved by trustees – Full Trust Board 07/07/2026

Date – July 2026

Reviewed by – Mrs H Dainty

Review date – July 2027

Allergy Safety Policy

Castle Bromwich Infant and Nursery School

1. Introduction and Purpose

This policy sets out how Castle Bromwich Infant and Nursery School will manage allergy safety, separate to our medical conditions policy, given the specific risk to life which anaphylaxis can pose.

Allergy is a medical condition in which the body reacts to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a serious and potentially fatal allergic reaction affecting the whole body – and in particular the Airway/Breathing/Circulation ("ABC").

Schools must be proactive in mitigating the risk of exposure to allergens known to have the potential to cause anaphylaxis in any given person. However, it is not sufficient to organise allergy safety measures around children with known allergies. Around one in five children with allergies have their first allergic reaction while in their school. Anaphylaxis is a medical emergency which can be fatal. All staff must therefore be able to recognise anaphylaxis and understand how to treat it.

2. Policy Statement

Our school is committed to:

- Identifying all children, staff and visitors with allergies
- Minimising the risks of exposure to known allergens
- Ensuring all staff are trained in allergy awareness and emergency response
- Providing access to prescribed adrenaline devices and "spare" adrenaline devices
- Enabling children with allergies to participate fully and safely in all school activities
- Supporting the wellbeing of children with allergies

3. Roles and Responsibilities

3.1 Named Responsibilities

- **Named Governor for Allergy Safety:** Rebecca Dougan
- **Named Senior Leader for Allergy Safety:** Justin Stokes

The Local Advisory Board is responsible for ensuring the school has an allergy safety policy which sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out emergency response plans for cases of anaphylaxis. Risks relating to children with allergies will be included on the school's risk register and be actively managed by the .

3.2 All Staff Responsibilities

All staff will receive regular (at least annual) allergy awareness training. All staff must be able to:

- Recognise the signs of an allergic reaction and anaphylaxis
- Respond appropriately in an emergency
- Understand the school's allergy safety policy and their role in implementing it

4. Identifying Children, Staff and Visitors with Allergies

The school will keep a record of all individuals with allergies, including whether they have an Individual Healthcare Plan and/or an Allergy Action Plan.

For each child with an allergy, we will record in their Individual Healthcare Plan:

- Emergency contact details for parents, carers or family
- An up-to-date photograph
- Known allergens and whether the allergen is ingested, inhaled or absorbed
- Whether they have an Allergy Action Plan (which will be attached to the IHP)
- Whether they have been prescribed adrenaline devices and, if so, what make and dosage
- Prior medical and parental consent for a "spare" adrenaline device to be used
- Whether they also have asthma and, if so, an Asthma Plan (which will be attached to the IHP)

For children starting at our school, arrangements will be in place in time for the start of the relevant school term. For children moving to our school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

It is good practice to keep a list of individuals with known allergies (including up to date photos and lists of their known allergens) in places where food may be served or handled (including food technology, science, craft and art classrooms). Such lists will be kept in areas accessible to staff only.

5. Individual Healthcare Plans and Allergy Action Plans

Children with known allergies will be supported through Individual Healthcare Plans. Where a child has been issued with an Allergy and/or an Asthma Action Plan by a healthcare professional, it will be attached to their Individual Healthcare Plan.

Allergy Action Plans are designed to facilitate first aid treatment of reactions including anaphylaxis, by people without any special medical training or equipment other than access to an adrenaline device. The plans include medical and parental consent for staff to administer medicines such as adrenaline in the event of an allergic reaction or the emergency reliever inhaler in the event of an asthma attack.

6. Staff Training

All staff will receive regular (at least annual) allergy awareness training. This training will cover all staff, including teaching staff, support staff, catering staff and others who may oversee children at breakfast or after school clubs.

All staff training will ensure staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including calling emergency services and how to locate and administer adrenaline in a case of anaphylaxis or an asthma reliever inhaler during an asthma attack
- Understand the impact which allergy can have on a child's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergies and how to use an Allergy or Asthma Action Plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss")

Induction arrangements for new staff will include allergy awareness training, as will arrangements for supply and cover staff.

7. Minimising Risks of Exposure to Known Allergens

While we may wish to discourage certain foods being brought on site, it is more important to remain actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and to have robust emergency response plans in place.

We will adopt an "allergy aware" environment rather than a "nut-free" policy, recognising that:

- Nuts are only one of a number of food allergens
- UK and European legislation identifies fourteen key food allergens which cause over 90% of reactions
- Any food can cause an allergic reaction
- Many foods are labelled "may contain nuts" which causes confusion

7.1 Managing the Risk of Exposure to Allergens

The school will manage the risk of children, staff and visitors coming into contact with their known allergens through:

- Measures to manage the risks of exposure to a food allergen through food provided by the school
- Measures to manage the risks of exposure to a food allergen through food brought in by others
- Where children have known allergies to airborne or contact allergens, reasonable measures to manage the risk of exposure

- An expectation that staff planning any activity should consider the risk of exposure to allergens
- Specific risk assessments to manage the risks of exposure to allergens when planning external visits or trips

Children will not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most children using a material which might contain an allergen known to affect one of the group, alternatives will need to be found for the whole group which do not exclude individuals.

Staff should consider that:

- Old food boxes or packaging may contain traces of allergens
- Some products contain wheat flour, including "play dough"
- Some glues contain milk, wheat or soya
- Bird feed may contain nuts and sesame

7.2 This policy focuses on allergies that can cause anaphylaxis. Children with coeliac disease or food intolerances will be supported through our wider medical conditions policy, as these conditions do not cause anaphylaxis. However, we will apply similar risk management measures to ensure these children receive safe food**.**

7.3 Reducing the Risk of Allergen Exposure in Children with Food Allergy

We will:

- Clearly label bottles, drinks and lunch boxes with the name of the child for whom they are intended
- Ensure school caterers provide information on food allergens to parents/carers, available for children to check independently
- Ensure catering staff are available to meet with parents/carers to discuss provision of allergen safe meals
- Educate school staff about how to read labels for food allergens
- Instruct staff about measures to prevent cross-contamination during the handling, preparation and serving of food
- Seek parental engagement and permission in advance where food is brought in (e.g. treats or to celebrate birthdays)
- Implement policies to avoid trading and sharing of food, food utensils or food containers
- Consider the use of food in crafts, cooking classes, science experiments and special events
- Use appropriate alternative ingredients in arts/craft activities
- Plan early for catering requirements on out-of-school activities

8. Air Quality

Air pollutants, both outdoors and indoors, can trigger allergies, asthma, and other respiratory illnesses. The school will consider both environmental air quality and infection prevention measures as part of wider health and safety responsibilities.

9. Food Provision

Children with allergy and food hypersensitivities should be able to enjoy school meals alongside their peers, with any risks managed effectively. We will work with caterers, parents and children to ensure risks are identified, minimised and managed effectively so that individuals with allergies and medical conditions can be fully included in meals.

9.1 Food Allergy Management

It is good practice to have at least two robust methods of identifying children with known allergies at mealtimes to ensure they receive a safe meal. Children with food allergies will not be segregated from their peers at mealtimes.

The Food Information Regulations 2014 require all food businesses, including school caterers, to show allergen ingredients information for the food they serve. "Natasha's Law" requires that any food which is pre-packed for direct sale (PPDS) must have a label on it listing all the ingredients and highlighting any of the 14 mandated allergens it contains.

As a food business, we will record and review all allergen incidents and near-misses. Where unsafe food has been supplied (for example, food containing an undeclared allergen), we will act without delay in line with the Food Standards Agency's incident procedures.

Dishes and menus will be clearly labelled emphasising food allergen by highlighting the words rather than using abbreviations or symbols. Parents/carers of children with food allergies or intolerances will be given information about the allergenic ingredients used in the foods available.

9.2 Free School Meals

For pupils entitled to benefits-based Free School Meals, the school is required to make reasonable adjustments to enable pupils with allergy to access their free school meal entitlement. We will work with our caterer, the pupil and their family, and any other professionals involved, to agree the necessary support.

9.3 Safer Eating in Early Years

Whilst children are eating there will always be a member of staff in the room with a valid paediatric first aid certificate.

Before a child is admitted to the setting we will obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information will be shared with all staff involved in the preparing and handling of food.

We will have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop Individual Healthcare Plans for managing any known allergies and intolerances. We will ensure that all staff are aware of the symptoms and treatments for allergies

and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time.

Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff will sit facing children whilst they eat, so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.

10. Recognising and Responding to Allergic Reactions

10.1 Mild-Moderate Reactions (Not Anaphylaxis)

Signs of a mild-moderate reaction include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Mild to moderate reactions which do not involve the Airway/Breathing/Circulation can be treated with oral antihistamines. For a child, we will telephone their parent or emergency contact to tell them about the reaction. We will not leave them unattended. The child does not normally need to be sent home or require urgent medical attention. They will be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

10.2 Recognising Anaphylaxis

Signs of anaphylaxis include:

A: Airways

- Tightening in the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B: Breathing

- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C: Circulation

- Persistent dizziness
- Pale or floppy

- Suddenly sleepy
- Collapse/unconscious Supporting children and young people wit…

10.3 Management of Anaphylaxis

If one or more of these signs are present: don't delay.

1. Lie flat with legs raised (if breathing is difficult, allow to sit)
2. Give adrenaline device without delay (use the school's spare device if needed)
3. Immediately dial 999 for ambulance and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with the person until ambulance arrives, do NOT stand them up
- Keep them lying down even if things seem to be getting better
- Phone parent or emergency contact

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life.

Always give adrenaline device first if someone has severe and sudden breathing difficulty (including wheeze, persistent cough or hoarse voice). Then seek medical help. Anaphylaxis can occur without skin symptoms.

10.4 Learning from Anaphylaxis Deaths

Key learnings:

- Always give adrenaline immediately to treat anaphylaxis. If in doubt, give adrenaline. Delays in giving adrenaline are associated with fatal outcomes.
- NEVER let a person having anaphylaxis stand or walk around: always bring help and medicines to the person, and not the other way round.
- Always dial 999.
- Give a further dose of adrenaline if there is no improvement after 5 minutes.
- If someone known to have asthma and food allergy suddenly gets difficulty in breathing, always consider anaphylaxis. Giving adrenaline in this context is very safe and may be lifesaving.

11. Adrenaline Devices

Children who are prescribed adrenaline devices (ADs) will have rapid access to their devices at all times. This includes in the lunch area and playgrounds.

We will:

- Store emergency devices in an appropriate location in classrooms (e.g. shelf or cupboard identified by a white cross on a green background) that is unlocked and accessible at all times if a child cannot keep their ADs with them
- Stock "spare" ADs for use in an emergency (these are located in the medicine cabinet, in the Year 1 corridor, next to Bluebells Class)
- Ensure that in a case of anaphylaxis, adrenaline is administered within five minutes
- Keep a copy of the individual's Allergy Action Plan together with their medication (this will be attached to the emergency device)
- Ensure all emergency medication is taken on trips and visits

11.1 Storage of Adrenaline Devices

All adrenaline devices – including those prescribed to the pupil themselves, as well as any spare ADs – must:

- Be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat
- Not be refrigerated or left in direct sunlight
- Not be locked away or kept in an office where access is restricted
- "Spare" adrenaline devices will be accessible at all times in a safe and central location (e.g. located in the medicine cabinet, in the Year 1 corridor, next to Bluebells Class)

11.2 "Spare" Adrenaline Devices

Anaphylaxis reactions are unpredictable. In addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of food allergy. We will stock "spare" adrenaline devices for emergency situations.

The school's spare ADs can be used in children:

- who have been prescribed ADs but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired)
- with food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own ADs

The spare AD can be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy, or an adult visiting the school premises.

We will obtain 4 "spare" AAIs:

- Two "spare" devices for children under age 6 years (150 micrograms)
- Two "spare" devices for individuals over 6 years of age (300 micrograms) Supporting children and young people wit…

"Spare" ADs will:

- Be readily accessible and not locked away

- Not be located more than 5 minutes away from where they may be needed
- Be stored in pairs
- Be brought to the person having anaphylaxis in an emergency
- Be clearly labelled to avoid confusion with ADs prescribed to a named person

We will have arrangements for:

- Checking that "spare" ADs and salbutamol inhalers are in date (these are to be logged on Smart Log and alerts will be sent to key staff to identify when they are close to being out of date
- Replacing "spare" ADs when they are used or go out of date
- The safe handover of the used autoinjectors, as they contain a needle, to paramedics

While we will seek advance consent from parents for spare adrenaline devices to be used, in an emergency situation staff may use spare devices to save a life without checking whether prior consent has been given. This is to avoid delays in treatment.

11.3 Emergency Asthma Reliever Inhalers

We will keep emergency asthma reliever inhalers (salbutamol inhaler device and spacer) alongside "spare" adrenaline devices. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

Important: If a child with both asthma and food allergy has sudden difficulty breathing, always consider anaphylaxis and give adrenaline first. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis. After giving adrenaline, the reliever inhaler may be used if the child is still wheezing, as per their Allergy Action Plan.

12. School Trips and External Visits

We will conduct a risk assessment for any child at risk of anaphylaxis taking part in a trip off the premises. Children at risk of anaphylaxis will have their own adrenaline device with them, and there will be staff trained to administer adrenaline in an emergency.

13. Breakfast Clubs and After School Clubs

Our arrangements to support children with medical conditions apply at all times when the child is in the care of the school. This includes during before-school provision, breakfast clubs and afterschool clubs.

Children with allergies, intolerances and coeliac disease will not be prevented from accessing breakfast clubs or other extended school provision. Appropriate arrangements will be in place including:

- Suitable training for staff or volunteers delivering breakfast or after-school provision
- Access to medication and emergency treatment plans during the club session
- Staff awareness of Individual Healthcare Plans, including Allergy and/or Asthma Action Plans

- Safe food handling and allergen risk management during food preparation and service
- Reasonable provision of alternative food options Supporting children and young people wit…

14. Serious Incidents and Near Misses

14.1 Recording Incidents

We will ensure any serious incident or near miss involving a child, member of staff or visitor with an allergy is recorded via Smart Log as soon as is feasible. A report will set out:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and students responded; what was done to support the individual; whether emergency services were called
- How the incident concluded

14.2 Reporting Incidents

The report will be shared with the child's parents or the individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review.

The report will always be shared with the Local Advisory Board. Any learning will be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring.

As a food business, we must report any allergen-related food safety incidents to our local authority where unsafe food has been supplied.

Information Sharing and Data Protection

Health information about children with allergies is special category data under UK GDPR. We have a lawful basis to hold, use, and share this information when necessary to keep children safe. However, we will:

- Only share information with those who need to know
- Respect the privacy of children and families
- Handle information in line with our data protection policy
- Avoid unnecessary sharing that could embarrass children or reduce their confidence

14.3 Learning from Incidents

The designated governor and designated senior leader will consider:

- Could the school reasonably have foreseen an incident of this nature?
- Did the school have policies which set out how to respond to an incident of this nature?
- Were the school's policies followed?
- Were the school's policies adequate? If not, what changes might be required?

- Might the incident or near miss have been avoided through reasonable preventative steps?

"Near misses" are particularly important, since they highlight weaknesses or risks and offer an opportunity to learn lessons without causing actual harm.

14.4 Child Deaths

In the tragic event of a child death, we will follow statutory child death review procedures and cooperate fully with any investigations. We will also consider how to support the school community, including siblings, staff, and other children."

15. Wellbeing of Children with Allergies

Many children with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis. The school will be active in providing support, both in providing reassurance that steps are taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis.

Examples of good practice include:

- Regular communication to children, parents and staff about allergies
- Proactive engagement with new joiners with known allergies
- Inviting new joiners with allergies to have a tour of the dining hall if they wish
- Measures to prevent and respond to bullying related to allergy

16. Emergency Response - Life-Threatening Situations

If a child experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care. This includes administering adrenaline when an individual is suffering anaphylaxis.

17. Unacceptable Practice

The following practices are not acceptable:

- Preventing children from easily accessing and administering their medication when and where necessary
- Assuming that every child with the same condition requires the same support
- Ignoring the views of the child or their parents or carer
- Ignoring medical evidence or the opinion and advice of healthcare professionals
- Discriminating against children with allergies by preventing them from participating in school activities
- Requiring parents to attend school to provide medical support

18. Transition Between Settings

When a child with an allergy moves to a new setting, we will:

- Share their Individual Healthcare Plan, Allergy Action Plan, and any other relevant care plans with the new setting (with parental consent)
- Ensure the new setting has time to put appropriate arrangements in place before the child starts
- Work with the receiving setting to ensure a smooth transition

19. Staff and Visitors with Allergies

The measures in this policy to keep children safe also apply to adults. We will:

- Ask staff about allergies as part of their employment process
- Keep a confidential record of staff with allergies and their known allergens
- Ask visitors if they have allergies that we should be aware of, especially if they are likely to be served food
- Ensure staff and visitors with allergies have access to their prescribed medication
- Apply the same emergency response procedures if a staff member or visitor experiences anaphylaxis

20. Policy Review

This policy will be reviewed at least annually. The policy can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review will take account of any incidents and "near misses" and will seek to learn lessons from them.

It is good practice to conduct allergy safety drills, in the same way as fire drills. A simulated case of anaphylaxis can be used to test out how staff respond, without risk to any individual.

This policy will be published on the school website and made available in hard copy on request. The policy will be communicated to all staff as part of annual allergy awareness training, and to parents/carers through newsletters and the school website.

We recognise that Ofsted inspectors will consider how well this policy is implemented as part of safeguarding arrangements during inspections.

Policy Approved by Local Advisory Board: [Date]

Next Review Date: September 2027

Named Governor for Allergy Safety: Rebecca Dougan

Named Senior Leader for Allergy Safety: Justin Stokes