


# Allergy and Anaphylaxis Policy

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| Date agreed by Governors | Autumn 2026 |
| Next Review | Autumn 2028 |

| **Linked Documents** |
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| Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf |
| Medical Needs Policy – Autumn 2026 |

**The United Nations Convention on the Rights of the Child (UNCRC) articles which inform this policy are:**

- Article 3: The best interest of the child must be top priority in all decisions and actions that affect children
- Article 12: Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.
- Article 28: Every child has the right to education. Discipline in schools must respect children's dignity and their rights.
- Article 29: Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and their environment.
- Article 31: Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

**School's Purpose:** To prepare pupils for lifelong success

**School's Vision:** At Godwin Junior School we:

- Value everyone
- Instil a love of learning
- Seek and encourage talent
- Inspire resilient learners
- Open minds to develop responsible global citizens
- Nurture confident, articulate individuals

At Godwin Junior School, we believe in the need for a whole school awareness of allergies, in which staff and pupils are aware of: what allergies are, the importance of avoiding a pupil's allergens, the signs and symptoms of an allergic reaction and how to deal with these. We also recognise the importance of working in partnerships with families to ensure that all children are able to safely take part in all aspects of school life. This Policy and the procedures we have in place are designed to minimise risk whilst supporting full participation.

We are committed to ensuring that all children with medical conditions, including allergies, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their best.

**Introduction**

An allergy is a reaction by 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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings or drugs.

***Definition:*** *Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.*

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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 not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect Venom, Pollen and Animal Dander.

This policy sets out how Godwin Junior School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking a full part in school life.

**Role and Responsibilities**

**Parent/Carer responsibilities**

- On entry to the school, it is the parent/carer's responsibility to inform our admissions staff of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are to supply a copy of their child's Allergy Action Plan [British Society of Allergy and Clinical Immunology (BSACI) plans preferred] to school. If the child does not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a health care professional.
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary. All medication has to be in the original bottle/box with the dispensing label on so that it is clear what it is and who it has been prescribed for.
- Parents/carers are requested to keep the school up-to-date with any changes in allergy management and supply an updated copy of their child's Allergy Action Plan.

**Staff Responsibilities**

- All staff complete annual training on allergy awareness and anaphylaxis.
- Staff must be made aware of the pupils in their care (regular or cover classes) who have known allergies, as an allergic reaction could occur at any time and not just at mealtimes. In particular, any food-related activities must be supervised with due caution.
- Staff leading educational visits will ensure the first aider accompanying the visit carries all relevant emergency supplies. Trip leaders and first aiders will check that all pupils with medical conditions, including allergies, have their medication readily available. Pupils who do not have their required medication will not be able to attend the excursion.
- Our Primary First Aider will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication and a copy is also retained in the child's school record. She will ensure that the pupil's records are updated.
- It is the parent/carer's responsibility to ensure all medication is in date. However, our Primary First Aider will check medication kept at school on a termly basis and send a reminder to parents/carers if medication is approaching expiry.
- Our Primary First Aider keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

**Pupil Responsibilities**

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

## Allergy Action Plans

Allergy Action Plans are designed to function as Individual Healthcare Plans (IHPs) for children with allergies, providing medical and parental/guardian consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector (commonly referred to as an 'epipen').
Godwin Junior School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, The Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the Allergy Action Plan with help from a healthcare professional and provide this to the school.

## 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:

- **A**irway - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **B**reathing - sudden onset wheezing, breathing difficulty, noisy breathing.
- **C**irculation - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

**ACTION:**

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated)
- If the child experiences breathing difficulties, ensure that they are sitting up to support a clear airway.
- **USE ADRENALINE** ('Epipen') **WITHOUT DELAY** and note time given (inject at upper, outer thigh - through clothing if necessary).
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second adrenaline auto-injector ('epipen')
- If no signs of life commence CPR
- 'Phone parent/carer as soon as possible

Whilst awaiting an ambulance, the child must remain where they are. They should not be allowed to stand up or sit in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. Advice from the 999 call handler must be followed.

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**

Medication is located in the school's medical room. Each pupil's medication is stored individually and clearly labelled with their name and photograph.

The pupil's medication storage box/pack should contain:

- adrenaline injectors (commonly referred to as epipens) i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
- 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/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Primary First Aider will check medication kept at school on at least a termly basis and send a reminder to parents/carers if medication is approaching expiry.

**Storage**

AAIs (commonly referred to as epipens) are stored at room temperature, protected from direct sunlight and temperature extremes.

**Disposal**

AAIs (commonly referred to as epipens) are single use only and must be disposed of as sharps. Used AAIs will be given to paramedics for disposal when they arrive.

'Spare' adrenaline auto injectors in school

Godwin Junior School has spare **AAI devices** (commonly referred to as epipens) **for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a box labelled 'Emergency Anaphylaxis Adrenaline Pens', kept safely in the medical room and **accessible and known to all staff.**

The Primary First Aider is responsible for checking the spare medication is in date on at least a monthly basis and organising replacements as needed.

Written parent/carer permission for use of the spare AAIs (commonly referred to as 'epipens') is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected **in an undiagnosed individual** we will call the emergency services and state that we suspect ANAPHYLAXIS. We will follow the advice from them as to whether administration of the spare AAI (commonly referred to as 'epipens') is appropriate.

**Staff Training**

Our Lead First Aider and Head Teacher are responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's Allergy and Anaphylaxis Policy.

The School Nurse Team will conduct anaphylaxis training at the start of every academic year.

All staff will complete online anaphylaxis awareness training at the start of each academic year. Training will also be provided on an ad-hoc basis for any new members of 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 services
- Administering emergency treatment (including AAIs – commonly known as epipens) 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
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up-to-date

**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 school menu is available for parents/carers to view in https://www.godwin.newham.sch.uk/lunch-menu

The Lead First Aider informs the school catering team of pupils with food allergies. Our catering team is immediately able to identify pupils with known food allergies through the list in the school kitchen which contains photographs of these children, along with the foodstuffs they are allergic to. Pupils with known allergies also wear a lanyard during lunch service to alert the catering team of the foodstuffs which they are allergic to. Our Lead First Aider is responsible for ensuring that this list remains up-to-date.

The school adheres to the following Department of Health guidance recommendations:

- We do not allow food containing nuts to be brought in to school.
- We carefully consider the use of food in DT cooking classes, science experiments and special events (e.g. fetes, cultural events) and may need to restrict/risk assess depending on the allergies of particular children.
- Where food is provided by the school, for example during Design Technology (DT) cooking lessons or for school lunches, staff are 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.
- We do not provide snacks or 'treats' to children (e.g. to celebrate birthdays etc) to avoid the risk of a child having an allergic reaction.

**Educational Visits**

At least one qualified first aider attends all educational visits. Staff leading educational visits will ensure the first aider accompanying the visit carries all relevant emergency supplies. Trip leaders and first aiders will check that all pupils with medical conditions, including allergies, have their medication readily available in advance of the visit. Pupils who do not have their required medication will not be able to attend the excursion.

All activities on educational visits will be risk assessed to see if they pose a threat to pupils with known allergies and reasonable adaptations or alternative activities will be planned to ensure inclusion.

Wherever possible, we will ensure that pupils with allergies are able to safely attend residential visits. Through careful planning and conversations with parents/carers, as well as the venue for the overnight visit, we will attempt to put measures in place which will allow a pupil with allergies to safely take a full part in any residential visits.