BECKFOOT TRUST

Allergy and Anaphylaxis Safety Policy

V1

September 2026

CREATING REMARKABLE SCHOOLS

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1.0 Policy Statement

1.1 Beckfoot Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. In accordance with Benedict's Law, we are committed to providing a safe, inclusive environment for all pupils, including those with allergies. We recognise that allergies can be life-threatening and that anaphylaxis is a medical emergency requiring immediate action.

2.0 Scope and Purpose

2.1 This policy aims to:

- Protect pupils with allergies from avoidable exposure to allergens.
- Ensure prompt and effective treatment of allergic reactions.
- Support pupils with allergies to participate fully in all aspects of school life.
- Promote awareness and understanding of allergies amongst staff, pupils and families.
- Establish clear procedures for prevention, response, reporting and review.

2:2 This policy applies to:

- All pupils and staff (including supply and lunchtime staff)
- All governors, volunteers, contractors and visitors
- All school activities (including educational visits, clubs, and transport)
- All areas of the school (including catering, classrooms, and outdoor spaces)

3.0 Overarching Principles

3.1 This policy has been developed in line with the Department for Education's statutory guidance on supporting pupils with medical conditions and the emerging DfE allergy safety requirements. It should be read alongside the trust medical needs policy, safeguarding policy, educational visits policy and the school first aid protocol.

4.0 Roles and Responsibilities

4.1 Trust Board

The Trust Board will:

- Ensure the school has an up-to-date Allergy Safety Policy.
- Monitor implementation and compliance.
- Nominate a trustee with oversight of medical conditions and allergy management.

4.2 Headteacher

The Headteacher will:

- Ensure effective implementation of this policy and promote an inclusive culture in school.
- Allocate responsibilities to appropriate staff.
- Ensure suitable staff training is provided and recorded.

- Ensure allergy incidents and near misses are reviewed.

4.3 Allergy Lead

The school will appoint a designated Allergy Lead (a member of the Senior Leadership Team) who will:

- Maintain allergy records and a fluid allergy register
- Coordinate Individual Healthcare Plans (IHPs).
- Liaise with parents and healthcare professionals.
- Ensure emergency medication is available and in date.
- Coordinate staff training.

4.4 Staff

All staff will:

- Be aware of pupils with allergies in their care.
- Follow Individual Healthcare Plans and risk assessments.
- Know how to recognise and respond to allergic reactions.
- Participate in required training.
- Report incidents and near misses promptly.

4.5 Families

Families must:

- Inform school of any allergies on entry to the school, or as and when allergies arise.
- Inform school of all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication
- Provide up-to-date medical information and medication, including a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Ensure any required medication is supplied, in date and replaced as necessary.
- Keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

4.6 Pupils

Pupils must:

- Avoid sharing food
- 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.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person (as agreed with family and stated in plan)

5.0 Identification and Health Care Planning

For every pupil with a diagnosed allergy, or known allergy requiring management, the school will maintain:

- Medical information from parents and healthcare professionals.
- An Individual Healthcare Plan where appropriate, which includes an allergy action plan detailing:
    - Condition
    - Allergens
    - Symptoms
    - Medication
    - Emergency contacts
    - Impact on learning and wellbeing
    - Catch-up arrangements for condition-related absence
    - Inclusion arrangements for trips and extracurricular activities
    - Named trained staff and cover arrangements
- Risk assessments for relevant activities, including trips and visits.
- Plans will be reviewed annually or sooner if circumstances change. This may be in the event of a serious incident or near miss.

6.0 Reducing Risk

Allergy management is a part of creating a culture of belonging; a whole-school safeguarding responsibility rather than a condition-specific niche. This means an 'allergy-aware' approach, with active risk controls, clear labelling, no food-sharing rules and trained staff.

The school will take reasonable and proportionate steps to minimise allergen exposure, including:

- Risk assessments for classrooms (involving food or materials), dining areas and school activities.
- Careful management of food-related activities.
- Clear communication with catering providers with menu adaptations where required, allergen awareness and labelling.
- Consideration of allergens when planning events and educational visits.
- Promotion of good handwashing and cleaning practices.
- Appropriate supervision during meal and snack times.
- Promoting a culture of 'no food sharing' by educating pupils and staff to be allergy aware.

The school does not guarantee an allergen-free environment but will take all reasonable precautions to reduce risk.

7.0 Staff Training

All staff will receive allergy awareness training appropriate to their role. The school Allergen and Anaphylaxis Protocol details records of staff training.

Training will include:

- Understanding allergies and anaphylaxis.
- Recognising signs and symptoms of allergic reactions (see appendix 2 for a visual reminder).
- Use of adrenaline auto-injectors (see appendix 3 for a visual reminder)
- Emergency procedures.
- Responsibilities under this policy.

Training records will be maintained and reviewed annually. Staff starting mid-year will receive training as part of their safeguarding induction.

8.0 Medication

Each school will:

- Store prescribed adrenaline auto-injectors (AAIs) in accessible locations.
- Ensure medication is readily available during the school day and on visits.
- Monitor expiry dates and notify families when replacements are required.
- Maintain any permitted spare emergency AAIs in accordance with current legislation and guidance.

Medication must never be locked away if this would delay emergency treatment. The school Allergen and Anaphylaxis Protocol details exactly where the allergy register, IHCPs and medication are kept.

9.0 Emergency Procedures

In the event of suspected anaphylaxis:

- Administer the pupil's prescribed adrenaline auto-injector (AAI) immediately and make a note of the time.
- Call 999 and state "anaphylaxis".
- Contact the family/emergency contact.
- Monitor the pupil continuously until emergency services arrive.
- Administer a second AAI if symptoms persist and medical advice indicates.
- Ensure a member of staff accompanies the pupil to hospital if family are unavailable.

No pupil who has received adrenaline should be left unattended.

10.0 Educational Visits and Off-Site Activities

All educational visits will include consideration of allergy risks.

Visit leaders must:

- Review Individual Healthcare Plans.
- Ensure medication accompanies the pupil.
- Confirm trained staff are present.
- Assess food and environmental risks.
- Include emergency arrangements within visit planning.

Pupils with allergies will not be excluded from activities solely because of their allergy.

11.0 Allergy Bullying and Inclusion

The school recognises that pupils with allergies may experience anxiety, exclusion or bullying.

Any behaviour that targets or exploits a pupil's allergy will be treated as a safeguarding and behaviour concern and addressed in line with the Trust's Behaviour and Anti-Bullying Policies and school protocols.

12.0 Incident Reporting and Review

All allergic reactions, medication errors, emergency medication use and allergy-related near misses will be recorded.

The school will:

- Investigate incidents appropriately.
- Identify lessons learned.
- Update risk assessments and healthcare plans where necessary.
- Report significant incidents in accordance with safeguarding and health and safety procedures.

13.0 Monitoring and Review

This policy will be reviewed annually or sooner if legislation, statutory guidance or school circumstances change

Appendix 1 Beckfoot Trust Individual Health Care Plan

Pupil Name	Year Group	Date of Birth	Date Initial Plan Created

Family Contact		Emergency Medical Contact	
Name	**Number**	**Name**	**Number**

The medical need that has triggered this plan

Allergy	Asthma	Epilepsy	Diabetes	Other Condition (please state)
☐	☐	☐	☐	

Medical diagnosis (as appropriate) and description of current needs:
Give details of child's symptoms, triggers, signs, treatments (including medication name/dose/frequency), facilities, equipment or devices, environmental issues, etc

Reasonable adjustments needed in school:
For example, transport, hygiene, seating, movement around school, feeding, PE (any other lesson), emotional wellbeing, arrangements for catch up after absence due to medical needs, trips, evacuation procedures, emergency medication held in school.

Key staff involved in supporting the student and training received (school):
Name/role including specialist nurse's details if relevant

Any other information from a clinical plan staff need to know:

Date of Planned Review	Reviewed By	Date of Review

Incident Record	
Date	
Incident	
Reflection	
Alterations required	
Communication with family	

Mishap Record	
Date	
Incident	
Reflection	
Alterations required	
Communication with family	

Appendix 2 Signs and Symptoms of an Allergic Reaction

Signs and symptoms of an allergic reaction

The signs and symptoms of an allergic reaction can vary from person to person and can range from mild to severe. However, there are some common things to look out for. Usually, symptoms will occur rapidly after a person has been exposed to an allergen.

ANAPHYLAXIS Anaphylaxis is a severe allergic reaction which must be recognised quickly. **When checking for anaphylaxis, remember the ABC acronym:**

A

Airway
Does the person have a persistent cough, a hoarse voice, difficulty swallowing or a swollen tongue?

B

Breathing
Is the person experiencing difficult or noisy breathing? Do they have a persistent cough or wheeze?

C

Circulation
Has the person become persistently dizzy, pale, floppy or suddenly sleepy? Have they collapsed or become unconscious?

If a child shows one or more of the ABC signs, they will need immediate treatment with an adrenaline auto-injector (AAI) and someone must ring 999.

Other signs and symptoms of an allergic reaction:

- An itchy, tingling mouth
- A mild tightness of the throat
- A red, itchy rash (hives)
- Swelling of the lips, eyes or other parts of the face
- Abdominal pain
- Nausea and/or vomiting

Anyone showing signs of an allergic reaction must be monitored closely and parents/ carers must be informed.

High Speed Training

Signs and Symptoms of an Allergic Reaction

www.highspeedtraining.co.uk

Appendix 3 Allergy and Anaphylaxis Training for Schools

Allergy & Anaphylaxis Training for Schools

Module 2: Treatment of Allergies

Adrenaline auto-injectors (AAIs) (continued)

There are two brands of AAI prescribed in the UK; **EpiPen** and **Jext**. Both come in two dosage strengths which are prescribed to a child based on their weight. Each type of injector will have instructions on the side if you need a reminder of how to use them.

Children who have been prescribed AAIs must have **two** together in school at all times.

While it is not compulsory for schools to buy spare AAIs, they can be life-saving if, for example, a child does not have their AAI with them or if it is broken or out of date.

Spare AAIs can also be administered to children who have not been prescribed their own AAIs but are considered at risk of anaphylaxis. They must have medical confirmation of this in their Allergy Action Plan and the school must obtain parents/carers' consent.

If a child does not meet either of these criteria but displays symptoms of anaphylaxis, you should **call 999**. They will then be able to confirm whether or not a spare AAI should be administered.

Administering an AAI

If a child is showing any one of the signs of anaphylaxis, you must act quickly.

Lay the child down flat wherever possible. Next, administer the AAI without delay.

For an **EpiPen**, remove it from its protective case (if it has been provided in one) and follow these steps. Remember: **blue to the sky, orange to the thigh.**

1. Pull off the blue safety cap and form a fist around the EpiPen.
2. Hold the child's leg still and hold the orange tip approximately 10 cm from their outer thigh.
3. Jab firmly into the outer thigh until you hear a click and hold it in place for 3 seconds.
4. Remove the EpiPen. As you do, the orange tip will extend to cover the needle.

For a **Jext** AAI, remove it from its protective case (if it has been provided in one) and follow these steps.

1. Form a fist around the Jext and pull off the blue safety cap.
2. Place the black end against the outer thigh.
3. Push down hard until you hear a click and hold it in place for 10 seconds.
4. Remove the Jext. As you do, the black tip will extend to cover the needle.
5. Massage the injection site for 10 seconds.

After administering the adrenaline, **raise the child's legs where possible.** If the child has difficulty breathing, you can support them to sit up at short intervals instead.

Always call 999 immediately after using the AAI and state "anaphylaxis" when explaining the situation. Stay with the child until the ambulance arrives and do your best to keep them calm.

Each child should have two AAIs. If there is **no improvement after 5 minutes**, you can administer the second AAI into the outer thigh of the opposite leg if possible.

Remember: quick and proper use of AAIs can save lives.