IAT Allergy and Anaphylaxis Policy

Issued: September 2026

Insignis Academy Trust

Collaborate to Succeed

IAT Allergy and Anaphylaxis Policy

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To be ratified at the next meeting of the IAT Board of Trustees, 1 October 2026	
Recommended review date	July 2027

This policy pertains to Insignis Academy Trust (IAT) and all of its schools, including any school which joins the Trust during the period of this policy.

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Contents

Why is an allergy policy important?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Most allergic reactions are mild, causing minor symptoms but some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.

People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee stings), latex and medication.

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, risk prevention and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having a robust Allergy and Anaphylaxis Policy ensures everyone:

- is clear on procedures
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

Responsibility for the IAT Allergy and Anaphylaxis Policy lies with Insignis Academy Trust.

The policy is a dynamic document and will be regularly reviewed and monitored by the Trust Designated Allergy Lead: the Chief People Officer (CPO). Each IAT school will have a strong and effective management team in place in order to implement this policy, as well as review and feedback and issues.

This Allergy and Anaphylaxis Policy must be publicly available and clearly communicated to all students, school staff and parents.

The Schools Allergy Code

Having an Allergy and Anaphylaxis Policy is recommended by the Schools Allergy Code. The Code sets out what best practice looks like in terms of allergy management in schools and provides practical guidance on how to implement it.

Throughout this policy pupils and students are collectively referred to as students; parents and carers as parents.

1 Aims and objectives

This policy outlines IAT's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, students, parents and visitors to the school and should be read alongside these other policies:

- Child Protection/Safeguarding (school level)
- Supporting children with medical conditions and First Aid (school level)
- Equality Diversity and Inclusion Statement of Intent (IAT level)

2 What is an allergy?

An allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3 Definitions

3.1 Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

3.2 Allergen

A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Any food can cause a severe allergic reaction but there are 9 identified foods that are responsible for 90% of all food related anaphylactic incidents.

These are:

eggs	fish
milk	peanut
sesame	shellfish

soya	tree nut *(which includes hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc)*
wheat	

There are 14 allergens required by law to be highlighted on pre-packed food: These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

celery	cereals
crustaceans	eggs
fish	lupin
milk	molluscs
mustard	peanuts
sesame	soya
sulphites *(or sulphur dioxide)*	tree nuts

3.3 Adrenaline auto-injector

Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

3.4 Allergy Action Plan

This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We recommend the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, people prescribed with different brands of adrenaline pen. Paediatric Allergy Action Plans - BSACI

3.5 Individual Healthcare Plan

A detailed document outlining an individual student's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents and, where appropriate, students. All students with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

3.6 Risk assessment

A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

3.7 Spare pens

Schools are able to purchase spare adrenaline pens for emergency use only. These should be held as a back-up, in case students' prescribed adrenaline pens are not available, but should not be solely relied upon by individual students and their parents as intended just for 'them'. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline where parental or medical authorisation has been given (see section 14).

4 Roles and responsibilities

IAT takes a whole-Trust approach to allergy management.

4.1 School Designated Allergy Lead

The Designated Allergy Leads for each school are listed in Appendix 2. They report into the school's Headteacher/Head of School, the school's lead Governor for Safeguarding, and the Trust Designated Allergy Lead. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students and staff with an allergy.
- Taking decisions on allergy management across their school
- Championing and practising allergy awareness across their school
- Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. Although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school medical officer or administrator
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, students and parents have a good awareness of the IAT Allergy and Anaphylaxis Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and feeding back to the CPO any suggested updates to the IAT Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill once a year

At regular intervals the Designated Allergy Lead will check procedures and report to the school's SLT and the CPO.

4.2 School Medical Officer

The School Medical Officers for each school are listed in Appendix 2.

The School Medical Officer is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners)
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families and ensuring medication is in date. Whilst it's the parent's responsibility to ensure medication is up to date, the Medical Officer should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to students and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other members of staff and students and refresher training as required eg. before school trips

4.3 Admissions Team

Each school's admissions team is likely to be the first to learn of a student or visitor's allergy. They should work with the Designated Allergy Lead and school Medical Officer to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school Medical Officer, catering team)
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

4.4 All staff

All IAT staff, to include teaching staff, non-teaching staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs.) are responsible for:

- Championing and practising allergy awareness across IAT
- Understanding and putting into practice the IAT Allergy and Anaphylaxis Policy and

related procedures, and asking for support if needed

- Being aware of students (and staff, when necessary) with allergies and what they are allergic to
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate
- Ensuring students always have access to their medication or carrying it on their behalf [depending on the age of the students and the management of adrenaline pens in the school]
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of students with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the relevant school's anti-bullying policy

4.5 All parents

All parents (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the IAT Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students with allergies
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema. If the parents are uncertain who to contact with this information they should contact the school office
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches or snacks
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

4.6 All parents of children with allergies

In addition to point 4.5, the parents of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two prescription labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too

- Provide the school with an up-to-date-photograph of their child and sign the associated permission for it to be shared to relevant staff. This is mandatory due to the life-threatening nature of anaphylaxis.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.
- Encourage their child to adopt a "never assume" mindset - always check the ingredients of all food whether they are buying it themselves or if it is offered to them by a peer group or staff.

4.7 All students

All students at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older students will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- Adhere to food restrictions and guidance when bringing food from home.

All of the above should be done in an age-appropriate way.

4.8 All students with allergies

In addition to point 4.7, students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose
- Understand how and when to use their adrenaline auto-injector
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Students permitted to leave the school site during the school day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.

5 Information and documentation

5.1 Register of students with an allergy

Each school has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each student with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions, describing signs and symptoms
- Detail of the medication the student has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A photograph of each student is attached to the IHP. This is mandatory - see 4.6
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6 Assessing risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all students.
- Planning special events, such as cultural days and celebrations

Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7 Food, including mealtimes & snacks

7.1 Catering in school

IAT and each school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing

catering staff

- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the students with allergies and what their allergies are, supported by school staff.
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- Each school has robust procedures in place to identify students with food allergies. If a child has identified allergies, Arbor will flag up to the member of staff serving them if the allergen is in the meal that they are purchasing. A list of students with allergies alongside photos will be made available in the staff room and a copy in the catering office for staff to reference. This list will also be on the shared drive in the Medical Conditions/Notice Board folder for all staff access.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for students, staff and visitors to see. Other ingredient information will be available on request. For students or staff with allergies to food other than the "main 14" extra processes may be needed.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to students with dietary needs by the catering staff
- Precautionary Allergen Labelling or "May Contain" labelling will result in the student not being allowed that particular food if they have an allergy to a certain ingredient. Parents may send written confirmation by email for special occasions such as parties or fundraising events where "brought in food is being sold" but responsibility relies solely on the parent.
- Food provided at breakfast club and after school club will follow these procedures
- To ensure the safety and well-being of all our students and staff, our Catering Service provider endeavour to produce food that does not contain the 14 main allergens and to offer alternative choices for an inclusive approach such as gluten free sandwich options. They also endeavour to identify the 14 highlighted allergens if they appear in the ingredients.
- All IAT schools are strictly **nut-free/allergy aware**. We have individuals within our school community who suffer from severe, life-threatening allergies (anaphylaxis) to both peanuts and tree nuts. Even trace amounts, airborne particles, or cross-contamination from touching a surface can trigger a critical medical emergency. We also require that **no nuts or nut products** are brought onto the school premises at any time.

7.2 Fundraising events and celebrations

To ensure the safety, cleanliness, and preservation of our event spaces, IAT maintains a strict no-food policy at all fundraiser/celebration events, unless explicitly provided by the event hosts.

- Prohibited Items: Attendees, volunteers, and vendors may not bring outside food, snacks, or meals into the venue.
- Exceptions: Bottled water and necessary medical dietary items are permitted.
- Compliance: We kindly ask all participants to consume outside food before entering the premises.

7.3 Lettings and out of hours activities

All lettings managed through Active in the Community are subject to their policies and procedures, including in respect of allergies.

Any other letting or hire arrangement must ensure that they are able to follow this IAT Allergy and Anaphylaxis Policy.

7.4 Food bans or restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All parents will be regularly reminded that all food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in any product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.5 Food hygiene for students

- Students will wash their hands before and after eating
- Sharing, swapping or throwing food and drinks is not allowed
- Water bottles and packed lunches should be clearly named

8 School trips and sports fixtures

- Staff leading the trip will have a register of students with allergies with medication details. They should also be aware of any members of staff with allergies who are accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff (and some students, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches. Students and staff with allergens outside of the "main 14" will be given the opportunity to order and pay for a meal 24 hours before it is needed to ensure they are given an inclusive experience.

- If food or snacks are served while visiting another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See section 13.3 Adrenaline Pens on School Trips and Sports Fixtures

9 Insect stings

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics
- Keep food and drink covered

The school site team will monitor the grounds for wasp or bee nests. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10 Animals

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A student with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- If an animal lives on site then students, parents and staff will be made aware and consideration and adaptations will be made
- School trips that include visits to animals will be carefully risk assessed

11 Allergic rhinitis/hay fever

For children who struggle with seasonal hay fever or general nasal allergies, managing symptoms effectively depends on consistent, proactive care. Parents must ensure that their child takes their daily preventative allergy medication at home before arriving at school each morning. Ensuring your child takes their medication before the school day begins gives the treatment time to take effect, helping them stay comfortable, focused, and ready to learn without the disruption of constant sneezing, itchy eyes, or congestion.

Where a child comes to school and they have forgotten to take their medication and their symptoms are particularly severe, the school is fully prepared to step in with emergency treatment but they cannot administer routine daily doses.

12 Inclusion and mental health

Allergies can have a significant impact on mental health and wellbeing. Students may

experience anxiety and depression and are more susceptible to bullying.

- Whilst no child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip, if the student forgets to bring their emergency medication, the school would have to make the unavoidable decision to do so, on the grounds of safety and safeguarding for all.
- Students with allergies may require additional pastoral support including regular check-ins from their form tutor etc
- Affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

13 Adrenaline pens

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Students prescribed with adrenaline pens will have easy access to their two, in-date pens at all times.
- Where children are able to manage their own adrenaline pens, typically from Year 4, the child will carry both pens with them at all times, in accordance with their Healthcare Plan.
- Where children are not able to manage their own adrenaline pens, they will be held and managed by staff:
    - they should be named and kept with the student's Allergy Action Plan. Remember students must also have access to two adrenaline pens as they travel to and from school.
    - The location of any adrenaline pens must be clearly labelled and known to all staff.
    - Spot checks will be made to ensure adrenaline pens are where they should be and in date.
    - Adrenaline pens must not be kept locked away and must be accessible within five minutes.
    - Adrenaline pens should be stored within their outer carrying containers/cartons at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date pens will be disposed of as sharps

13.2 Spare pens

Each school has spare adrenaline pens to be used in accordance with government guidance.

- The location of any spare adrenaline pens must be clearly labelled and known to all

staff.

- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away and must be accessible within five minutes.
- Adrenaline pens should be stored within their outer carrying containers/cartons at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).

The Designated Allergy Lead and Medical Officer are responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 10)
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost will be purchased from a retailer recommended by The Allergy Team or from a local pharmacy. See government guidance above
- Distribution around the site and clear signage

13.3 Adrenaline pens on school trips and sports fixture

- If a student is prescribed adrenaline pens, it is the trip leader's responsibility to check they have them before they depart.
- If a student has not brought their prescribed adrenaline pens into school, parent will be contacted to bring them in. If contact cannot be made in time to allow the prompt departure of a trip, then the student will not be allowed to attend.
- Adrenaline pens will be kept close to the student at all times eg. not stored in the hold of the coach when travelling or left in changing rooms
- Adrenaline pens will be protected from extreme temperatures
- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction
- Consider whether to take spare pens to sporting fixtures and on trips

14 Responding to an allergic reaction /anaphylaxis

See appendix 1 on recognising and responding to an allergic reaction

- If a student has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the student down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.

- A student's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the student themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency anyone will administer adrenaline.
- If the student's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.
- The student will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go/be taken to hospital, even if they appear to have recovered. A member of staff will accompany the student in an ambulance and stay until a parent arrives.

15 Training

IAT is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergies, for example Emergency Response Plan, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

Each school will carry out an anaphylaxis drill once a year. This includes:

- An exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

16 Asthma

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

17 Reporting allergic reactions

The school will log allergic reaction incidents and near-misses using the accident reporting system. Allergic reactions will be logged on the Schools Medical Log and CPOMS. Any near-misses involving a student requiring an adrenaline pen being administered will be reported to the school's/Trust's:

- Designated Allergy Lead
- Health & Safety Lead
- Designated Safeguarding Lead/Head of School

18 Review and version control

This policy will be reviewed annually and is the responsibility of the Chief People Officer. It will be updated earlier if required by changes in guidance.

Date	**Comments**
June 2026	New policy based on ISBA template.

Appendix 1

Managing allergic reactions

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

Swollen lips, face or eyes
Itchy or tingling mouth
Hives or itchy rash on skin
Abdominal pain
Vomiting
Change in behaviour

Response:

Stay with student
Call for help
Locate adrenaline pens
Give antihistamine
Make a note of the time
Phone parent
Continue to monitor the student

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience an[illegible]is.

Responding to Anaphylaxis

SYMPTOMS OF ANAPHYLAXIS

A – Airway	B – Breathing	C – Circulation
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or cough	• Pale or floppy
• Difficulty swallowing		• Sleepy
• Swollen tongue		• Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

- Take the medication to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions, while holding the leg steady.
- Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
- Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
- Call the student's emergency contact.
- If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
- Start CPR if necessary.
- Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

Appendix 2

Key people

Trust Designated Allergy Lead: Catherine Wiles

School	Designated Allergy Lead	School Medical Officer
Ashmead Combined School	Cheryl Thompson	Geraldine Whitlam
Princes Risborough School	Michelle Wallington	Kwan Lai
Sir Henry Floyd Grammar School	James Burge	Sarah Gray
Sir William Ramsay School	Liz Gurney	Julie Bowler
The Kingsbrook School	Hannah Watson	Beth Twitchen
The Mandeville School	Chris Penson	Mary Grant