



Wood End School

Yeomans Avenue, Harpenden, AL5 3EF

Tel No. 01582 761636

Headteacher, Mr Richard Boulton



Allergy and Anaphylaxis Policy

Previously Reviewed:

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Adapted from:

‘Learning Together, Respecting Each Other’

‘Wood End School is an inclusive school and respects and values the diversity of the community’

Introduction

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocol

An allergy is a reaction of 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 serious reaction called **ANAPHYLAXIS**.

Anaphylaxis is a serious, life-threatening 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 can include foods, liquids, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be Anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything that contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to): - Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Medicines, Insect venom, Pollen and Animal Dander.

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

This policy can be reviewed and amended after any incidents, which are not covered within this policy; ensuring mistakes are learnt from and avoided going forward.

Aims of Policy

- To minimise the risk of allergic/anaphylactic reaction in school.
- To be proactive in the awareness and support offered to pupils with allergies.
- To ensure staff members are trained in how to respond appropriately to an allergic/anaphylactic reaction. This includes annual rehearsals to an Emergency Response Plan (Appendix 1), and in person Adrenaline Auto-Injector demonstration with EpiPen and Jext practice pens.
- To give parents and pupils confidence in Wood End School's ability to provide effective support for those with allergies.

This policy should be read in conjunction with:

- Supporting pupils with medical needs Policy
- Health and Safety Policy

We comply with these statutory requirements:

- Children Act 1989, Education Act 2002, Equality Act 2010, Children's Wellbeing & Schools Act 2026
- Keeping children safe in education Guidance (Sep 2026)
- Supporting pupils at school with medical conditions Guidance (Dec 2015)
- Allergy safety in school (Jul 2026)
- Special Educational Needs and Disabilities (SEND) Code of Practice 0-25 (January 2015)

Wood End School will:

- Take every allergy seriously. All allergic reactions are unpredictable and can vary each time.
- Support every child with allergies and understand that they are unique as the children who have them. It is crucial that an individualised approach is adopted to work with the families and children to understand their experiences.
- Update all staff and parent/carers regarding any changes in our 'Allergy and Anaphylaxis Policy' or our emergency procedures.
- Take a whole school approach. Every member of the school community should understand allergy and their responsibility for reducing risk. Allergy management is the responsibility of everyone involved from parents/carers/staff, external clubs and pupils. Pupils' understanding will be in accordance with their age and ability to understand and their responsibility for reducing risk is limited to informing an adult if they have any concerns.
- Build the knowledge and skills of all staff through targeted training and education. This will include understanding risk reduction and the importance of inclusion, as well as first aid response to allergic reaction. Weaving allergy awareness into classroom activities, for example lessons on nutrition and PSHE for KS1 and KS2.
- Establish the procedures and responsibilities to be followed by staff in order to meet the needs of children with allergies.
- Ensure open communication with parents, teachers, support staff and caterers about the individual needs of children, based on Allergy Action Plans & all relevant paperwork for all children with allergies. Parents/carers are responsible for updating the school office when there are changes to their child's Allergy Action Plan in order to ensure they have the latest version at all times.
- Ensure the medical needs of all children are communicated to all relevant staff including any supply or cover teachers.
- Raise awareness about allergies/Anaphylaxis amongst the school community through annual allergy awareness assemblies, PSHE lessons, books in the library, visual posters and stickers displayed around the school.
- The head teacher and School Administration Manager to keep up to date with new allergy information such as Natasha's Law, guidance on ingredient labels including 'may contain', 'traces of' and 'factories handling' allergen ingredients.
- Issue regular reminders to the school community via e-newsletters. Promoting shared responsibility for the safety of allergy sufferers by reiterating the 'No Nut Policy' but also educating allergy awareness that there are other allergens that can seriously affect pupils.

- Provide, as far as is possible, a safe environment in which allergy sufferers can participate equally in all aspects of school life.
- Raise awareness of cross contamination and promote regular cleaning of surfaces after classroom food/drink consumed, baking/cooking/crafting or animal related activities where a possible allergen maybe impact a pupil with allergies.
- Send an email to all parents/carers prior to an offsite school visit, reminding them of the 'no nut' policy and to also be mindful other allergens may affect and can be fatal to pupils who suffer from allergies. This is only required when any food or drink is to be supplied for a trip.
- Check that all third party companies who run external clubs/activities before/during/after school, and that have sole responsibility of children with allergies, have provisions and risk assessments. Ideally, they would be Anaphylaxis first aid trained.
- Prioritise safety and inclusion over the 'status quo' – responding to the needs of children with allergies.
- Ask new parents/carers whose child/children is/are joining the school if they wish to give consent for the 'spare pens' in school scheme in case their child would ever need an AAI and to give authorization to use it.
- Emergency Response Plan to circulate to all staff (Appendix 1.) and rehearse annually.

Emergency Treatment and Management of Anaphylaxis

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. **The treatment of Anaphylaxis is to give adrenaline**, by an injection into the outer muscle of the mid-thigh (upper leg). Adrenaline treats both the symptoms of the reaction, and can also stop it from becoming worse. Other “allergy” medicines (such as antihistamines) can help with mild symptoms, but are not effective for severe reactions (Anaphylaxis).

Administration of adrenaline can be lifesaving. Some Anaphylaxis reactions require more than a single dose of adrenaline; children can initially improve but then deteriorate later. It is therefore vital to **always dial 999 and request an ambulance whenever Anaphylaxis has occurred** – even if there has been a good response to the adrenaline injection.

Outside hospital, adrenaline can be safely given by non-healthcare workers as an injection into the muscle **using an adrenaline auto-injector (AAI)**. Current brands available in the UK are EpiPen® and Jext®

Always give adrenaline FIRST (before other medicines such as inhalers) **in someone with known food allergy who has sudden-onset breathing difficulties** – even if there are no skin symptoms. Delays in giving adrenaline are a common finding in fatal reactions.

IF IN DOUBT, give adrenaline.

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen, but can also be delayed (These may occur singularly or in any combination.)

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body, widespread blotchy skin eruption.
- A tingling or itchy feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain, nausea, vomiting or diarrhoea.
- Significant swelling around a sting or bite.
- Puffiness about the eyes, watery/glazed eyes.
- Confusion, agitation or anxiety.

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

More serious symptoms are often referred to as the **ABC** symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening or soreness of the throat, chest, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, gasping for breath.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, signs of shock, pale clammy skin, bluish lips, rapid pulse, 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.

What does adrenaline do?

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

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

Action:

- Keep the child where they are, encourage them to keep calm, give them space as appropriate, call for help and do not leave them unattended. A First Aider will remain with the child to monitor/ administer treatment/medication.

- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible and should not stand up until Ambulance staff instructs otherwise.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carers as soon as possible after giving the first AAI.

Whilst you are waiting for the ambulance, keep the child where they are. **Do not** stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after Anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

If parents/carers have not arrived and in the likely event the child needs to go to hospital by ambulance then a member of staff will accompany the child in the ambulance. A second member of staff will follow in a car and the parents will be instructed to go directly to the hospital.

Supply, storage and care of medication

- It is the parents/carers responsibility for the provision and timely replacement of their child's AAI or medicines. There must be two EpiPen or Jext pens supplied at all times. They are to provide original packaging with all medicines, which is clearly labelled with their child's name and fill in the relevant medical forms to School Reception staff when dropping off all medicines.
- The Schools Administration Manager will check medication kept at school regularly and send a reminder to parents if medication is approaching expiry. However, parents are expected to also keep a log of their child's medication and Adrenaline Auto Injectors (AAIs) expiry dates, not just rely on the school's office.
- Parents can subscribe to expiry alerts for the relevant AAI their child is prescribed, to make sure they can get replacement devices in good time.
- Anaphylaxis kits are kept safely in the First Aid Cupboard of the Medical Room for key stage 1 pupils; and the cupboard in the dining room for key stage 2 pupils. They are not locked away and are accessible to all staff.
- Medication is stored in a suitable container and clearly labelled with the pupil's name and photo outside the box.
- The pupil's medication storage container should contain:
 - Two in date AAI's i.e. EpiPen® or Jext®.
 - An up-to-date Allergy Action Plan (BSACI) and any supporting paperwork. For pupils with more complex allergies, the parents/carers are to work closely with the Schools Administration Manager to create supporting paperwork, which is to be added to their Allergy Action Plan (BSACI).
 - Antihistamine as tablets or syrup (if included on allergy action plan.)

- Spoon or syringe if required.
 - Asthma inhaler (if included on allergy action plan).
 - Parental agreement form for school to administer medicine.
 - Record of when medicines have been administered.
 - A pen (to record information.)
- AAI should be stored at room temperature, protected from direct sunlight, temperature extremes and protected from impact. Any sudden change in temperature, hit or dropped to the floor means they are at risk of being damaged/ineffective/unusable.
 - Wood End School has purchased spare AAIs for emergency use. The 'Spare' Adrenaline school pens are located on a shelf in the cupboard in the dining room. These are clearly labelled and stored in a container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pens'.
 - There should be stocked at all times x2 EpiPen Auto-Injector Epinephrine 0.3mg for pupils >30kg (>66 pounds) and x2 EpiPen JNR Auto-Injector Epinephrine 0.15mg for pupils 15-30kg (33-66 pounds.)
 - The Schools Administration Manager will check the spare pens are in date, replenish and replace supply before they are about to expire.

When can Schools Use Spare Pens?

Spare adrenaline pens can be used:

- To treat pupils who have been prescribed adrenaline pens but whose own devices are not available, broken, out of date, can't be accessed or have misfired. Written parental permission for use of the spare AAIs is included in the pupil's BSACI Allergy Action Plan.
- If a pupil is known to be at risk of Anaphylaxis but hasn't been prescribed their own adrenaline pens. Medical authorisation and parental consent must have been obtained.
- If you don't have medical and parental authorisation to use spare pens, call 999, inform the call handler you suspect Anaphylaxis and explain that spare adrenaline pens are available. Follow advice from them as to whether administration of the spare AAI is appropriate and they can authorise use.
- In exceptional circumstances, where someone experiences Anaphylaxis unexpectedly, and does not have medical authorisation/consent in place the spare adrenaline pens can be given to anyone for the purpose of saving their life**

**The Medicines and Healthcare products Regulatory Agency (MHRA) clarified its Guidance in relation to this point in March 2023. (See Appendix 2.)

AAIs are single use and must be disposed of as sharps. Wood End school disposes of sharps in Medical Waste boxes in line with local policies and procedures.

Staff Training

The named staff members (at least 2) responsible for co-ordinating staff Anaphylaxis training and the upkeep of the school's Anaphylaxis policy are: -

- Richard Boulton (Headteacher)
- Gill Bird (School Business Manager)
- Jessica O'Sullivan (School Administration Manager)

All staff will complete online Anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff, which also includes any new parent lunch staff that are hired to supervise the lunchtime service.

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 AAI's) 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, knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date.
- A practical session using trainer devices will be part of the three year first aid training, (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk.)

Inclusion and safeguarding

Wood End School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Staff to be aware that as an allergy child progresses during their school time, they may come across exclusion, isolation, embarrassment, anxiety, sadness and bullying. Pupils to be supported by staff and be aware they are able to talk to a trusted staff member.

Role and responsibilities

Parent/Carer Responsibilities:

- On entry to the school, it is the parent/carer's responsibility to inform the school office of any allergies and input the information into the Arbor Portal. This information should include all previous serious 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 (BSACI) to school as well as any other supporting documents, which are relevant to their allergies or intolerances. 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. GP/allergy specialist. Wood End recommends using British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that

has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Wood End accepts in complex cases additions may be required to the Allergy Action Plan, agreed by the parents/carers and School Administration Manager.

- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly and re distributed once any changes are made to all the relevant places.
- It is the responsibility of parents/carers to ensure that any or lunches or snacks that they provide from home are safe for their child to consume.
- Parents/carers of children with allergies should liaise with staff about the appropriateness of snacks provided by the school in EYF and KS1. Safe snacks can be provided by the parent/carer for the pupils' consumption if there is no safe option that day.
- Once notified of any food, drink, animal or environmental related activities by their child's teacher, parents/carers can then risk assess if the activity is safe for their child, give provisions and accept or decline consent based on a discussion of what allergens could be a potential risk.

Staff Responsibilities

- Ensure all First Aid training includes Anaphylaxis management, through NCSL training and on an ad-hoc basis for any new members of staff. All first aiders in school receive updated guidance and training as part of their 3-year update first aid training.
- To ensure staff members are trained in how to respond appropriately to an allergic/anaphylactic reaction. This includes annual rehearsals to an Emergency Response Plan (Appendix 1), and in person Adrenaline Auto-Injector demonstration with EpiPen and Jext practice pens
- All children's allergies are listed on the staff room medical board including a photo display and list of AAI penholders.
- Upon determining that a child entering or attending school has a severe allergy, a meeting will be set up where all staff concerned attend to ascertain the child's specific needs.
- As the child moves up in school years, the parents and relevant teachers/TA's to hold a meeting about their child's allergies, complexities and experiences to improve and learn from the year before.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies that an allergic reaction could occur at any time and not just at mealtimes. Any food/drink/animal or environmental -related activities must be supervised with due caution. All staff that has contact with the child will be made aware of the child's Allergy Action Plan, what treatment/medication is required and where it is stored. They should also be aware of the location and how to get access of the spare adrenaline pens in the lunch hall.
- The allergy child's class teacher is to work alongside the parent/carer to communicate and carry out a risk assessment of all potential allergens across all activities and processes within the school's curriculum.
- Teachers and all staff members should notify allergy parents/carers about any food, drink, animal/environmental related activities in advance. This includes any special celebrations, science experiments, use of food in crafts, cooking classes, science

experiments and special events (e.g. fetes, assemblies, cultural events.) Parents/carers can then identify any risks prior to the event/activity and be able to give consent, decline or give restricted access and individual conditions to them taking part depending on their allergies and age.

- Teachers to work alongside the parent/carer to communicate and carry out a risk assessment of all potential allergens across all activities and processes for third party companies who hold external workshop and events (E.g. History of the Page, Farm animal petting, Sensory Workshop, Seaside Day, Great Fire of London etc.)
- Staff to actively remind and encourage children NOT to share food.
- School Administration Manager will ensure that the up-to-date Allergy Action Plan, plus and supporting paperwork is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the School Administration Manager will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry. They will also keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- School Administration Manager to log any incidents, near misses or accidents to learn and improve the Allergy and Anaphylaxis policy where possible. To also notify the Headteacher if any points need amending or reviewing within this policy before the next review date.
- All Staff, including lunch and break time staff, to monitor packed lunches and snacks and that they do not contain foods that may be of risk to allergy sufferers. Wood End has a '**NO NUT POLICY**' but also strongly promotes Allergy Awareness to identify the most common allergens. Pupils may be at risk of having a reaction or Anaphylaxis to other allergens brought in by pupils or being catered for that do not fall under the school's 'no nut' policy. Staff to try and keep the child with allergies safe as possible when other allergens are being eaten around them by knowing the child's potential triggers.
- Staff to keep an eye on the child with allergies to make sure no snack sharing is happening. Logistics of seating should be carefully considered and may benefit from an end or corner position. A safe and appropriate distance to be kept between pupils being mindful not to isolate them or make them feel different by separating them.
- Parents will be notified of any unsuitable snacks brought to school.
- All staff members will refuse any food or drink items brought in by parents/carers for the purpose of sharing or gift giving. This includes, birthday treats, cake, sweets, party bags or stationary containing food/drink such as Christmas cards, birthday invitations.
- Allergy information will be given to all school newcomers as part of their welcome pack. This will include information about the school:
 1. Having a strict 'no nut policy.'
 2. That we are an allergy aware school as there are children at risk of severe life threatening reactions to other allergens and not just nuts.
 3. For the children to be reminded not to share food.
 4. No parent/carer to bring food or drink to hand to any staff member for the purpose of sharing out to the class.
 5. Be mindful when bringing snacks to hand to their child when collecting them from school.
- All staff to promote hand washing before/after eating, food/drink activities including junk modelling crafting and any animal or environmental activities. Any surfaces used to be wiped down and cleaned afterwards.

- All tables in the dinner hall are to be cleaned before and after food service with an appropriate solution.
- Encourage self-responsibility and confidence amongst pupils with allergies by Staff promoting positive language to help feel empowered (increasing with age/relevance.)
- Ensure all educational visits/sporting events will be pre-checked that 'safe' food is provided and relevant safeguards are in place to protect allergy sufferers.

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.
- Pupils need to notify an adult immediately if they eat something they believe may contain something they are allergic to.
- Be sure not to exchange food with others.
- Avoid eating any unknown ingredients.
- Not share any food or drink with their fellow pupils.
- Wash hands before/after eating, food/drink activities, junk craft modelling or any animal/environmental activities.
- Pupils are encouraged to pre-select all their Relish meals at home beforehand using the Relish app. Relish to give sufficient notice if any ingredient changes are made.

Allergy Action Plans

Allergy Action Plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Wood End School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans (see above).

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school.

Who should have a copy of the Action Allergy Plan?

1. Original to be kept in school's medical office, inside their individual medicines box.
2. A copy with the child's classroom teacher/s also accessible to the TA's or any supply/cover teacher.
3. A copy in the lunch hall Midday supervisory folder.
4. A copy with the Relish Kitchen Manager/Staff.
5. A copy on the Staff Room Wall.
(If any changes are made to a child's Action Allergy Plan by the parent/carer and their healthcare professional, it is the responsibility of the School Administration Manager to duplicate and update the IHP to be re distributed to all areas named above.)
6. Parents to provide an Action Allergy Plan copy to the Manager of any third party club/activity that is held at the school and their child attends. It is the responsibility of the parent/carer to update and re distribute the new Action Allergy Plan to the third party club/activity Manager.

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 to view in advance with all ingredients listed and allergens highlighted on the Relish website <https://relishschoolfood.co.uk> which is linked from the school website www.woodend.herts.sch.uk
- The School Administration Manager will inform the Catering Manager of pupils with food allergies.
- The electronic Relish system has an alert with the child's photo and meal choice every day. This is seen at the point of service by the Relish staff. The system takes the information from Arbor MIS system. It is the parent's responsibility to update this information.
- Relish and the school kitchen to hold a copy of children's Allergy Action Plans (BSACI). For pupils with more complex allergies, the parents/carers are to work closely with the Catering Manager to ensure the Catering staffs are aware of any supporting paperwork added to the pupils Allergy Action Plan (BSACI).
- Information of all pupils with allergies will be kept in the school kitchen/mid day supervisory folder so that the staff / lunchtime assistants can familiarise themselves with each child.
- This ensures that both those regularly having school dinners and those who may occasionally require a school dinner/packed lunch are catered for appropriately. In the event of any allergic reaction to immediately notify a staff first aider. A staff member/lunchtime Assistant to remain with the child until help is sought.
- Relish holds information of each individual child attached to a whiteboard.
- Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.
- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

School trips

- Staff leading offsite school trips will ensure they carry all relevant emergency supplies in the correct manner. All medicines should not be exposed to direct sunlight and extreme temperatures as this may affect their validity in accordance with medication guidance. AAls which are being transported, should be carried carefully in order not to be dropped or have impact as this could damage the device and invalidate the medicine.
- For all pupils to be allocated an **'anaphylactic first aid adult'** with them at all times during offsite visits. The adult would be responsible for carrying their medicines and AAls safely for the duration of the trip.
- Trip leaders will check that all pupils with medical conditions, including allergies, have correct medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils, parents/carers notified of any risks and alternative activities planned to ensure inclusion.

- Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the sports coach/teacher leading the sporting event is fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy awareness and nut bans

Wood End School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could severely affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Visual posters of the most common allergens and posters showing not to share food are to be displayed in every classroom, hall, hallway and in the main reception to help promote visual awareness that it is not just nuts that can be harmful.

No nut bird feeders are to be present on the Wood End grounds.

Insect related

Pupils who have AAls due to Wasp or Bee sting allergies are highlighted on our staff room first aid board and will have a care plan in place, which is updated regularly. Wasp and ant nests are swiftly identified by the site manager and professional assistance is utilised to eradicate any nests or swarms. Bee swarm or nests need a slightly different approach and identified by the site manager and professional assistance but transported safely by a local swarm collector to be rehomed. The British Beekeepers Association (BBKA) holds a list of swarm collectors.

Latex related

Any pupil allergic to latex should avoid contact with everyday items such as, rubber gloves (use latex free), balloons, pencil erasers, rubber bands, rubber balls, stoppers used for science experiments. Wherever possible, Wood End including the FoWE committee to purchase latex free balloon versions when holding fundraising events.

FoWE Events

All FoWE events held will include identifying potential allergens within their risk assessment. This is to include the top 14 allergens but other common allergens such as latex, animal dander or pollen/grass.

Purchases towards the FoWE events should consider the allergen free version if possible. E.g. Latex free balloons.

To ensure the safety and inclusiveness of school fairs and events where baked goods are sold, an ingredients form must be submitted and securely attached to all items when donating to the FoWE organisers of that event. The form is to provide essential information about potential allergens, empowering parents/carers to make safe choices for their children.

Risk Assessment

Wood End School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Useful Links

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools>
- Allergy UK - <https://www.allergyuk.org>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement>
- Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: <https://www.anaphylaxis.org.uk/education>
- Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>
- Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>
- Spare Pens in School: <https://www.sparepensinschools.uk>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools>

- BSACI Allergy Action Plans - <https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/>
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>
- <https://www.brownejacobson.com/insights/kcsie-2026/safeguarding-and-medical-conditions>

Appendix 1.

Emergency Treatment of Anaphylaxis



Anaphylaxis?

A = Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B = Breathing

- Difficulty or noisy breathing
- Wheeze or persistent cough

C = Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

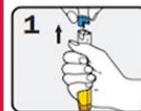
If any one (or more) of these signs above are present :

- Remove trigger if possible, stay with child or call for help if necessary
- Lie child flat with legs raised (if breathing is difficult, allow child to sit.)



Use Adrenaline Auto Injector (AAI) without delay

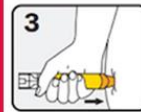
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: 'blue to sky, orange to the thigh'



2 Hold leg still and PLACE ORANGE END against mid-outer thigh 'with or without clothing'



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Dial 999 for ambulance and say 'ANAPHYLAXIS' (Anna-fill-ax-is)

**** IF IN DOUBT GIVE ADRENALINE ****

After giving Adrenaline stay with child until ambulance arrives.

- Do NOT stand child up

Commence CPR if no signs of life

Phone parent/ emergency contact

If no improvement after 5 minutes, give a further adrenaline dose using second AAI device in the opposite leg



Medicines & Healthcare products
Regulatory Agency

10 South Colonnade
Canary Wharf
London
E14 4PU
United Kingdom
[gov.uk/mhra](https://www.gov.uk/mhra)

FAO Prof A Fox and Dr P Turner
BRITISH SOCIETY FOR ALLERGY & CLINICAL IMMUNOLOGY
STUDIO 16,
CLOISTERS HOUSE,
8 BATTERSEA PARK ROAD,
LONDON
SW8 4BG
UNITED KINGDOM

23rd March 2023

Dear Dr Turner,

Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012 (in response to queries received):

The MHRA is aware of some uncertainties in relation to the permitted scope of use of "spare" adrenaline auto-injectors held by schools.

Under Schedule 17 of the Human Medicines Regulations 2012 (as amended in 2017), adrenaline auto-injectors can now be supplied to schools, without being issued against a prescription for a named patient. The intention is for schools to hold such adrenaline auto-injectors as back-ups for use in an emergency to treat anaphylaxis. The guidance issued at the time indicated that such "spare" adrenaline auto-injectors could only be administered to pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the school's auto-injector(s) had been provided, for example through an allergy care plan.

The MHRA would like to clarify that, in principle, a legal exemption under Regulation 238 permits a school's adrenaline auto-injector(s) to be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy. The provision under Regulation 238 should be reserved for exceptional circumstances only, that could not have been foreseen. The normal expectation would be for those at risk of anaphylaxis to have been clearly identified by the school in advance, to reduce the risk of

equivocation, and potential delay in adrenaline auto-injector administration, in the event of an anaphylactic emergency.

"Spare" adrenaline auto-injectors held by schools are not supplied against a named prescription for an individual patient, which distinguishes them from adrenaline auto-injectors prescribed to individual pupils and that should be accessible to them at all times. The use of a school's adrenaline auto-injector, rather than using another pupil's personal auto-injector, to treat an individual not known by the school to be at risk of anaphylaxis ensures that the personally prescribed auto-injector remains available to that pupil. The schools' guidance makes it clear that the spare auto-injectors held by schools are not intended to replace children's own adrenaline auto-injectors. They are available for exceptional use as would apply in this circumstance.

This clarification will be published from the agency, to ensure that this guidance is available to all.

Yours faithfully

A handwritten signature in dark ink, appearing to read 'Julian Beach', written in a cursive style.

Mr Julian Beach
Deputy Director, Population Health