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Severn Vale School
An Academy

ALLERGY AND ANAPHYLAXIS POLICY

Date of Policy	September 2026
Date of Next Review	September 2027
Staff Responsible	Allergies Lead / Assistant Head
Reference	Staff shared area/policies
School / Governor Policy	Governor

1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports students with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting students with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Role and responsibilities

3.1 Allergy Lead

The nominated allergy lead is Dan Higgs with the named member of SLT responsible for allergies being Julie Williamson (Assistant Head).

They are responsible for:

- Promoting and maintaining allergy awareness across the school community
- Recording and collating allergy and special dietary information for all relevant students
- Dealing with any serious incident or near misses involving allergies and passing any relevant information to the governing body

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff, including the type of allergy, allergy action plans and type of medication.
- All students with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Ensuring the checks are done on AAIs
- Ensuring a serious incident or near miss form is completed where appropriate following any incident deemed serious or a near miss relating to allergies and that this is dealt with in a timely manner.
- Regularly reviewing and updating the allergy policy

3.2 Headteacher

The Headteacher is responsible for:

- Deciding (in discussion with the Assistand Head, parents/carers and any relevant healthcare professionals) whether a student's allergy can be managed through the adjustments made under the

school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the student's circumstances.

3.3 Student Support/ Lead First Aider

Student Support/ Lead First Aider are responsible for:

- Co-ordinating medication with families
- Procuring and regular checking of spare AAIs to ensure they are in date and ready to use
- Any other appropriate tasks delegated by the allergy lead

3.4 SEND Admin

SEND Admin are responsible for:

- Helping to ensure that all paperwork received from families are filed in the appropriate place and uploaded to Arbor

3.5 School Staff (both teaching and support staff)

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific students with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of students with allergies
- Seeking advice from the allergy lead and reporting any allergic reaction or case of anaphylaxis to the allergy lead

3.6 Supply Staff

All supply staff should:

- Be able to recognise the signs of severe allergic reactions and anaphylaxis
- Be aware of specific students with allergies in their care
- Ensure the wellbeing and inclusion of students with allergies
- Inform the Cover Manager and where possible also the Head of Department they are predominately working in that day of any allergies they have and whether they carry an AAI for this allergy
- Seek advice from the allergy lead if unsure on anything

To enable supply staff to do the above an information page will be put into the supply teacher packs, showing where to get allergies information and what to do in an emergency.

3.7 Parent Responsibilities

On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed

medication. This should be done when completing the data forms. Following disclosure of this information, if the student needs an IHP or risk assessment, the allergy lead will meet with parent and collect all the information they have.

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If their child has a severe allergy, parents must provide the school with their child's Allergy Action Plan which is produced by the healthcare professional responsible for their child's care
- If required, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Updating the school on any changes to their child's condition. This can be done by e-mailing any changes or new action plans to IHP@severnvaleschool.com.

3.8 Students with allergies

These students are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.9 Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers

4. Assessing Risk

4.1 Individual Healthcare Plan (IHP)

- Severn Vale School will produce an IHP for all students with Epi-Pens to help identify any gaps in our systems and processes for keeping allergic children safe
- An IHP will work alongside an Allergy Action Plan to ensure that a student can fully access all the activities the school has to offer and what adaptions might need to be put in place for this to happen.

4.2 Allergy Action Plans (AAP)

- All students with a severe allergy must have an AAP. AAP are designed for children with food allergies, providing medical information and parental consent for schools to AAI autoinjector
- The British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. AAP are designed to function as an individual healthcare plan

4.2 Risk Assessment

The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5 Managing Risk

5.1 Hygiene procedures

- Students should wash their hands before and after eating
- Sharing of food is not allowed

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies. If a child has an allergy or specific dietary need, or who require any further information, can contact the school's Catering Manager via canteen@severnvaleschool.com. Students can also speak to catering staff regarding allergies or dietary requirements.

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's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the organisation website. Packaged food will also have information about the 'top 14' allergens on its packaging.

The school adheres to the Department of Health guidance recommendations for food preparation and has the following in place to reduce the risk for those with allergies:

- Regular checks on the information from suppliers to see if there have been any ingredient changes
- All catering staff are trained in allergen awareness. This includes how to read labels for food allergens and being instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Stringent preparation procedures are in place to prevent cross contamination when preparing foods that can cause allergic reactions.
- Each servery has an Allergen Guide to the current menu, containing all known allergens from the 14 recognised ingredients. This includes all foods which manufacturers state "may contain" certain allergens.
- Food labelling system to ensure that all freshly prepared packaged items such as baguettes, wraps, fruit pots and salad pots contain up-to-date allergen and ingredient information, which is compliant with Natasha's Law (October 2021).
- Allergen information is highlighted on individual accounts within our biometric till system. The till displays a message to inform catering staff of any known allergens or intolerances.

- The allergies lead will ensure a document with pictures of students with allergies and what they are allergic to are given to the canteen. This will be updated when any amendments are needed with a new copy provided but a new copy will also be given every September to take into account the new cohort.
- Students should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

5.3 Subjects that may use food products

We have identified that the following subjects might use food products as part of their curriculum and should have additional precautions put in place: DT Food, Science and ADT.

The location of Adrenaline Auto Injectors (AAIs) have been considered with these subjects in mind. The ones in the Student Support Office being close enough for Science and Art rooms and the ones in DT Food being close enough for the ADT rooms in the DT block.

The allergies lead will ensure a document with pictures of students with allergies and what they are allergic to are given to the departments listed above. This will be updated when any amendments are needed with a new copy provided but a new copy will also be given every September to take into account the new cohort.

Where any activity using food products, food packaging, play dough or any other product may contain one of the 'top 14' allergens it is important that we check who has an allergy in this class and a precautions must be put in place to minimise the risk.

Due to the regular risk in DT Food, they have their own policy and risk assessment in place.

5.4 Food restrictions

Severn Vale School supports the approach advocated by Anaphylaxis UK which does not support a blanket ban on any particular allergen in school. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for a "whole school awareness of allergies", as it ensures teachers, students and all other staff are aware of what allergies are, the importance of avoiding the students' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

5.5 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Students should be kept away from known nests and where possible these should be removed

5.6 Animals

- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals

5.7 Support for mental health

Students with allergies will have additional support (where appropriate) through:

- Pastoral care
- Regular check-ins with their tutor
- Allergies lead
- SEND interventions

5.8 Events and school trips

- For events, including ones that take place outside of the school, and school trips, students with allergies will not be excluded from taking part.
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of students' allergies and to have received adequate training
- All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students 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).
- Staff leading school trips will ensure they carry all relevant emergency supplies including two spare AAIs where this is appropriate. Trip leaders will check that all students with medical conditions, including allergies, carry their medication and this medication is in date. Students unable to produce their required medication will not be able to attend the excursion.
- 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.

6 Procedures for handling an allergic reaction

6.1 Register of students with Adrenaline Auto Injectors (AAIs)

The school will maintain a register of students who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register should include:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so, what type and dose)
- Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the student
- A photograph of each student to allow a visual check to be made

The allergies lead will ensure that this register is kept up-to-date and this information will be added to Arbor to ensure that everyone has quick access to this information.

6.2 Allergy recognition

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body

- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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

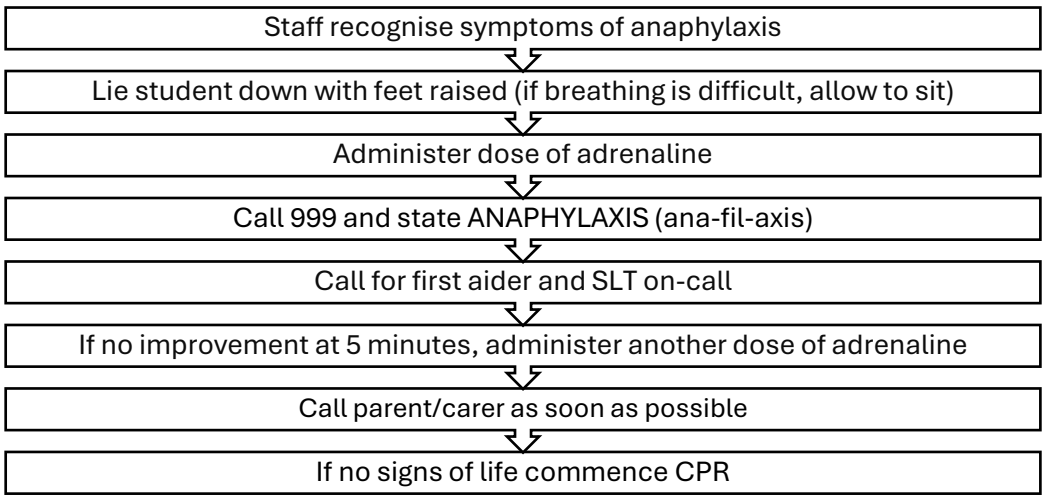
- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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 student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

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

6.3 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in student's receiving adrenaline in an emergency and must be administered as soon as possible if anaphylaxis is suspected. Appendix A is a poster giving simple clear instructions and will also be displayed around school as a reminder.
- If a student has an allergic reaction, the staff member will initiate the school's emergency response plan, following the student's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the student's own AAI, or if it is not available, a school one
- If the student has no allergy action plan, staff will follow the school's procedures for responding to an allergy:



- A school AAI device will be used instead of the student's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or

- The student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- 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 students must go to hospital for observation after anaphylaxis even if they appear to have recovered.**
- If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/carers informed

7 Adrenaline auto-injectors (AAIs)

7.1 Location of spare AAIs

Two spare AAIs will be located in the following places, which have been identified as the areas with the highest risk and/ or where there is not an AAI easily accessible within 5 minutes. These locations will be:

- Student Support
- Canteen
- DT Food
- MFL Office

It is also a good idea to have a spare set of AAIs for school trips, so as not to remove a spare set from one of the listed locations.

7.2 Student AAIs

Whenever possible, students should be responsible for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

The student's medication storage container should contain:

- Two AAIS i.e. EpiPen or Jext
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, if medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAIS their child is prescribed, to make sure they can get replacement devices in good time.

7.3 Supply, storage and care of spare AAIs

Supply

- The lead first aider will be responsible for procurement of spare AAI.

Storage

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- The school's spare AAIs must be stored separately to any stored medication for students. It is good practice to store these in an emergency anaphylaxis kit

Care

SSO and lead first aider are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

This should be recorded on the school's medical tracker app or spreadsheet to ensure compliance.

7.4 Disposal

AAIs are single use only and must be disposed of properly. Used AAIs should be given to ambulance crew on arrival so that medical staff know what dose of adrenaline has been administered. Any AAIs that have expired can be disposed of in the sharps bin in the student support office.

7.5 Use of AAIs off school premises

- Students at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- The trip lead will have access to spare AAIs for use on trips, should there be anyone on a trip who might need an AAI

7.6 Emergency anaphylaxis kit

It is good practice to hold the spare AAIs as part of an emergency anaphylaxis kit, which should include:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of students to whom the AAI can be administered
- A record of when AAIs have been administered

8 Staff Training

The school is committed to training all staff in allergy response and therefore all staff will receive awareness training annually and on an ad hoc basis when new members of staff join the school. Awareness training will be delivered by the allergies lead and this will include:

- Knowing the common allergens and triggers of allergy
- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs including a practical session using AAI trainer devices
- The school's emergency procedures for allergies

First aiders or other key staff might undertake additional more formal training depending on the assessed need for this training. This training will be booked and logged on the staff first aid training log by the lead first aider.

9 Inclusion and safeguarding

Severn Vale School is committed to ensuring that all children with medical conditions, including allergies, whether this is physical and/ or mental health, are properly supported in school so that they are not excluded from any activity. Thus, ensuring they can play a full and active role in school life, remain healthy and achieve their academic potential.

10 Links to other policies

This policy links with the following policies and procedures:

- Medical Conditions Policy
- First Aid Policy

Medical Conditions and Allergies Lead: Dan Higgs
SLT Lead for Medical Conditions and Allergies: Julie Williamson (Assistant Head)

Appendix A – Anaphylaxis Poster

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

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

If any one (or more) of these signs are present: Don't delay

① **Lie flat with legs raised** (if breathing is difficult, allow to sit)



② **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

③ **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

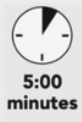


After giving adrenaline:

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







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

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



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms