# Aintree Davenhill Primary School

# Allergy Safety Policy

Approved by the Headteacher

July 2026

Review Date 2027

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| **Person responsible for this policy and its implementation** | Miss K. Parker (Appointed Lead First Aider<br>Emma Clay (Headteacher) |
| **Review Frequency** | Annually or when an incident is experienced |
| **Date approved** | July 2026 |
| **Date of next review** | June 2027 |
| **Purpose** | To minimise the risk of any individually suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise. |
| **Links with other policies** | Child Protection and Safeguarding<br>Health and Safety<br>Supporting Pupils with Medical Conditions Policy<br>Educational Visits and School Trips<br>Behaviour and Relationships<br>Anti-bullying |

**Introduction and Core Principles**

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 protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

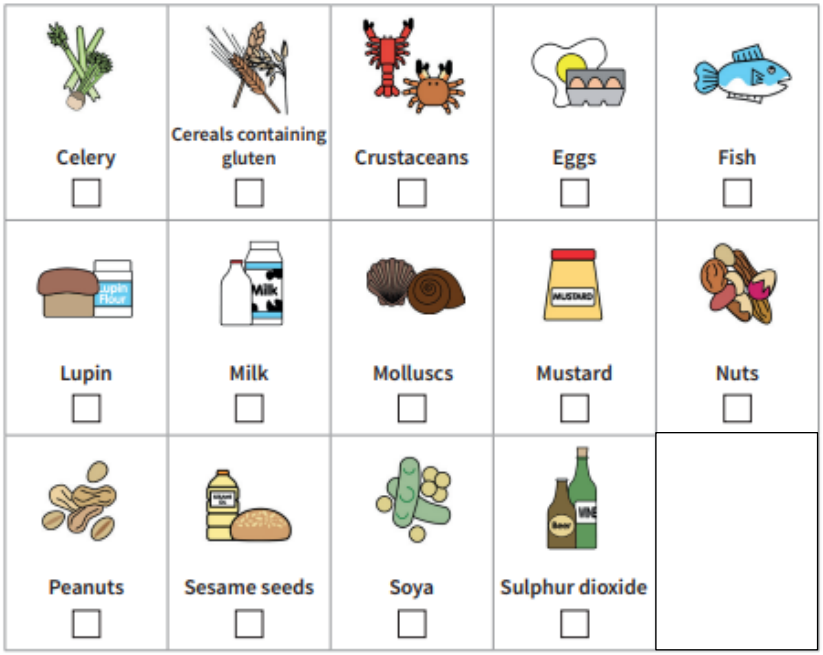
Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30-minute window of opportunity during which steps can be

taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).




Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

Aintree Davenhill Primary has a whole school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs and symptoms, how to deal with allergic reactions and to en sure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this Allergy Safety Policy.

Aintree Davenhill Primary understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

**Emergency Treatment and Management of Anaphylaxis**

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

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

Action:

- Keep the individual where they are, call for help and do not leave them unattended.

- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. 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 adrenaline device.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.**

**<u>Minimising Risk and Exposure to Allergens</u>**

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Aintree Davenhill Primary will only eliminate a food following a risk assessment supported by medical advice when necessary.

Aintree Davenhill is a NUT AWARE SCHOOL. Nuts and products containing nuts or nut derivatives should not be brought in to school; parents are reminded of this throughout the year.

Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Aintree Davenhill Primary is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Aintree Davenhill Primary completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupils who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school.
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog.

Aintree Davenhill Primary will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Aintree Davenhill Primary will ensure that the risk of exposure is minimised by

- All school staff allergy training every year.
- Educating pupils through awareness assemblies and within PSHE.
- Educating FODS (Friends of Davenhill School) about school expectations for allergy management at events.

- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response.
- Working closely with parents/carers and health professionals to understand the pupil's allergy.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

**Food Provision and Catering**

**Aintree Davenhill Primary** will manage the risk of food allergy and provide clear information on allergens in food provided, by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations.
- Ensuring school caterers provide information on food allergens to parents/carers.
- Providing pupils' allergen information to the caterers in a timely manner to ensure that pupils can eat safely.
- Enabling parents/carers to liaise with the school cook.
- Identifying pupils with allergies at point of service. At Aintree Davenhill, we have photographs of the children with food allergies in the canteen and a copy, for all lunchtime supervisors/staff, to refer to at the counter before a child orders food. Children with food allergies go at the front of the lunch line so that the caterers are aware of who they are. The staff will have copies of the food to be served and a list of allergens on the back. Each INSET day in September, the medical needs of the children are discussed. All staff have been specifically trained in allergy awareness.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teaching pupils not to food share, trade food or share utensils or food containers with the reasons why.

When catering staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats) parent/carer permission will sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school-led breakfast and after school clubs. Where this is provided by an external provider, Aintree Davenhill Primary, ensures that this policy is shared and the external provider meets the same procedures.

Ensuring that FODS events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that FODS members who are serving food have a basic awareness of allergen management.

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

**Medication and Adrenaline Devices (ADs)**

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care). At Aintree Davenhill Primary, a pupil's AAIs will be kept in the First Aid grab bag in the pupil's classroom.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

**Spare Adrenaline Devices**

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Aintree Davenhill Primary holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

| ***School type*** | ***AAI for children under age 6 years***<br>*(150 micrograms)*<br>*e.g. EpiPen Junior, Jext 150* | ***AAI for individuals over 6 years of age***<br>*(300 micrograms)*<br>*e.g. EpiPen, Jext 300* |
|---|---|---|
| *Primary school* | *One pair of "spare" devices* | *One pair of "spare" devices* |

Aintree Davenhill Primary holds:

- 2 spare Jext adrenaline auto injectors (AAI) 150 micrograms, for children under the age of 6 years.
- 2 spare Jext adrenaline auto injectors (AAI) 300 micrograms, for children over the age of 6 years.

These are located outside the school office.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil. They are stored in containers and labelled 'Emergency Anaphylaxis Kit'.

- 4 spare Jext adrenaline auto injectors (2 of each dose) – these will be taken out on school visits, local and via transport.

These are located in:

The first aid cupboard in Beech room. They are stored in containers and labelled 'Emergency Anaphylaxis Kit'.

Miss K. Parker is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. She will secure replacements one month before the current adrenaline device expires

Adrenaline devices that are used will be disposed of in a sharps box, or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box the school should register with the Local Authority which will be collected by them.

**In the event of anaphylactic reaction:**

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

**Pupils Self-management**

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag.

**Staff training and Emergency Response**

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understanding the difference between food allergy, intolerance and coeliac disease
- That a pupil can be allergic to any food, not just the top 14 allergens
- Knowing the symptoms of allergic reactions and how to treat
- Knowing the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
  - All adrenaline devices should be used to train with as the pupils may have different ones to the spare adrenaline
- How to report an allergic reaction including
  - Mild to moderate
  - Anaphylaxis
  - Near miss/incident
- Understanding their responsibilities in risk reduction to ensure that Pupils prevented from coming into contact with their allergens
- Understanding the impact that allergy can have on a pupil's wellbeing
- Understanding the school's Allergy Safety Policy and
  - How to check if a pupil is on the record of those with a known allergy
  - How to use an allergy or asthma action plan

**Emergency Preparedness**

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Aintree Davenhill Primary will communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.

During fire drills and lockdown practices, Aintree Davenhill Primary will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupils may have to go home without adrenaline if this has not been taken out during a fire evacuation.

**Roles and Responsibilities**

**Allergy lead and governing body:**

The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The headteacher will keep governors updated on the implementation of the Allergy Safety Policy, reporting progress, compliance, and any required actions.

Aintree Davenhill Primary have a named governor who works closely with the allergy lead and reports to the meetings. Sharon Williams is Aintree Davenhill's named governor.

Aintree Davenhill Primary includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Aintree Davenhill Primary has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the Allergy Safety Policy and contributing to the review of the policy.

The allergy lead is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the pupils starting.
- Holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan.
- Ensuring that systems are robust for the identification of pupils at mealtimes.
- Communication about:
  - the policy
  - the pupils who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- Communication with:
  - governors to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
  - outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed

    - catering team; the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal
    - parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire.
- That IHPs are created and communicated.
- Training
    - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
    - ensuring that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

All staff members are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency.
- Supporting the creation of the Pupils IHP.
- Implementing the Pupils IHP.
- Creating an inclusive curriculum.
- Curriculum adaptation to minimise risks.
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events.
- Building proactive relationships with parents/carers.
- Reporting near misses and incidents.

Parents are responsible for:

- Adhering to this policy.
- Providing school with the information they need to create individual health care plans.
- Updating school when reactions happen outside of school or any changes to the pupil's allergy and its management.
- Ensuring that the pupil always has in date medication with them at school.

**Identification of Individuals with Allergies**

Admissions Data Collection: Aintree Davenhill Primary collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via Google forms.

**Information Sharing:** UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through: SIMS. Photographs of pupils diagnosed with a severe allergy and prescribed an AAI are displayed in key areas around school (school office, dining hall, and classrooms) for the whole school community to see. This is updated annually in September and throughout the year as required.

**Transition:** Allergy information and existing care plans are shared as part of a pupil's transition. Aintree Davenhill Primary will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Aintree Davenhill Primary work with parents/carers and the pupils if appropriate to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

**Staff:** Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

**Visitors and regular volunteers:** Will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

## Pupils Individual Healthcare Plans (IHPs) and Allergy Action Plans

### Allergy Action Plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupils annually so that the pupils is recognisable.

Allergy Action Plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an Allergy Action Plan is not issued.

**Individual Healthcare Plans (IHPs)**

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

Where a child has an Allergy Action Plan and or an Asthma Plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Aintree Davenhill Primary will ensure that:

- Pupils with an Allergy Action Plan and/or an Asthma Plan have an Individual Healthcare Plan.
- Pupils without an Allergy Action Plan or Asthma Plan but have an allergy that needs active management over and above what other pupils need will have an Individual Healthcare Plan.
- Individual Healthcare Plans are created whilst pupils are waiting for a diagnosis.

**School Trips and External Visits**

Aintree Davenhill Primary ensures that Pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure

that the pupil is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Class teachers will check that they have all pupils medication including adrenaline devices with them before departure. Pupils who do not have their required medication in will not be able to attend the excursion.

The class teacher will also ensure that the school's spare adrenaline devices (for trip purposes) are be taken on the trip. Pupils remaining in school will still have access to spare adrenaline devices should the need arise.

Aintree Davenhill Primary will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When any refreshments are provided, Aintree Davenhill will ensure the pupil's allergies are communicated and appropriate food is provided.

**Serious Incidents and "Near Misses"**

Aintree Davenhill Primary approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect techniques do **not** amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

If an individual (whether a child, young person, member of staff or visitor) experiences a life-threatening emergency, **anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure.** People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrong doing). This includes administering adrenaline when an individual is suffering anaphylaxis.

Aintree Davenhill Primary is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Aintree Davenhill Primary uses CPOMS to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Aintree Davenhill Primary will meet to discuss the report with the pupil's parents/carers. They should be given the opportunity to share their views about what happened and to contribute their ideas to the consequent lessons learned review. Aintree Davenhill Primary will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

**Wellbeing and Support**

At Aintree Davenhill Primary, allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Aintree Davenhill Primary:

- Regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Includes allergy and anaphylaxis lessons during assembly or in PSHE.
- Plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation.
- Involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management.
- Understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints.

- Invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify Pupils with allergies in the dining hall.
- Has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available.

**Safeguarding**

Aintree Davenhill Primary recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

**Unacceptable Practice**

Aintree Davenhill Primary staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management.
- requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or

- preventing children from participating or creating unnecessary barriers to them participating in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

**Policy Review and Publication**

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

**Further Reading**

- 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

- Guidance on the use of adrenaline auto-injectors in schools

- Spare Pens in School: https://www.sparepensinschools.uk

**Benedict's law:**

https://benedictblythe.com/benedicts-law

https://www.anaphylaxis.org.uk/education/benedicts-law

**Food:**

Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Allergy Guidance for food businesses:
https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

**Statutory Duties:**

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and Pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

Appendix A – Template Letter for Spare AAI
Further information can be found at http://www.sparepensinschools.uk

[To be completed on headed school paper]

[Date]

We wish to purchase emergency adrenaline auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

| Brand name* | | Dose* (state milligrams or micrograms) | Quantity required |
|---|---|---|---|
| | Adrenaline auto-injector device | | |
| | Adrenaline auto-injector device | | |

Signed: _____ Date: _____

Print name:

**Head Teacher**

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

| **For children age under 6 years:** | **For children age 6-12 years:** | **For teenagers age 12+ years:** |
|---|---|---|
| • Epipen Junior 0.15mg<br>**or**<br>• Jext 150 microgram | • Epipen 0.3 milligrams<br>**or**<br>• Jext 300 microgram | • Epipen 0.3 milligrams<br>**or**<br>• Jext 300 microgram |

**What to do if any symptoms of anaphylaxis are present**

Anaphylaxis is a medical emergency.
It can be very serious if not treated quickly.

1. **In the presence of any of the severe symptoms**, it is vital that an AAI is administered without delay, regardless of what other symptoms or signs may be present. **IF IN DOUBT, GIVE ADRENALINE.**
2. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED**. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own AAI and this has made them better.
3. **Call or send for a trained member of staff**. The designated member of staff should check the allergy register, collect the emergency AAI and provide assistance in administering the AAI if required.
4. The pupil's **parents should be contacted** at the earliest opportunity.
5. **Always give an AAI if there are ANY signs of anaphylaxis present**. The pupil's own AAI should be administered if available. If not, the school's emergency AAI should be used.
6. The **AAI can be administered through clothes** and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.
7. **After giving adrenaline do NOT move the pupil**. Standing someone up with anaphylaxis can trigger cardiac arrest.
8. **Provide reassurance.** The pupil should lie down with their legs raised.
9. **If breathing is difficult, allow the pupil to sit**.
10. If **the pupil's condition does not improve 5 minutes after the initial injection, a second dose should be administered**. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
11. **A person receiving an AAI should always be taken to hospital** for monitoring afterwards.

The Appointed First Aid Lead should record the use of any AAI device. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring.

**If someone has symptoms of anaphylaxis**

1. **Use an adrenaline auto-injector pen if the person has one, WITHOUT DELAY -** make sure you know how to use it correctly first.
2. **Call 999/112 for an ambulance immediately (even if they start to feel better) -** mention that you think the person has anaphylaxis.
3. **Lie the person down and raise their legs** - unless they're having breathing difficulties and need to sit up to help them breathe. If they are pregnant, lie them down on their left side.
4. **Stay with the person** until medical help arrives
5. **Give another injection after 5 minutes -** if the symptoms do not improve and a second auto-injector is available.

# anaphylaxis UK

# Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

**In the event of a serious allergic reaction, time is critical.**

## What to do in an emergency

### Get in position

Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- If unconscious, place them in the recovery position
- If breathing is difficult, they can be propped up with legs stretched out straight

### Give adrenaline immediately

Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- Note the time that the first dose of adrenaline is given
- ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

### Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis"

**(ana-fil-ax-is)**

Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

### Do not move

Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.


### Give second dose of adrenaline

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.

www.anaphylaxis.org.uk



anaphylaxis UK

# Aintree Davenhill Individual Health Care Plan

| | |
|---|---|
| Child's name | |
| Class | |

**Please review this form at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines must be clearly labelled with your child's name and kept in agreement with the school's policy.**

**Please tick one**

| | |
|---|---|
| | My child **does** have an Individual Health Care plan provided by a medical professional |
| | My child **does not** have an Individual Health Care plan provided by a medical professional |

**Medical condition**

| | | |
|---|---|---|
| | | |
| **Allergies – If your child has an allergy please note underneath if their reactions are:** | | |
| **Ingestion** | **Direct Contact** | **Indirect Contact** |

**Medication when needed (If medication is used a home, please send a spare into school)**

| | |
|---|---|
| Name and strength of medication | |
| Expiry date | |
| How much to be take (i.e. dose) | |
| When to be taken | |

**Triggers and signs/symptoms** What are your child's triggers (things that make their medical condition worse)?

Does your child need help taking her/his medication? Yes ☐ No ☐

**Level of support needed (self-medication / adult support needed)**

PTO

**Treatment / Action Plan – to work in conjunction with your child's IHCP**

Please describe in here:

**Any other instructions**

Please describe in here:

**Contact parents when / if**

Please describe in here:

**Name and address of GP**

NOTE: medicines must be in the original container as dispensed by the pharmacy. Please ensure a medicine spoon or alternative is with the medication.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Aintree Davenhill staff to store this medical information and to administer medication in accordance with the school policy.

***Staff will do their upmost to ensure that medication is administered but cannot be held responsible should a dosage be missed.***

| | |
|---|---|
| | My child has been prescribed and adrenaline auto-Injector. |
| | My child has not been prescribed and adrenaline auto-Injector. |

Name and strength of adrenaline auto-injector (if prescribed)

| |
|---|
| |

| |
|---|
| |

Name (Please print)

| | |
|---|---|
| Signed: | Date: |

(PERSON WITH PARENTAL RESPONSIBILITY) 2026-27