Norton Free C of E Primary School

Allergy and Anaphylaxis Awareness Policy

Date	**May 2026**
Author	**H Bell**
Approval	
Review Cycle	**2 Yearly**
Date of next review	
Published on website	**Yes**

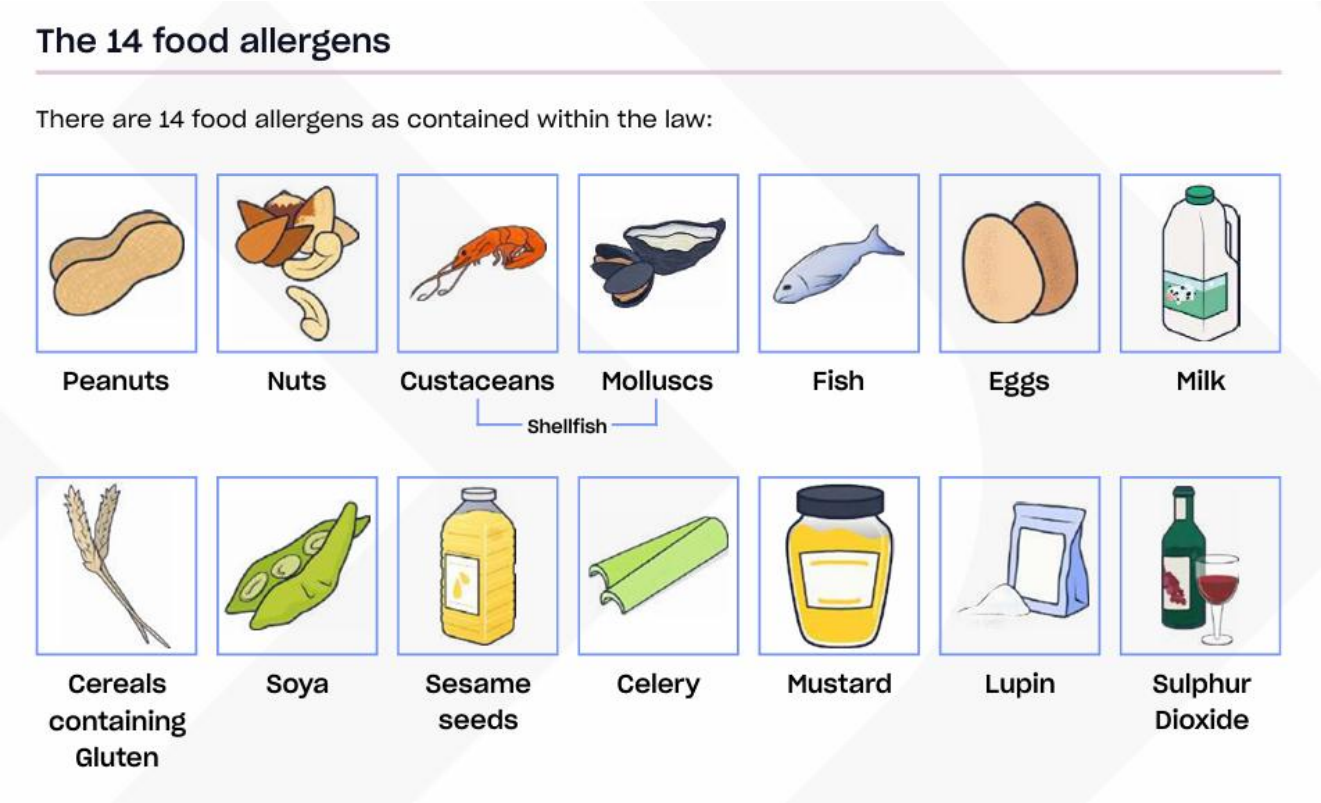
This policy is designed to be incorporated into/annexed to the schools wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance.

Norton Free C of E Allergy Policy

Aims

This policy demonstrates the school's commitment to reducing the risk to pupils and staff with food allergies, intolerances, coeliac disease and wider food hypersensitivities. It also ensures staff are properly prepared to recognise and mange serious allergic reactions should they arise.

Throughout this policy, we aim to highlight the procedures the school will follow to ensure that catering and school activities are provided safely and that all staff are appropriately trained and able to deal with situations where pupils experience adverse reactions to food, including anaphylaxis.



The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: **Hazel Bell** and **Helen Lee.**

The school will ensure that any food served is correctly labelled, highlighting the presence of the 14 food allergens. Details of this are found in the 'catering' section of the policy.

The adverse reactions which pupils may suffer can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to ingredients that are usually harmless and can cause minor issues such as itching, sneezing or skin rashes or more severe ones such as anaphylaxis.

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). This policy sets out how Norton Free C of E School will support pupils with allergies to ensure they are safe and are not disadvantaged in any way while taking part in school life.
Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

Background Information

What is a food allergy?	→ An adverse reaction by the body's immune system to a specific food ingredient. → An allergic reaction can occur even after eating just a trace of the ingredient and can be life-threatening. → Symptoms of a food allergy are often mild but can be very serious. → The most common symptoms are an itchy mouth and throat, a red rash and swelling of the face; however, allergies can present themselves in several different ways, and each child may show different symptoms. → These are most likely to occur soon after eating the allergenic food but, in some cases, can develop hours – or even days – later.
What is food intolerance?	→ An adverse reaction by the body to a specific food ingredient. → It is unrelated to the immune system and, therefore, is not life-threatening. Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts. → Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.
What is coeliac disease?	→ Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed. → The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb nutrients from food. → The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.
Who does it affect and how?	→ Some people are born with a food allergy, whereas in others, they develop later in life. Similarly, coeliac disease can occur at any stage of life – although it is most common between the ages of 8–12 months in children and between 40–60 years old in adults. Food intolerances can develop at any age. There is no known 'cure' for food hypersensitivities – instead, they are conditions that need to be managed throughout an individual's life. → Allergic reactions can be life-threatening, known as anaphylaxis or anaphylactic shock. It occurs because the body's immune system has overreacted to an allergen. It can cause swelling of the airways, and the person will need immediate medical attention. → Severe allergies can be triggered by even trace amounts of the allergen in the food consumed. → If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

Roles and Responsibilities:

Staff Responsibilities

- **All staff** will complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or PPA cover) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have their medication on the trip. School trip leaders must inform accompanying members of staff of pupils with food hypersensitivities and ensure they know about the medication. This will be checked on the morning of the trip. **Pupils unable to produce their required medication will not be able to attend the excursion.**
- The Headteacher/Assistant Headteacher /First Aider *will* ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School First Aider/nominated member of staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School First Aider keeps 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.
- The Headteacher/Assistant Headteacher/First Aider ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.
- Meal times will be supervised with care, with further vigilance provided for pupils with severe allergies.
- Pupils should always have options that they can enjoy safely, and those with food hypersensitivities should be able to feel included.
- Nuts will be avoided in packed lunches for trips.
- The Headteacher/named First Aider (Hazel Bell/Helen Lee) will be responsible for keeping records of pupil medication and staff training, ensuring the safe storage of pupil medication and recording any incidents linked to adverse reactions.
- The school will not participate in reintroducing an allergen to a pupil. Still, they may consider supporting a pupil progressing through an allergen ladder – however, written communication with a parent/carer and healthcare professional must be obtained and recorded.

Parent Responsibilities

*On entry to the school, it is the **parent's responsibility** to inform reception staff/First Aider/Headteacher of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.*
*Parents are to supply a copy of their child's **Allergy Action Plan** (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.*

- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- They must ensure that replacement medication is sourced quickly and before the expiry dates.
- Parents/carers must ensure that appointments with GPs or allergy specialists are attended as required and that relevant information arising from these is passed onto the school.
- 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.

- Parents/carers must ensure that any medication **is provided and labelled with the child's name**.

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 are encouraged to support their peers and must be kind and always understanding.
- Pupils may be able to take responsibility for carrying their own medication. This may include AAIs if appropriate. In this case, the pupil and teacher must know exactly where the medication is stored to allow staff to find it quickly in case of an emergency.
- Pupils with food hypersensitivities are encouraged to communicate with catering staff and lunchtime supervisors regarding ingredients in the meals served.

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.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

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.

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 pupil 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.

What does adrenaline do?

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

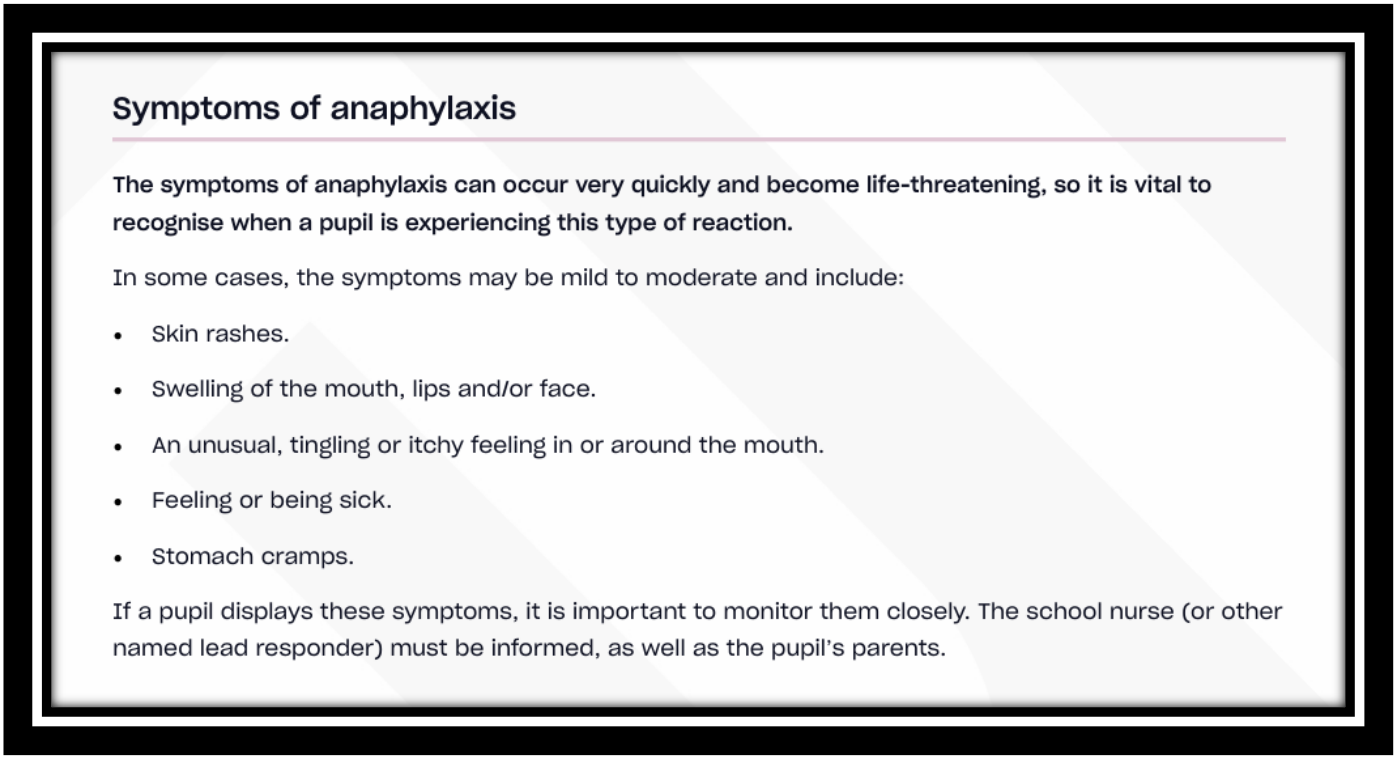
As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Emergency Anaphylaxis Response Plan

- Keep the child where they are, do not move the pupil and call for help - do not leave them unattended.
- **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.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs 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 the pupil stops breathing, commence CPR and locate the defibrillator (main corridor).
- Call parent/carer as soon as possible.

Do not leave the pupil unattended whilst waiting for the ambulance – remain calm and reassure the pupil. 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 the hospital following the anaphylaxis regardless of whether they appear to have recovered as they require monitoring for a secondary reaction.



Symptoms of anaphylaxis

The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

In some cases, the symptoms may be mild to moderate and include:

- Skin rashes.
- Swelling of the mouth, lips and/or face.
- An unusual, tingling or itchy feeling in or around the mouth.
- Feeling or being sick.
- Stomach cramps.

If a pupil displays these symptoms, it is important to monitor them closely. The school nurse (or other named lead responder) must be informed, as well as the pupil's parents.

Supply, storage and care of medication

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils may be encouraged to take responsibility for and to carry their own AAI on them at all times in a suitable bag/container. This may be stored in the blue asthma trays in classrooms. Alternatively, AAIs will be stored in the main office.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff. This will be located in the main office.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil'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, however the First Aider or nominated member of staff will check medication kept at school on a **termly basis and send a reminder to parents 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.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility 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.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a **clinical waste contractor/specialist collection service**. The sharps bin is kept in the **Disabled Toilet**.

'Spare' adrenaline auto-injectors in school

Norton Free C of E Primary School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

Any medication which the school holds is stored **safely and is accessible to all staff.** For example, AAIs are stored at room temperature and away from direct sunlight and medication is never locked away. All staff are made aware, through training, of the location of all medication. Children's medication will be in the main office. Staff meetings are used to pass this information on.

The Emergency Anaphylaxis Adrenaline Pen will be kept in a box clearly labelled **'Emergency Anaphylaxis Adrenaline Pen'**, kept safely, not locked away and **accessible and known to all staff.**

Norton Free C of E School holds 3 spare pens which are kept in the following location: -

Main Office

The Named First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

In the event that a pupil presents with symptoms of anaphylaxis but does not have their own prescribed AAI, **one of the school's AAIs may be used**. **However, advice must be obtained by emergency services first.**

In February 2026, the Government formally passed Benedict's Law, committing to introduce mandatory, statutory allergy guidance for schools in England through the Department for Education. Schools are now expected to take clear, demonstrable action to improve allergy awareness, prevention, and emergency response. This represents a major step toward consistent, life-saving protections in every school, not optional best practice but expected compliance for all schools in England.

Norton Free C of E school has an allergy register located in the Main Office. This is kept up to date by the headteacher/named first aider.

Staff Training

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Hazel Bell
David Holland
Helen Lee

All staff will complete AllergyWise® allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

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 AAIs) 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

Norton Free C of E School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

Inclusion and safeguarding

Norton Free C of E 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.

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's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the organisation website at **www.nortonfree.org.uk**

The named First Aider will inform the Catering Manager and Cook/Chef of pupils with food allergies.

'Every school should have a system in place to ensure catering staff can identify children with allergies e.g. a list with photographs'. Norton Free C of E Primary school provides a list of photographs for staff identifying specific children with food allergies. The named First Aider is responsible for keeping this up to date. Children with an allergy/intolerance of specific ingredient/diabetic are given their meals on a different colour plate, labelled with the child's name.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs if there is a need for this.

The school adheres to the following Department of Health guidance recommendations:

- 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.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats). Birthday treats may be given out at the end of the day so parents can decide if their child can eat it.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication or the trip leader has charge of this. **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 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 P.E. teacher/s are 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

Norton Free C of E 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 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.

Risk Assessment

Norton Free C of E 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.

School and individual risk assessments can be downloaded for free from:
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

Norton Free C of E Primary School – Appendix 1

Allergy Register

Name	Year group	Allergy	Medication	Allergy Action Plan signed Y/N	Spare pen consent Y/N	Expiry date of adrenaline auto-injectors	Date information checked

Norton Free C of E Primary School – Appendix 2

Individual Health Care Plan

Child/Young person: Click or tap here to enter text.	**Date of Birth:** Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	**Key Worker/Teacher/Tuto**r: Click or tap here to enter text.
Medical diagnosis or condition: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	**Clinic/Hospital:** Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	**Review date:** Click or tap here to enter text.
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
IHP copied to: teacher/member of staff responsible for medication in school/parent-carer/ **Date IHP added to school setting database:** Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: Date: Click or tap here to enter text. **I give permission for this IHP to be shared with anyone who needs this information to keep my child/young person safe:** Parents: Date: Click or tap here to enter text. Young person: Date: Click or tap here to enter text.	

Norton Free C of E Primary School – Appendix 2

A brighter future for people with serious allergies

Summary of child's needs with supporting medical evidence as part of the IHP: (copies attached)
What is considered an emergency situation? What are the symptoms, triggers and actions that need to be taken?
Is the child aware of their health worsening? Are they able to alert an adult?
What training is required? • Who needs to be trained • What frequency does the training need to be • Where is the training obtained • When has the training been completed (sign and date)

List the medication the child is taking with dosing instructions and where it is located.

Medicine	Dose	Frequency	Where stored

Individual Health Care Plan

A brighter future for people with serious allergies

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? Does this impact learning? i.e. tiredness, enjoyment of life if treatment is always at the weekend	
Are there any physical restrictions caused by the medical condition(s)? • Is any extra care needed for physical activity? Does this include playtime/forest schools as well as PE lessons? Are there any other regular physical activities that happen at school? • Detail any actions needed before, during or after physical activity	
What planning and adaptions are needed for trips and activities away from the school including overnight residentials. Consider: • Responsibility for and storage of medicines • What care is needed and at what point. Will there be suitable facilities?	

Norton Free C of E Primary School – Appendix 2

Individual Health Care Plan

Can or is the child's emotional health and well-being affected by their condition? • The child is likely to have to have time off to attend medical appointments within the school day; these should be authorised and adjustments made to any attendance award system to ensure the child is not penalised for their medical condition. • What is the process for the child catching up on work missed through illness or appointment? Is additional time needed during lessons/tests/exams? • Does the child need any assistance to move from location to location either physical or with their equipment? Who has responsibility for equipment? Can a peer buddy help or does this need to be an adult? • Does the child require any emotional support? i.e. ELSA/Counselling	
Are there any considerations needed at meal or snack times? • Is medicine needed? ○ Who is responsible for ensuring that it is administered	
Can the school environment affect the child's medical condition? • Describe how the environment impacts the child's condition • Is it possible to make any reasonable adjustments? ○ Who is responsible for ensuring that the reasonable adjustments are put into place	
Other information:	
Young person's comments regarding the IHP:	

Norton Free C of E Primary School – Appendix 3

The following information is displayed in the staff room. Photocopying room and the main office (communal areas):

How to use an EpiPen

This resource must accompany the BSACI EpiPen treatment plan.

If your child is experiencing any of the severe reactions on their treatment plan, and they need their EpiPen, follow these instructions:

1. Lay your child down on the floor. If their breathing is difficult allow your child to sit. Do **not** stand your child up.
2. Administer the EpiPen into the outer thigh as demonstrated, and hold in place for 3 seconds.
3. If possible elevate their legs on a cushion or pillow to help the blood flow around the body.
4. Dial 999 and ask for an ambulance, telling the operator your child has Anaphylaxis (ana-fil-ax-is)
5. Stay with your child until the ambulance arrives.
6. Keep your child lying flat, even if they feel better. If your child vomits or feels sick, place them on their side, in the recovery position.
7. If your child has not improved after 5 minutes, or if the EpiPen has not activated, give your child another EpiPen dose.
8. Wait for the ambulance to arrive and tell them you have used your EpiPen.

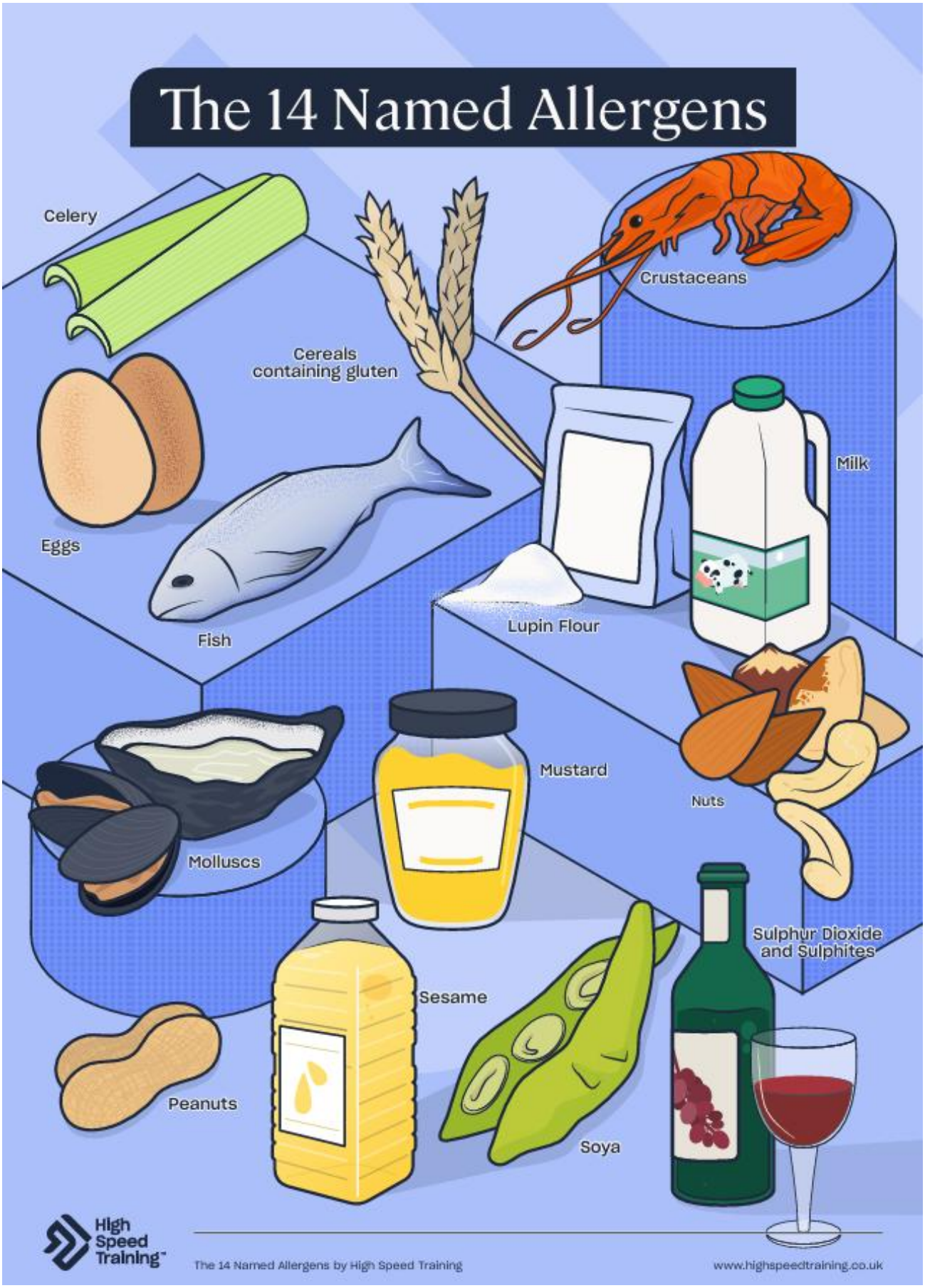
Serious symptoms to look out for include:

- Severe swelling of the airways, often indicated by difficulty speaking or swallowing.
- Difficulty breathing, often indicated by wheezing or noisy, laboured breathing.
- Dizziness, feeling faint, tired or confused or having pale/clammy skin - this may indicate issues with circulation.

If a pupil displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient they are allergic to, a swift response is vital.

Norton Free C of E Primary School - Appendix 4 –

Visual – Displayed in the Dining Room
For use by breakfast Club/ After School Club



Norton Free C of E Primary School - Appendix 5 – Useful Links

Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/

AllergyWise for Schools online training - AllergyWise® training is produced by Anaphylaxis UK, the only charity in the UK supporting those with severe allergies. The training is medically reviewed by leading allergy specialists.

- https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

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

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

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.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A AIRWAY

- Swelling in throat, tongue or upper airways
- Vocal changes (hoarse voice)
- Difficulty swallowing

B BREATHING

- Sudden onset wheezing
- Breathing difficulty
- Noisy breathing
- Persistent cough

C CIRCULATION

- Dizziness or feeling faint
- Sudden sleepiness, confusion
- Pale clammy skin
- Loss of consciousness or collapse

These severe symptoms may occur alongside milder skin, mucosal or gut symptoms.

Anaphylaxis may occur without skin symptoms (e.g. hives or swelling).

WHAT TO DO

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

- If unconscious, place them in the recovery position
- If breathing is difficult, allow them to sit up supported

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

Phone 999 and tell them the person is suffering from **ana-fil-ax-is**

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

Medical observation in hospital is recommended after anaphylaxis.

www.anaphylaxis.org.uk

Copyright © 2025 Anaphylaxis UK. All rights reserved.

anaphylaxis UK

Norton Free C of E Primary School – Appendix 7

Example letter to parents of new starters

Norton Free Church of England Primary School
Matthews Lane
Norton
Sheffield
S8 8JS

Headteacher Mrs H Bell
Tel (0114) 2745 873
Website: www.nortonfree.org.uk
Email: headteacher@nortonfree.sheffield.sch.uk
enquiries@nortonfree.sheffield.sch.uk

Monday 22nd June 2026

Dear Parents and Carers,

Before we start the summer break and in preparation for your child starting school, I am writing to you about the need for your help in keeping one of your child's new friends safe and healthy when we start in September.

One of the children who is starting in September has a number of allergies. He is not allowed to eat or drink lots of things: (insert the specific allergies here). Everything that he eats has to be checked and even if it says 'may contain' it has to be checked because it may not be safe for him to eat. He will become particularly poorly if he eats or has contact with (insert allergies here). He has medication to help him recover but sometimes he has needed to go to hospital.

We need your help to keep him safe and healthy. You can do this by:

- Ensuring that he only eats his own food; please let your child know that touching his food or swapping food will make him poorly.
- Ensuring that your child is able to wash their hands with soap thoroughly every time after eating so they don't get any crumbs/splashes on anything in the classroom.
- Helping the teachers to talk to your child about allergies and how they can make the child feel (this is a good link for adults to view Leo's Story; a very short video about a child's experience living with an allergy: https://youtu.be/MqncMJY1rL0)
- Ensuring that you don't send cake or sweets into school for birthdays.
- Ensuring that you talk to his parents about the best way to include him in out of school parties and events

The little boy is just like your son/daughter; he loves to play and be with his friends, but his parents do worry because they want him to enjoy school and all the experiences as much as your son/daughter will do. Thank you for reading this letter and for talking to your son/daughter about why we are asking them to do these things as their understanding will help him stay safe. If you have any questions, please do ask any of the staff.

Anaphylaxis UK has a huge range of resources to help you understand more about allergies and anaphylaxis and support you if you or your child has allergies.

Thank you for your understanding.
Yours sincerely,

Hazel Bell
Headteacher