

LANGDALE PRIMARY SCHOOL



Allergy Safety Policy 2026-2027

Approved by	Governing Board
Headteacher	Nicola Cartwright
Policy Lead	Headteacher / Allergy Lead
Review Date	September 2027
Status	Statutory Policy

1. Policy Statement

Langdale Primary School is committed to providing a safe, inclusive and supportive environment for pupils with allergies and aligns with Benedict's Law and current statutory guidance.

2. Aims

Langdale Primary School aims to:

- Develop effective systems to identify pupils with allergies
- minimise risk of allergic responses
- ensure staff are adequately trained to remove risk
- ensure emergency preparedness.

3. Roles and Responsibilities

Governors, leaders, staff and parents share responsibility for implementing this policy.

Governors will ensure that leaders are held to account for the implementation of the policy.

Leaders must ensure that the aims of the policy are met and adhered to, with a regular review of practice and procedures.

Staff must adhere to the policy in its entirety, without deviation.

Parents are held responsible for updating the school regularly with any allergy information/updates regarding their child.

3.1 Designated Allergy Lead

The Headteacher (N.Cartwright) is the designated Allergy Lead responsible for:

- Maintaining the whole-school allergy register.
- Monitoring staff training compliance.
- Coordinating Individual Healthcare Plans.
- Reviewing incidents and near misses.
- Ensuring spare AAIs remain in date.
- Reporting compliance to Governors annually.
- Acting as the point of contact for parents and external agencies.

Parents can contact the school using the following methods to update their child's allergy care plan, relevant medication.

Sfox@langdale.staffs.sch.uk

01782 948000

4. Identification of Pupils with Allergies

Parents must inform school of diagnosed allergies and provide medical information. This must be done with immediate effect.

Allergy Register

The school will maintain a live allergy register on Arbor detailing:

- pupil name
- allergy type
- severity
- medication requirements
- location of medication
- key staff responsible

The register will be reviewed termly and whenever new information becomes available.

5. Individual Healthcare Plans

IHPs will be created for pupils with severe allergies and reviewed annually. Mrs Fox (office manager) co-ordinates Care Plans in conjunction with parents and pupils. Annual reviews will take place, unless a change in response/medicine/care warrants an earlier review. A copy of the child's care plan will be shared with the following;

- class teacher

-parents

-Teaching Assistants

-Lunchtime Supervisors

-Office Staff

-First Aiders

-Breakfast Club Staff

-After School Club Staff

-Trip Leaders

Both of whom are expected to sign the care plan to evidence they have read it and understood.

6. Emergency Medication

Individual medication will be stored safely within the named child's classroom. This will be clearly identifiable within a plastic holder and named. Classroom information boards will contain brief but important information regarding the allergy and level of seriousness. This medication will be readily accessible in emergencies. A copy of the child's care plan will be kept alongside the medication.

In cases where the medication may cause harm to other children, if used, the medication will be stored within the nearest adult room to the child's classroom.

The school office has an emergency epi pen and inhaler in the unlikely event that medicine cannot be found or administered due to use by date expiry. Notices of where this can be found are on every classroom door.

*****It is the responsibility of parents to ensure that any medication stored in school is in date and in good working order. The school will review the dates on medicine/medication periodically and will advise parents of the need for a replacement, but the responsibility lies with parents to ask for the use by date

The school maintains spare AAIs in accordance with current legislation.

These are:

- checked monthly
- recorded on a medication inventory
- stored in clearly identifiable locations
- accessible within five minutes from any area of the site

Following use, replacements will be obtained immediately.

7. Recognising Allergic Reactions

Staff will be trained to identify mild, moderate, and severe allergic reactions. Training will be annual and will be provided by DFE certified training facilities. Evidence of training can be found on the staff CPD record and certification can be found in individual staff files.

This training is mandatory for all staff, with no exception.

If a pupil with no known allergy displays symptoms consistent with anaphylaxis, staff should:

- call 999 immediately
- administer the school's spare AAI where trained staff judge this to be appropriate
- inform parents immediately

8. Food Management

The school adopts an allergy-aware approach. Langdale Primary School is a nut-free school.

ASPENS catering providers ensure all staff are trained in allergy awareness and ensure through quality assurance that all of their steps are followed in accordance with their policy. The headteacher of Langdale Primary School has the right to request evidence of all relevant training and procedures.

The school will:

- meet termly with ASPENS representatives.
- review allergen procedures.
- audit kitchen practices.
- ensure allergen information is available to relevant staff.
- ensure pupils are not provided with food containing known allergens.

PTFA events are risk assessed and allergens are considered when providing food options.

All national curriculum food preparation considers food allergies for individual children.

9. Educational Visits

Allergy are considered within visit planning and risk assessments. For over night stays, prior discussions with parents will support the management of risk and will be liaised with the residential provider.

10. Training

All staff will receive annual allergy awareness and emergency response training.

Training will cover:

recognising allergic reactions

recognising anaphylaxis

use of EpiPen

use of spare AAls

emergency response procedures

allergy prevention strategies

Training records will be maintained centrally.

11. Recording and Reporting

Incidents and near misses will be recorded and reviewed. Records will be added to the child's Arbor file.

Near misses will have a full review and may or may not include external providers as part of the investigation. The Headteacher will inform the Chair, COO and CEO of any near misses to ensure that an independent review is carried out.

12. Equality and Inclusion

Pupils with allergies will be supported to fully participate in school life. Staff are expected to make careful considerations for pupils with allergies. Alternatives should be sourced to ensure equity for all pupils.

13. Monitoring and Review

Policy reviewed annually or following significant incidents.

The Governing Board will receive an annual report including:

number of pupils with allergies

staff training compliance rates

incidents and near misses

medication audit outcomes

policy review findings

Emergency Response to Anaphylaxis

Definition

Anaphylaxis is a severe and potentially life-threatening allergic reaction that requires immediate emergency treatment. Common triggers include:

- Food allergies (e.g. milk, eggs, nuts, sesame, fish)
- Insect stings
- Medication
- Latex
- Other identified allergens

Staff should treat anaphylaxis as a medical emergency and act immediately.

Recognising Anaphylaxis

Symptoms may develop rapidly and can include one or more of the following:

Airway

- Swelling of the tongue
- Swelling of the throat
- Difficulty swallowing
- Hoarse voice

Breathing

- Persistent cough
- Wheezing
- Noisy breathing
- Shortness of breath
- Increased work of breathing

Circulation

- Pale, clammy skin
- Dizziness
- Collapse

- Loss of consciousness

Skin

- Hives (urticaria)
- Widespread rash
- Swelling of the face, lips or eyes

It is important to note that skin symptoms may not always be present.

Emergency Procedure

If anaphylaxis is suspected:

Step 1: Administer Adrenaline Immediately

- Administer the child's prescribed adrenaline auto-injector (AAI) without delay.
- If the child's own AAI is unavailable or has malfunctioned, use the school's spare AAI if appropriate and permitted.
- Time of administration should be noted.

Adrenaline is the first-line treatment for anaphylaxis and should not be delayed whilst waiting for medical advice.

Step 2: Call 999

A member of staff must immediately call 999 and state:

"This is a child experiencing anaphylaxis. Adrenaline has been administered."

Provide:

- School name
- School address
- Child's name
- Age of child
- Known allergen (if known)
- Time adrenaline was administered

An ambulance must always be requested following administration of an adrenaline auto-injector.

Step 3: Position the Child Correctly

If conscious

The child should:

- Lie flat with legs raised where possible.

If breathing is difficult

The child may:

- Sit up slightly to assist breathing.

If unconscious

Staff should:

- Place the child in the recovery position.
- Monitor breathing continuously.

Do Not

- Allow the child to stand.
- Allow the child to walk.
- Allow the child to suddenly sit or stand after lying down.

These actions can worsen anaphylactic shock.

Step 4: Monitor Continuously

A member of staff must remain with the child at all times.

Monitor and record:

- Conscious level
- Breathing

- Skin colour
- Response to treatment

The child must never be left alone.

Step 5: Consider a Second Adrenaline Dose

If symptoms:

- Persist, or
- Worsen, or
- Fail to improve

a second adrenaline auto-injector may be administered after 5 minutes if available and in accordance with healthcare plans, training and emergency guidance.

The time of the second dose must be recorded.

Step 6: Commence CPR if Required

If the child:

- Becomes unresponsive and
- Stops breathing normally

staff should:

- Call for immediate assistance.
- Begin CPR.
- Continue until emergency services arrive or the child begins breathing normally.

Step 7: Contact Parents/Carers

Parents or carers should be contacted as soon as reasonably practicable.

The emergency response should never be delayed whilst attempting to contact parents.

After the Incident

Following any suspected anaphylactic reaction the school will:

- Complete accident and medical records.
- Inform relevant senior leaders.
- Review the Individual Healthcare Plan.
- Review risk assessments.
- Replace used emergency medication.
- Conduct a lessons-learned review where appropriate.
- Report any significant concerns through relevant safeguarding or health and safety procedures.

QUICK REFERENCE FLOWCHART

LANGDALE PRIMARY SCHOOL ANAPHYLAXIS EMERGENCY RESPONSE FLOWCHART

STEP 1: GIVE ADRENALINE IMMEDIATELY

Use prescribed AAI or emergency AAI. Record time administered.



STEP 2: CALL 999

State: CHILD EXPERIENCING ANAPHYLAXIS. Adrenaline has been administered.



STEP 3: POSITION THE CHILD

Lay flat with legs raised. If breathing difficult, sit upright. Do not allow standing/walking.



STEP 4: MONITOR CONTINUOUSLY

Stay with child. Monitor breathing and responsiveness.



IMPROVING?

Continue monitoring and await ambulance.



NOT IMPROVING AFTER 5 MINUTES?

Give second AAI if available and trained to do so.



UNRESPONSIVE / NOT BREATHING NORMALLY

Begin CPR and continue until emergency services arrive.



POST INCIDENT ACTIONS

- Contact parents/carers
- Complete incident report
- Replace used medication
- Review healthcare plan
- Review risk assessment and lessons learned