Gillespie Primary School

Allergy & Anaphylaxis Policy

October 2026

Designated Safeguarding Lead – Head teacher, Mark Owen

Deputy Designated Safeguarding Lead – Assistant Head, Lyn Jones

Designated First Aider Coordinator -Anna Di-Scuillo

ALLERGY & ANAPHYLAXIS POLICY
Gillespie Primary School

Purpose:

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:
• Mark Owen -DSL lead
• Anna Di- Scuillo- Designated First Aider
Named Allergy Governor: Fin Graig- Chair of the safeguarding committee

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life -threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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

Common UK Allergens include (but are not limited to):
• Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.
This policy sets out how Gillespie Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Allergy awareness and being a nut and sesame seed free school

The school agrees with the 2026 DFE guidance advising that children are safest when we create a culture of allergy awareness and education. We train staff and put in places procedures to ensure staff, pupils and parents are aware of what allergies are, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimize risk. We know that there are many food products that can cause an allergic reaction; however, Gillespie Primary School remains a **nut -free** school. This includes **pine kernels** and **sesame seeds**. These foods have been identified as presenting a common allergic reaction risk with often a high risk of a severe allergic reaction for those who are allergic.

Parents/carers must not provide children with meals or snacks containing them, including as part of packed lunches.

2. Role and responsibilities

Parent Responsibilities

• On entry to the school, it is the parent/carers' responsibility to inform the school of any allergies, by completing the Child's Medical and Dietary Information section on the Pupil Admission Form.
• Parents are to supply a copy of their child's Allergy Action Plan to the 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., GP/allergy specialist.
• Parents are requested to keep the school up to date with any changes in allergy management, and to ensure their child's medication is up-to-date. The Allergy Action Plan will be kept updated accordingly.

Parents can subscribe to a free expiry alert for the relevant Adrenaline Auto-Injector (AAIs)
The school recommend that parents do this as part of this policy. Relevant information is below:
Each major AAI brand provides a dedicated text or email reminder system for parents and caregivers:

- **EpiPen:** Register your device on the Viatris EpiPen Expiry Alert Service to receive automated countdown notifications via email or text at 4 weeks, 2 weeks, and the day after expiry.
- **Jext:** Sign up online through the Jext Expiry Alert Service or download the free Jext app. The app provides custom reminder alerts, allergy care plans, and instructional travel advice.
- **Emerade:** Check the manufacturer's site directly for registration, keeping in mind historical safety recalls on specific doses.

Essential Safety Tips for Parents

- *Track Multiple Dates***:** If your child has multiple pens (e.g., at home, with relatives, or at school), remember they may have different expiration dates. You must register each pen individually unless they share the exact same batch date.
- *School Coordination:* The school will continue carry out termly checks on pupil allergy kits, it remains the parent's ***legal responsibility*** to supply in-date medication. The school will signpost this guidance and formally request that parents sign up to the expiry alert services available.

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.

Staff Responsibilities

• All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis, and on an ad-hoc basis for any new members of staff.
• Staff (including supply/cover staff) 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.
• Class teachers must ensure that the allergy/medical needs list with photos for their class is accessible to relevant staff and displayed prominently on the class information board.
• Any food-related activities must be planned and supervised with due caution, and allergy information reviewed ahead of the planned activity. For children with allergies the activity may need to be adapted to ensure their safety.
• Staff leading school trips will ensure they carry all relevant medical and emergency supplies including a spare/emergency ***AAIs*** pen is taken on a school trip.
Trip leaders will check that for all pupils with medical conditions, including allergies, their medication is taken on the day. If Pupils do not have their required medication they will not be able to attend the excursion.
• The Designated 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 Designated First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

• The Designated First Aider supported by the DSL and SAO will ensure that the register of pupils who have been prescribed an adrenaline auto-injector (AAI) is up-to-date. Updated reports are recorded when information changes.
• The Designated First Aider supported by the Senior Admin Officer (SAO) will prepare a medical needs list of pupils with photos to be displayed in the school office, school staff room, as well as a report to be kept in each class.
• Support staff ensure that pupils with food allergies are supported when they line up and collect their lunch
• The First Aiders and office will always record use of any AAI(s) – prescribed and emergency treatment given.
• The DSL ensures that any reaction or near misses is recorded and reported internally in accordance with the reporting of injuries, diseases, and dangerous occurrences regulations (RIDDOR).
Please see form at Appendix

Catering team responsibilities- Caterlink

• Work closely with school staff to maintain an up-to-date register/photograph log of pupils with food allergies. The team will liaise with the school team to produce their own register with photographs provided by the admin team to ensure correct meals are served to the right child each day.
• Ensure that children with dietary needs and allergies have customized and allergen-free menus
• Ensure that Allergy Awareness training is completed annually by all staff, including cover staff
• Implement strict kitchen protocols, to eliminate risk of cross-contamination, such as using dedicated prep spaces, separate color-coded utensils, and designated storage areas (e.g., specific fridges/shelves
for dairy-free or gluten-free foods).
• Record meals served to children with allergies and dietary needs – as per the caterer's protocol.
• Provide clearly labelled packed lunches for off-site trips.

3. 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.
British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school or parents. 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.

4. 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. Action:
• Keep the child where they are, call for help and 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
• If no improvement after 5 minutes, administer second AAI.
• If no signs of life commence CPR.
• Call parent/carer as soon as possible.
Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.
All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

All Children's medication and AAIs Pens for ***all classes*** are kept in their individual bags, with their Allergy Action Plans and record of administered medication in the **main office** so that they can be accessed at all times of the day and by Breakfast club and after school clubs. All classes have immediate telephone contact with the office if medication needs to be brought to the child in an emergency.
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 Designated First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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.

6. Spare adrenaline auto-injectors (AAIs) in school
Gillespie Primary School has purchased four spare AAIs for emergency use by children who are at risk of anaphylaxis, but their own devices are not available or not working. These can also be used for a child experiencing anaphylaxis for the first time. One set of spares is for use in school, the second will be taken on school trips. These are clearly labelled *'Emergency* EpiPens' and are stored in the medical cupboard in the office – *Green box for under 6-year-olds, yellow box for over 6-year-olds.*
The Designated First Aider is responsible for checking the spare medication is in date on a termly basis and to request a replacement as needed.

7. Staff Training
The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: -
• *Mark Owen -Headteacher & DSL*
• *Anna Di-Scuillo –Designated First Aider supported by the SAO Rebecca Williams*

All staff will complete 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.

8. Inclusion and safeguarding
The 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.

9. Catering
All food businesses including Caterlink, our 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 with all ingredients listed and allergens highlighted, is available for parents to view on the school website.
For children with more complex allergies or specific dietary requirements, the catering company will prepare a customized menu that will be shared with parents/carers. Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school SAO and Designated First Aider will liaise with the Catering Manager and school cook and will provide a photo log of pupils with food allergies, that will be displayed in the kitchen servery.
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.
• 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).
• 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.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies including the emergency Epi-pen. Trip leaders will check that all pupils with medical conditions, including allergies, have their medication taken on the day. 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/residential 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).

11.Sporting events/trips

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. Staff will ensure they carry all relevant emergency supplies including the emergency Epi-pen and the child's own medication. 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.

12. Arrangements with partner providers providing breakfast club, afterschool clubs and wrap around child care on the school site.

Our Partners *Calypso Club* who provide Breakfast club, EYFS wraparound provision and holiday activity Camps and *Ready Set Stage* who provide after school clubs have their own policies and train their staff to comply with 2026 legislation on managing allergies. The DSL regularly liaises with both organisations to confirm these arrangements are in place. Both organisations independently make arrangements with parents on admission to the clubs to share information about allergies and have their own separate lists.

They coordinate with the school so that they are able to access individual pupil medical bags which contain medical need plans/ allergy management plans and medication for individual pupils from the medical cupboard in the main school office. The medical cupboard also contains spare labelled emergency EpiPens and spare asthma pumps – blue inhaler (these *can only be used by children on the Ashma register if parental permission has been given and their own pump has run out*) The office and medical cupboard is accessible from 7.45am to 6pm.

*Partners will inform the school if a child has had an allergic reaction and used medication or an **AAIs** Pen during a club or during extended school provision. They will also fill in the form, kept in the medical room as a record of a reaction or a near miss.*

14. Risk Assessment

We 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/.

15. Allergy incidents and near misses

The school will complete an Allergy Incident and near miss report as soon as possible following any allergy-related incident or near miss. Near misses must be recorded even where no harm has occurred, as they may identify gaps in procedures, communication, supervision, or training and help prevent future incidents. Parents/carers and, where appropriate, the individual affected should be involved in reviewing the incident and identifying any lessons learned. The named Allergy Lead and governor should also review incidents to ensure that school policies, risk assessments, and Individual Healthcare Plans were appropriate, followed correctly, and updated where need .

See appendix for the form

Appendix

Record of inhaler administered to children

Parents should be notified if a student is using their inhaler more frequently than 3 times per week more than stated on their care plan (for example some students will use their inhaler routinely before PE).

Date	Time	Child's name	Name of medicine	Dose given	Spacer cleaner	Signature of staff	Print name

Record of auto-adrenaline injector (AAI) administered to children

Date	Time	Child's name	Name of medicine	Dose given	Details of incident	Signature of staff	Print name

Record of near miss allergy

Date	Time	Child's name	Details of incident	Action taken	Signature of staff	Print name