FRED LONGWORTH
HIGH SCHOOL

Allergy and Anaphylaxis Policy

June 2026

This Policy was approved by:

The Board of Trustees: June 2026

Date for Review: June 2028

1. Purpose

This policy sets out procedures to:

- Safeguard pupils, staff, and visitors with allergies
- Minimise exposure to allergens
- Ensure **rapid recognition and treatment of allergic reactions, including anaphylaxis**
- Comply with statutory guidance and reflect strengthened national expectations under *Benedict's Law principles*, including preparedness, training, and access to life-saving medication [gov.uk]

2. Scope

This policy applies to:

- All pupils
- All staff (teaching and non-teaching)
- Volunteers, contractors, and visitors
- All school activities, including trips and extended provision

3. Definitions

- **Allergy:** Immune system response to allergens such as food, insects, or materials
- **Anaphylaxis:** Severe, life-threatening allergic reaction requiring immediate treatment
- **Adrenaline Auto-Injector (AAI):** A device delivering intramuscular adrenaline (first-line treatment)

4. Responsibilities

4.1 Governing Body / Trust

- Ensure compliance with DfE statutory guidance on medical conditions
- Ensure school readiness for **mandatory allergy requirements from 2026**
- Monitor policy implementation and risk management

4.2 Headteacher

- Ensure this policy is implemented effectively
- Ensure **Individual Healthcare Plans (IHPs)** are in place

- Ensure sufficient trained staff are available

4.3 Staff

- Be aware of pupils with allergies
- Undertake training in:
    - Allergy awareness
    - Recognition of anaphylaxis
    - Use of AAIs
- Act immediately in emergencies in line with RCUK guidance

4.4 First Aid Lead / Medical Lead

- Maintain allergy registers and healthcare plans
- Monitor AAI availability and expiry
- Lead staff training and compliance

4.5 Parents / Carers

- Provide accurate and up-to-date medical information
- Supply prescribed AAIs (two recommended)
- Notify school of changes

4.6 Pupils

- Avoid sharing food
- Carry AAIs if age-appropriate
- Report symptoms immediately

5. Identification and Care Planning

- All pupils with allergies must have:
    - An **Individual Healthcare Plan (IHP)**
- Plans must include:
    - Known allergens
    - Symptoms
    - Emergency actions

NICE emphasises **education and preparedness**, including written emergency plans.

6. Preventative Measures

6.1 General Controls

- No sharing of food
- Handwashing before and after meals
- Cleaning of surfaces

6.2 Food Safety

- Awareness of allergens in food preparation
- Risk assessments for cooking activities

6.3 Environment

- Risk assessment for:
    - Insect exposure
    - Latex or materials
- Supervision at all times

7. Adrenaline Auto-Injectors (AAIs)

7.1 Prescribed AAIs

- Pupils must have access to their own AAIs
- Two devices are recommended due to risk of repeat reaction or failure

7.2 Spare AAIs

- The school will maintain **spare AAIs on site** in line with:
    - Human Medicines Regulations 2012 (as amended 2017)
    - DfE expectations
- Spare AAIs must be:
    - Accessible within 5 minutes
    - Clearly signposted
    - Not locked away

Schools are legally permitted to purchase and use spare AAIs without prescription.

8. Training Requirements

- **All staff must receive allergy awareness training** (DfE expectation from 2026) [gov.uk]

- Training must include:
    - Recognising symptoms
    - Emergency response
    - Practical AAI use

RCUK highlights that **rapid recognition and immediate treatment are critical to survival**

- Training is:
    - Delivered annually
    - Recorded and monitored

9. Recognising Anaphylaxis

Symptoms may include:

- Breathing difficulties
- Swelling (lips, tongue, throat)
- Collapse or dizziness
- Skin rash or hives

Symptoms can progress rapidly and unpredictably.

10. Emergency Procedures

If Anaphylaxis is Suspected:

1. **Call 999 immediately and state "ANAPHYLAXIS"**
2. **Administer adrenaline immediately (AAI)**
3. Stay with the pupil
4. Call for additional help
5. If no improvement after 5 minutes:
    a. Administer second AAI
6. Inform parents/carers
7. Record incident

Adrenaline is the **first-line treatment and must not be delayed**
There are **no absolute contraindications in emergencies**

11. School Trips and Activities

- Risk assessments must include allergy considerations (DfE requirement)
- Staff must carry:

    - Pupil AAIs
    - Spare AAIs
- Ensure trained staff are present

12. Record Keeping

Maintain:

- Allergy register
- Healthcare plans
- Training logs
- Incident reports

DfE expects improved **recording and learning from incidents**

13. Communication

- Share relevant information with staff and trip leaders
- Maintain confidentiality appropriately

14. Monitoring and Review

- Reviewed annually or after serious incidents
- Reflects:
    - DfE statutory updates
    - NICE clinical guidance
    - RCUK emergency practice

15. Legal and Safeguarding Framework

This policy is aligned with:

- **DfE statutory guidance on medical conditions**
- **Human Medicines Regulations 2012 (amended 2017)**
- **NICE Clinical Guideline CG134 (Anaphylaxis)** [nice.org.uk]
- **Resuscitation Council UK guidelines** [resus.org.uk]

Schools have a **duty of care** under:

- Health and Safety at Work Act 1974
- Common law negligence

Failure to manage allergy risks could constitute a safeguarding breach.

16. Benedict's Law Principles

This policy reflects strengthened national expectations that:

- Schools must **hold spare AAIs**
- All staff must be **trained and confident**
- Schools must have a **comprehensive allergy policy**
- Rapid response must be prioritised

These expectations will become **statutory from September 2026**

Appendix A – Emergency Quick Guide

ANAPHYLAXIS – ACT FAST

1. Call 999
2. Give adrenaline immediately
3. Lie the pupil down on the floor, flat with legs raised. Do not walk around as this promotes blood flow. If breathing is difficult the pupil can sit on the floor.
4. Stay with pupil
5. Repeat after 5 minutes if needed

Appendix B – DT lessons

The department will aim to take Benedict's Law into account when planning cooking lessons in school by building allergy-safe practice into every stage of lesson design. All cooking activities must be planned, risk assessed and delivered in a way that protects students with allergies.

1. As far as possible the use of high risk ingredients such as nuts will be avoided.

2. Teachers will check individual allergy action plans
   - Reviewing each student's plan before providing ingredients.
   - Ensuring ingredient substitutions are safe and approved.
   - Seating and grouping students to minimise cross-contact risk. (Reduce class numbers in classes that have a student that has a severe food allergy. They will need their own working space.
   - Seating plans – should indicate students with allergies.

3. DT Staff training — ensure staff are trained to recognise and respond to anaphylaxis.
   - All food staff have completed an online course in allergy training 11/2024 due for renewal 11/2027
   - All staff must receive refresher allergy-awareness and emergency-response training. Including the use of AAIs.
   - We will ensure AAIs are accessible in or near the food room.
   - Confirm who is trained to administer them.

- Include AAI access in the lesson risk assessment.
- Regular check dates on department/school AAIs.

5. Risk assessments to include Benedict's Law with the emphasis on prevention and planning.
   - All practical lessons will include ingredient lists with allergens clearly identified.
   - Lesson slides will indicate key allergens before the lesson begins – staff to check allergen list.
   - Cross-contamination controls (separate equipment, cleaning routines).
   - Emergency procedures and staff roles.
   - Safe storage and labelling of ingredients.

6. Communication with families — notify parents in advance
   - Recipe books with ingredient lists will be sent home in advance.
   - Students with severe allergies may be asked to provide their own ingredients due to frequent supermarket substitutions.
   - We will record any reactions or near-misses and review procedures in response.

7. Inclusive lesson design — avoid excluding students with allergies by
   - Offering alternative recipes that achieve the same learning outcomes.
   - Allowing students to avoid activities where allergens are unavoidable.
   - Ensuring students with allergies can fully participate without stigma.
   - Check student allergy plans before choosing recipes.
   - Select low-risk recipes or provide safe alternatives.

8. Storage of ingredients and equipment
   - Label all ingredients clearly and store them separately.
   - Prevent cross-contamination with separate equipment. Students with severe allergies will use the purple equipment supplied for each classroom.
   - Ensure thorough cleaning routines before and after practical work.
   - Equipment for those with severe allergies should have been through the dishwasher prior to use.

Classroom-- Response to a severe allergic reaction

Stop the practical immediately — turn off heat sources, move students back.
Recognise anaphylaxis — symptoms often include:

- Swelling of lips, tongue, or throat
- Difficulty breathing or wheezing
- Hives or rash
- Collapse, dizziness, or confusion

Call for help immediately - Shout for another adult. -Send a student runner if needed.
Do not leave the child alone.
Administer the child's adrenaline auto-injector (e.g., EpiPen, Jext, Emerade)
Use their prescribed device first.

If unavailable, use the school's spare AAIs if your school holds them.
Inject into the outer thigh, through clothing if necessary.
Call 999 for an ambulance
State clearly: "A child is having anaphylaxis. Adrenaline has been given."
Clear the area around the child to give space.
Check for allergen exposure (e.g., cross-contamination, mislabelled ingredients) for later reporting.

Communication
Contact parents/carers as soon as the situation is stable.
Inform the headteacher or designated safeguarding lead.
Record the incident following school policy.

After the Incident
Review the risk assessment for the lesson.
Update the child's Individual Healthcare Plan.
Debrief staff and, if appropriate, students.