



ÉTABLISSEMENT
PARTENAIRE



aefe

Agence pour
l'enseignement français
à l'étranger

La Petite Ecole Française

73 Saint Charles Square

London W10 6EJ

Tel: 0208 960 1278

E-mail: admin@lapef.co.uk

Headteacher: Rebecca Stewart

Admin Head: Alix de Saint Quentin

ANAPHYLAXIS AND ALLERGY POLICY

1. Aims and Introduction

The aim of this policy is 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.

This policy is part of the school's wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance.

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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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 La Petite Ecole Française will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Legislation and guidance

This policy has been developed with reference to the:

- Department for Education (DfE)'s Allergy guidance for schools,
- Department for Education (DfE)'s Allergy safety in schools (statutory guidance)

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- Department for Education (DfE)'s Supporting pupils with medical conditions at school (statutory guidance)
- Department of Health and Social Care's guidance on Using emergency adrenaline auto-injectors in schools,
- The Food Information Regulations 2014 and
- The Food Information (Amendment) (England) Regulations 2019,

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Rebecca Stewart (Headteacher). They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Regularly reviewing and updating the allergy policy
- And ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an allergy action plan completed by a medical professional
 - Co-ordinating the paperwork and information from families
 - Co-ordinating medication with families
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
 - Ensuring Individual Healthcare Plans are reviewed annually and whenever a pupil's needs change.

3.2 Parent Responsibilities

On entry to the school, it is the parent's responsibility to inform the Headteacher of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

Working with the Headteacher, parents are to complete an Individual Healthcare Plan (IHP), and supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP or Allergy Specialist) and provide this to the school.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents must inform the school promptly of any changes to their child's allergy diagnosis, treatment, prescribed medication or Allergy Action Plan.

3.3 Staff Responsibilities

All staff will receive appropriate allergy awareness and anaphylaxis training as part of their induction and at least annually thereafter. Staff with specific responsibilities for pupils with allergies will receive appropriate practical training in the use of adrenaline auto-injectors (AAIs).

Staff must be aware of the pupils in their care (regular or cover classes) 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, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

The Headteacher will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication. This is done in the beginning of the school year every September and when a new pupil arrives.

It is the parent's responsibility to ensure all medication is in date however the Admin Head will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The Headteacher keeps a record of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. Following any administration of an AAI, the incident will be recorded, parents informed and the event reviewed to identify any improvements to procedures or risk assessments.

3.4 Pupils with allergies

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.

3.5 Pupils without allergies

These pupils are responsible for being aware of allergens and the risk they pose to their peers

4. Individual Healthcare Plans, and Allergy Action Plans

Individual Healthcare Plans set out what needs to be done to support a specific child or young person with an allergy, how, when and by whom, including in an emergency. Individual Healthcare Plans are developed in collaboration with the child or young person and their parents, taking account of any advice received from healthcare professionals. Individual Healthcare Plans will be reviewed at least annually, and sooner where there is any change in the pupil's medical condition, treatment or school arrangements.

Children who have a known allergy to a food or insect stings should be issued with an appropriate Allergy Action Plan by their healthcare professional. Allergy Action Plans are medical documents designed to facilitate emergency response to reactions. The relevant healthcare professional is responsible for determining the content of each child's Allergy Action Plan. The healthcare

professional may wish to draw on the British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans.

Allergy and/or asthma Action Plans are attached to the child's Individual Healthcare Plan and displayed only where necessary or made readily accessible to relevant staff in classrooms, the school office and food preparation areas on a need-to-know basis to support the safe care of pupils. Information will be managed in accordance with the school's Data Protection Policy, and information is shared with parental knowledge.

5. 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 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.

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. AAls 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 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 recur after treatment.

Following any allergic reaction requiring emergency treatment, the Headteacher will ensure that the incident is reviewed with staff and parents. Individual Healthcare Plans, risk assessments and control measures will be updated where necessary, and any lessons learned will be shared with relevant staff.

6. Supply, storage and care of medication

The pupil's anaphylaxis kit is kept safely, not locked away and **accessible to all staff in the school office or in the art room** depending on the location of the pupil's main classroom.

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 AAls 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 Admin Head 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 AAls their child is prescribed, to make sure they can get replacement devices in good time.

Storage

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or are returned to the parents.

Register

The school maintains a register of pupils who have been prescribed adrenaline auto-injectors (AAIs). The register includes the pupil's name, known allergens, prescribed AAI type and dosage, location of medication, and whether parental consent has been provided for use of the school's spare AAI. A photograph may be included where parental consent has been provided to support identification in an emergency.

7. 'Spare' adrenaline auto-injectors in school

La Petite Ecole Française has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date). There is one for under 6s and one for 6 to 12 year olds.

These are stored in the clear PAI box clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, **not stored in locked** cupboards or refrigerators **and accessible and known to all staff**.

The Admin Head (Alix de Saint Quentin) and Headteacher (Rebecca Stewart) are responsible for checking the spare medication is in date on a monthly basis, and to replace AAIs when they are close to the expiry date.

Written parental permission for use of the spare AAIs is included in the pupil's medical information form. Spare AAIs will only be administered in accordance with Department of Health and Social Care guidance.

If anaphylaxis is suspected in an **undiagnosed individual**, **call** the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

8. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training are:

1. Admin Head (Alix de Saint Quentin)
2. Headteacher (Rebecca Stewart)

Training includes:

- Understanding common allergens and factors that may trigger allergic reactions.
- Measures to reduce and prevent the risk of allergic reactions, including allergen avoidance strategies and understanding staff roles and responsibilities.
- Recognising the signs and symptoms of allergic reactions, including anaphylaxis, and the importance of acting quickly.
- Knowing when to call 999 and what information to provide to the emergency services.
- Understanding Individual Healthcare Plans (IHPs) and Allergy Action Plans, ensuring they are current and implemented appropriately.
- Knowing where pupils' prescribed adrenaline auto-injectors (AAIs) and any spare AAIs are stored, and how to access them quickly.
- Knowing when and how to administer adrenaline auto-injectors (AAIs).
- Participating in practical training using trainer adrenaline auto-injector devices.

- Understanding the school's procedures for responding to, recording and reviewing allergy incidents.
- Promoting the wellbeing, inclusion and full participation of pupils with allergies in all aspects of school life.

Refresher training will be provided annually and whenever there are changes to pupils' allergy needs or procedures.

9. Inclusion and safeguarding

La Petite Ecole Française 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.

10. Managing Risk

10.1 Individual allergy risk assessments

La Petite Ecole Française 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. Risk assessments will consider activities and situations where pupils with allergies may be exposed to allergens. This includes, where relevant, food technology, cooking activities, science experiments involving food, arts and crafts using food products or packaging, educational visits, sporting events, animal handling activities and any other activities where exposure to allergens may occur. Risk assessments will be reviewed at least annually and whenever there is a change to the pupil's medical needs or school arrangements.

10.2 Hygiene procedures

To prevent contamination in school:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

10.3 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 food for allergic children is individually prepacked (either from our food supplier or from the parents) and handled by one person only to avoid any contamination. The space is cleaned and disinfected after each use when warming up the food for allergic pupils. Specific utensils are used to handle and serve these meals. The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at <https://lapetiteecolefrancaise.co.uk/>

The Headteacher informs the Kitchen Assistants and Lunch Supervisors of pupils with food allergies. The kitchen has posters on the wall of all the pupils with allergies, list of allergens, a

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picture of the child and the Allergy Action Plan. It is clearly visible and all staff are aware of it. The Headteacher is responsible for keeping it up to date.

Parents/carers are encouraged to meet with the Headteacher to discuss their child's needs.

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 Admin Head.
- 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.

10.4 School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Teachers will check that all pupils with medical conditions, including allergies, carry their medication. Where a pupil's prescribed emergency medication is unavailable, the school will undertake a risk assessment. In most cases, a pupil who requires an adrenaline auto-injector will not be able to attend the visit unless appropriate medication is available.

Pupils who require an adrenaline auto-injector must have access to their medication during all educational visits and off-site activities. Where appropriate, pupils who are able to self-administer their medication may carry their own AAI. Staff will ensure that emergency medication and relevant Allergy Action Plans are taken on all trips.

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).

10.5. Sporting Excursions

Allergic children should have every opportunity to attend sports trips. The school will ensure that the teacher/s are fully aware of the situation. A member of staff trained in administering adrenaline will accompany the team.

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.

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10.6 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

10.7 Animals

For animals:

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will have activities risk assessed and appropriate adjustments made where required

10.8 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and the Headteacher

11. Allergy awareness and nut bans

La Petite Ecole Française 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.

12. Serious incidents or “near misses”

Where serious incidents or “near misses” occur involving a child or young person with an allergy, the incident is recorded on MyConcern. The Proprietor and the child's parents are informed alongside any statutory reporting. The incident is investigated before policies are reviewed and arrangements strengthened. Any safeguarding concerns arising from an allergy incident will be managed in accordance with the Safeguarding Children Policy.

13. Useful Links

Anaphylaxis UK Safer Schools Programme

<https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

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AllergyWise for Schools (including certificate) online training
<https://www.allergywise.org.uk/p/allergywise-for-schools1>

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](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>

14. Links to other policies

- Medicine and First Aid Policy
- Safeguarding Children Policy
- Data Protection Policy
- Food and Drink Policy
- Health and safety policy

15. Policy Review

This policy will be reviewed every year by the Headteacher.