LIFE CHANGING EDUCATION

Allergy and Anaphalaxis Management Policy

PUBLICATION DATE

September 2026

REVIEW DATE

August 2027

LIFE CHANGING EDUCATION

Contents

1 Statement of intent

Life Changing Education (LCE) is committed to ensuring that all students with allergies, including those at risk of anaphylaxis, are kept safe, fully included, and supported across every facility in our estate. We recognise that allergies can vary in severity and that a consistent approach across our facilities is essential in preventing reactions and responding effectively when they occur.

This policy sets out our expectations for prevention, response, training, record keeping, parental partnership, home school partnership and safe operational practice.

2 Legal compliance

This policy is fully compliant with all statutory and regulatory requirements governing the management of medical needs, health and safety, and food allergen controls in schools. The policy aligns with the following legislation and guidance:

- Children's Wellbeing and Schools Act 2026 - Section 34 of the requirements that LA maintained schools, academies and PRUs must have an allergy safety policy.
- Children and Families Act 2014, Section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. Duty for schools and academies to make arrangements to support children/ students with medical conditions, including allergies and anaphylaxis. Guidance: Allergy safety in schools' statutory guidance.
- DfE Statutory Guidance: Supporting Children/students at School with Medical Conditions (2015): Issued under Section 100, setting mandatory expectations for Individual Healthcare Plans, staff training, medicine management, and emergency procedures.
- Equality Act 2010 – Sections 20, 21 & 85: Duty to make reasonable adjustments and prevent discrimination for children/students whose allergies constitute a disability
- Health and Safety at Work etc. Act 1974 – Sections 2 & 3: Duties to protect employees and children/ students through risk assessment, safe systems of work and trained staff.
- Human Medicines (Amendment) Regulations 2017: Legal basis permitting schools to hold and administer spare adrenaline auto injectors.
- Department of Health (2017) Guidance on the Use of AAIs in Schools: National expectations for AAI access, storage, training, and emergency response.

3 Introduction and core principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to an allergen as a result of asthma, food allergy, eczema and seasonal rhinitis (‘hay fever’).

Anaphylactic reactions usually begin within minutes of being in contact with the allergen, for example eating a trigger food, though can occur several hours later. Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that **there is only a 20–30 minute window of opportunity** during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling 999 is crucial. **Anaphylaxis always requires an emergency response**.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving. The most common causes of ‘whole body’ allergic reactions – including anaphylaxis – are

- foods (eg peanuts, tree nuts, cow’s milk/dairy foods, egg, wheat, fish/shellfish and sesame)
- insect stings (eg bee, wasp)
- medication (eg antibiotics, pain medicines such as ibuprofen)
- latex (eg rubber gloves, balloons, swimming caps)

Even for food allergies, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

LCE has a whole estate awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together. It is important that these are managed well in order to keep the individual healthy. Asthma training is undertaken by first aiders and an individual’s asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

LCE understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

4 Roles and responsibilities

Strategic responsibilities

The CEO/Proprietor has responsibility for ensuring adherence to this policy and for maintaining high standards of health, safety, and safeguarding across our estate. The Director of Safeguarding will ensure that that systems and processes are in place to allow all staff to respond safely, calmly and professionally to any allergy and anaphylaxis management issues. The Director of Safeguarding will work closely with the Director of SEND and Schools Liaison Officer to ensure that allergy information is contained within a child's Individual Health Plan and allergy register, sharing this information with the relevant members of staff. The Director of Safeguarding will also ensure that allergy training is provided including the administering of AAIs.

Operational responsibilities

The Operations Directors and DSLs are responsible for ensuring that the local procedures in this policy are translated into practice and that the requirements of it are understood by staff at all of our facilities.

The Operations Director will be the named allergy lead at each main registration base. Each allergy lead must ensure

- that they and their staff have accurate allergy registers
- medication is stored safely and checked monthly, including the onsite AAIs
- staff are clear on who has an allergy so that this can be considered in the provision for lunchtime

Home school

Home schools have a duty to ensure that allergy and medical information more generally is provided to LCE, along with information about any personal AAIs a child might need to have with them.

Staff responsibilities

All staff are responsible for ensuring the safety and inclusion of students with allergies and must be able to act swiftly in an emergency. Every member of staff must:

- complete allergy and anaphylaxis training
- be aware of students with allergies and any care information in individual health plans (IHPs)
- know the location of AAIs and how to use them
- ensure student medication is taken on all activities
- double check with students as to whether they have an allergy before lunch

Student responsibilities

Where age appropriate, students with allergies should:

- tell an adult immediately if they feel unwell

- avoid sharing food or drinks
- carry their AAIs if agreed with parents and clinicians (secondary age only)

5 Emergency treatment and management of anaphylaxis

Symptoms usually come on quickly, within minutes of exposure to the allergen and 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
- mild throat tightness
- sudden change in behaviour

These symptoms are often treated with antihistamines. 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, persistent cough.
- **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 can be fatal.

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

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual 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 DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. 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 adrenaline device**
- If no signs of life **commence CPR.**
- **Call parent/carer** as soon as possible.
- Call home school as soon as possible, particularly if there is difficulty in contacting the parent directly.

Whilst you are waiting for the ambulance, keep the individual 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

6 Minimising risk and exposure to allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual.

LCE is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Each Operations Director will risk assess their registration venue and sites used by students to determine any specific allergy risks. This will include ensuring that staff check with students about their allergy status before determining the most appropriate lunch venue.

8 Medication and adrenaline devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times, including journey to and from our sites and at their activities.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so must be in easy access at all times.

All staff must know the location of spare devices.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Each site and venue holds spare adrenaline devices for use in emergency situations. These are **not** a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them. Spare pens will be in locations which are easily accessible.

Posters will be displayed show locations of spare pens.

Operations Director will allocate a responsible member of staff to check that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the

current adrenaline device expires. The most recent spare devices were purchased in April 2026 and have a shelf life of between 12 and 18 months.

Adrenaline devices that are used will be disposed of securely or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or “spare” ADs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, **‘spare’ adrenaline devices can be used.**
- If the child, young person or individual’s prescribed adrenaline devices are not available or misfire, ‘spare’ adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack **always administer the adrenaline first.**

bThe Human Medicines (Amendment) Regulations 2017 **do not require consent to have been obtained for ‘spare’ adrenaline devices to be used**. It can be good practice for consent from parents or the young person for ‘spare’ adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. **However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.**

Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

Older students 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 staff need to be prepared to administer medication if the young person cannot.

9 Staff training and emergency response

All staff within LCE will be trained, either online or in person, in allergy awareness and emergency response. It is also important to ensure that these staff who may attend on a more infrequent basis are aware of any high-risk students and know the procedures to follow should an emergency arise.

10 Emergency preparedness

Each Operations Director on an annual basis hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

During fire drills and lockdown practices, we will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

11 Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.
- Allergy action plans are issued for students who have an IgE (an immune system reaction where your body creates specific Immunoglobulin E antibodies against a food protein, causing rapid and potentially severe symptoms food allergy) and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in life at LCE. It will identify exact risk- mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by the home school, parents or carers and students. If a student is in receipt of a IHP for allergies, LCE should be provided with this.

12 Serious incidents and ‘near misses’

LCE approaches serious incidents and ‘near misses’ in a no blame spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future. If a ‘near miss’ occurs, a DSL will liaise with the Director of Safeguarding to investigate further and identify lessons that can be learned.

A1 Appendix 1 – Glossary

Adrenaline Auto-Injector (AAI)

A pre-loaded medical device designed to deliver a single dose of adrenaline into the outer thigh during anaphylaxis. Common brands include EpiPen, Jext, and Emerade. AAIs must be administered immediately when anaphylaxis is suspected.

Allergen

A substance that triggers an allergic reaction. Common allergens include peanuts, tree nuts, milk, egg, wheat, fish, shellfish, sesame, insect venom, latex, and certain medications.

Allergy Action Plan

A clinical document produced by a GP, allergy nurse, or allergy clinic. It outlines the student's allergy, symptoms, and emergency medication instructions. It must be signed by parents/carers.

Anaphylaxis

A severe, rapid, life-threatening allergic reaction affecting breathing, circulation, and sometimes consciousness. Requires immediate adrenaline and emergency services.

Antihistamine

A medication used to treat mild allergic symptoms such as hives or itching. Not effective for anaphylaxis and must never delay adrenaline administration.

Asthma Care Plan

A clinical plan outlining how a student's asthma should be managed. Included alongside allergy information where relevant.

IgE-Mediated Allergy

An allergy involving Immunoglobulin E antibodies, causing rapid and potentially severe reactions including anaphylaxis.

Individual Healthcare Plan (IHP)

A school-owned document co-created with parents, home school, and the student. It sets out practical arrangements and risk-mitigation measures for managing allergies in school.

Non-IgE Allergy

An allergy that does not involve IgE antibodies. Symptoms are typically delayed and do not lead to anaphylaxis.

Near Miss

An incident where an allergen exposure or procedural failure could have caused harm but did not result in a reaction. Investigated in a no-blame culture. “LCE approaches serious incidents and ‘near misses’ in a no blame spirit…”

Spare Adrenaline Device

An AAI kept onsite for emergency use, including for undiagnosed anaphylaxis or when a student’s own device is unavailable or misfires. “The Human Medicines… permit ‘spare’ adrenaline devices to be used…”

Urticaria (Hives)

A raised, red, itchy rash that may appear anywhere on the body during an allergic reaction. “A red raised rash (known as hives or urticaria).”

Whole-Estate Awareness Approach

A consistent organisational strategy ensuring all staff and students understand allergy risks, symptoms, avoidance measures, and emergency procedures.