



St Marks Church of England Primary School Anaphylaxis, Allergies and Asthma Policy

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July 2026	Ty Hardy – WMAT Health and Safety Leader	Review and update of first draft

References:

- A. [Health and Safety at Work etc Act 1974 - HSE](#)
- B. [Allergy safety in schools statutory guidance](#)
- C. [Supporting children and young people with medical conditions and allergy](#)
- D. [National Health Service - NHS- Anaphylaxis](#)

Contents

1. Policy Statement and Rationale	3
2. Statutory Framework and Guidance	3
3. Identification, Individual Health Risk Assessments and Consent	3
3.1 Identification of At-Risk Pupils.....	3
3.2 Individual Health Risk Assessment (AKA Individual Health Plans)	3
3.3 The Register of AAls and Asthma Inhalers.....	4
4. Emergency Adrenaline Auto-Injectors (AAls) and Emergency Inhalers	4
4.1 Procurement and Storage of Spare AAls	4
4.2 Use of the Spare AAI and Emergency Asthma Inhalers	4
4.3 Disposal and Replacement	4
5. Staff Training	5
5.1 Awareness Training – All Staff	5
5.2 Practical Face-to-Face Training – Key Staff	5
6. Risk Mitigation and Prevention.....	5
6.1 The Dining Environment for Allergies and Anaphylaxis.....	5
6.2 Off-Site Activities and PE	6
7. Emergency Response Protocol (The 5-Step Plan)	6
8. Post-Incident Management	7

1. Policy Statement and Rationale

This policy incorporates the specific technical requirements of the Department for Education (DfE) guidance, specifically addressing the management of spare adrenaline auto-injectors (AAIs), Emergency Asthma Inhalers, the legalities of the Human Medicines Regulations, and the comprehensive nature of staff training and risk mitigation.

The School recognises that a significant number of Students suffer from potentially life-threatening allergies and asthma. The School aims to provide a safe and inclusive learning environment where pupils with allergies and asthma can participate fully in all aspects of School life. This policy serves as a framework to reduce the risk of accidental exposure to allergens or asthma triggers and to ensure that, should a severe allergic reaction (anaphylaxis) or an asthma attack occur, all staff are empowered and equipped to respond with life-saving speed and precision.

2. Statutory Framework and Guidance

This policy is developed in accordance with the following statutory requirements and national guidance:

- [Allergy safety in schools statutory guidance](#)

3. Identification, Individual Health Risk Assessments and Consent

3.1 Identification of At-Risk Pupils

Upon enrolment, or immediately following a new diagnosis, parents/carers are required to provide the school with full medical details regarding their child's allergy and asthma conditions. This includes specific triggers (for example, peanuts, bee stings, latex), previous reaction history, asthma triggers, and current medications.

3.2 Individual Health Risk Assessment (AKA Individual Health Plans)

Every pupil with a diagnosed allergy or asthma will have a robust IHP. This document is a collaborative effort between the School, parents, and, where appropriate, the child's GP or paediatric consultant. The Individual Health Risk Assessment will include:

- A clear, recent photograph of the pupil.
- A list of known allergens and symptoms of a mild, moderate, and severe reaction.
- The exact dosage and brand of AAI prescribed to the child.
- Asthma Triggers
- Asthma Medication

- Specific Action Plans (such as the BSACI plans) that provide a step-by-step guide for that specific Student.

3.3 The Register of AAls and Asthma Inhalers

The School will maintain a centralised Allergy and Asthma Register. This is accessible to all staff and contains a list of pupils at risk of Anaphylaxis and Asthma, whether they have been prescribed an AAI or Emergency Asthma Inhaler, and whether parental consent has been granted for the use of the School's spare emergency AAI or Emergency Asthma Inhaler.

4. Emergency Adrenaline Auto-Injectors (AAls) and Emergency Inhalers

4.1 Procurement and Storage of Spare AAls

The School has elected to keep a supply of spare AAls (for example, EpiPen, Jext, or Emerade) and Emergency Asthma Inhalers for use in emergency situations for Students who have been identified as having a need.

Storage - These devices are kept in a clearly labelled, unlocked "Emergency Allergy Kit" or "Emergency Asthma Inhaler" located in School First Aid Room. They are never kept in locked cupboards or behind locked doors.

Environment - Storage conditions are monitored to ensure AAls and Emergency Asthma Inhalers are kept at room temperature (15°C–25°C) and protected from light, as extreme temperatures can degrade the adrenaline.

4.2 Use of the Spare AAI and Emergency Asthma Inhalers

The spare AAls and Emergency Asthma Inhalers are a backup and not a replacement for a pupil's own prescribed device. It may be used if:

- The pupil's own device is broken, out of date, or has failed during administration.
- The pupil's own device is not immediately reachable/available.

Written parental consent and medical authorisation for the use of an AAI or Emergency Asthma Inhaler must already be on file for that specific Student.

4.3 Disposal and Replacement

Once an AAI or Emergency Inhaler is used, it must be handed to the Paramedics or disposed of in a rigid sharps bin. A designated staff member is responsible for a

monthly audit to check expiry dates and ensures that replacements are ordered at least one month prior to expiry.

5. Staff Training

5.1 Awareness Training – All Staff

At the start of every academic year, all staff (including supply teachers, lunchtime supervisors, and office staff) receive Online Awareness Training.

This should cover:

- Common triggers and how to spot hidden allergens in the environment.
- Recognising the difference between a mild and moderate reactions and life-threatening anaphylaxis.
- Signs, Symptoms and Treatment for Asthma.
- The location of all Individual Health Risk Assessments and emergency kits.

5.2 Practical Face-to-Face Training – Key Staff

A high proportion of key staff and First Aiders will receive Practical Face-to-Face Training, delivered by a Qualified Trainer.

This should include:

- Hands-on practice using Trainer/Dummy AAI devices.
- How to assist an Asthma Sufferer with an Emergency Asthma Inhaler.
- Understanding the physics of administration.
- Post-administration care.

6. Risk Mitigation and Prevention

6.1 The Dining Environment for Allergies and Anaphylaxis

Catering Protocols - The school kitchen operates a strict "Allergy Aware" procurement policy for ingredients where possible. All meals are cross-referenced against the Allergy Register.

Hygiene - Hand washing before and after eating is strictly enforced for all Students to prevent the transfer of allergens via touch or shared equipment.

No Food Sharing - A strict "no food sharing" or "no trading" rule is implemented during lunch and break times.

6.2 Off-Site Activities and PE

School Trips - A risk assessment is mandatory for every trip. The lead teacher must carry the pupil's prescribed AAI or Asthma Inhalers, their Individual Health Risk Assessments, and a mobile phone. A spare AAI kit and spare Emergency Asthma Inhalers should also be taken on residential trips where necessary.

Physical Education (PE) - For pupils with exercise-induced anaphylaxis, PE staff must ensure the AAI or Emergency Asthma Inhaler is pitch-side or courtside, not left in a distant changing room.

7. Emergency Response Protocol (The 5-Step Plan)

In the event of a suspected anaphylactic reaction:

- Administer Adrenaline Immediately: If symptoms of airway, breathing, or circulation problems are present, use the AAI into the outer mid-thigh (note the time it was administered).
- Call 999: State clearly that the person is having **ANAPHYLAXIS** so the call is prioritised. Give the school's address and location within the building.
- Keep them lying flat with legs raised to maintain blood pressure. Do not stand them up or move them, even if they feel better. If they are vomiting, place them in the Recovery Position.
- A staff member must remain with the pupil until the ambulance arrives.
- If there is no improvement after 5 minutes, administer a second AAI (either the pupil's second device or the school's spare).

In the event of a suspected Asthma Attack:

- Identify the signs and symptoms of asthma.
- If available, give the Student their own Asthma Inhaler to self medicate.
- If unavailable, give the Student an Emergency Asthma Inhaler to self medicate.
- Only in an extreme emergency, assist the Student with their medication.
- If symptoms become more severe or do not subside, call the Emergency Services 999.
- A staff member must remain with the pupil until the ambulance arrives.

8. Post-Incident Management

Following any suspected medical incident:

- The Student's parents/carers will be notified immediately.
- The incident will be recorded in the School's accident book.
- A debrief and reflection session will be held with involved staff to review the response and update the Student's Individual Health Risk Assessment if necessary.