The Willows School Academy Trust



Asthma, Anaphylaxis and Allergen Policy

Reviewed: September 2026

Next Review: September 2027

Statement of Intent

The Willows School Academy Trust is committed to supporting all pupils with medical conditions, including asthma, anaphylaxis and allergies, to ensure they can participate fully and safely in all aspects of school life.

We recognise that:

- Asthma is a widespread, serious, but controllable condition
- Anaphylaxis is a severe, life-threatening allergic reaction that requires immediate treatment
- Allergies can range from mild to severe and require careful management
- Pupils with these conditions should not be disadvantaged and should have the same opportunities as their peers

Our aims are to:

- Ensure the school environment is safe and supportive for pupils with asthma, anaphylaxis and allergies
- Ensure all staff are aware of pupils with these conditions and know how to respond appropriately
- Provide immediate access to emergency medication at all times
- Ensure staff are properly trained to recognise and manage asthma attacks, anaphylaxis and allergic reactions
- Maintain accurate registers and Individual Healthcare Plans for affected pupils
- Work in partnership with parents, carers and healthcare professionals
- Minimise the risk of pupils being exposed to their known triggers
- Ensure pupils with these conditions are included in all school activities, including trips and sporting events
- Promote awareness and understanding of these conditions across the whole school community

This policy sits within the school's overall Health and Safety framework and works alongside our First Aid policy and Administering Medication policy.
The relationship between our medical policies:

- **Health and Safety Policy** - Sets out our overarching health and safety duties, including the requirement to provide adequate facilities for pupils with medical needs
- **First Aid Policy** - Covers emergency first aid response to injuries and sudden illness
- **Administering Medication Policy** - Covers planned, regular medication administration for ongoing medical conditions
- **Asthma, Anaphylaxis and Allergen Policy**- Covers emergency medication and procedures for specific life-threatening conditions (asthma, anaphylaxis, severe allergies)"

This policy should be read in conjunction with:

- First Aid Policy
- Administering Medication Policy
- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Educational Visits and School Trips Policy

Policy Map: Which Policy Should I Use?

Use this quick guide to determine which policy applies to your situation:

ASTHMA, ANAPHYLAXIS AND ALLERGEN POLICY (this policy)
Use for:
✓ Emergency inhalers for asthma attacks
✓ Adrenaline auto-injectors (EpiPens) for anaphylaxis
✓ Managing pupils with severe allergies

✓ Emergency response to asthma attacks or anaphylaxis
✓ Individual Healthcare Plans for these specific conditions
✓ Allergy awareness and nut-free school policy

FIRST AID POLICY
Use for:
✓ Emergency response to injuries (cuts, falls, bumps, breaks)
✓ Emergency response to sudden illness (feeling unwell, vomiting, fever)
✓ General first aid treatment
✓ Calling 999 in emergencies
✓ First aid equipment and supplies

ADMINISTERING MEDICATION POLICY
Use for:
✓ Planned, regular medication (e.g., daily ADHD medication)
✓ Short-term prescribed medication (e.g., antibiotics)
✓ Non-emergency medication administration
✓ Parental consent for medication

If in doubt, contact the school office.

Scope of This Policy

This policy covers:

- Emergency medication for asthma (inhalers)
- Emergency medication for anaphylaxis (adrenaline auto-injectors/EpiPens)
- Management of pupils with severe allergies
- Emergency response procedures for asthma attacks and anaphylaxis
- Individual Healthcare Plans for pupils with asthma, anaphylaxis and severe allergies
- Staff training for managing these specific conditions

This policy does NOT cover:

- **General first aid** - covered in the First Aid Policy
- **Planned, regular medication for other ongoing medical conditions** - covered in the Administering Medication Policy

This policy focuses specifically on emergency, life-saving medication and procedures for asthma, anaphylaxis and severe allergies.

Legal Framework

This policy has due regard to legislation and statutory guidance, including:
Legislation:

- Children and Families Act 2014
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- The Human Medicines (Amendment) (No.2) Regulations 2014
- Food Information Regulations 2014

Statutory Guidance:

- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'

Non-Statutory Guidance:

- Department of Health and Social Care (2017) 'Guidance on the use of emergency salbutamol inhalers in schools'
- Department of Health and Social Care (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- NICE (2020) 'Anaphylaxis: assessment and referral after emergency treatment'
- NICE (2016) 'Food allergy quality standards'
- British Thoracic Society (BTS) / Scottish Intercollegiate Guidelines Network (SIGN) guidelines for children and young people with asthma
- Asthma + Lung UK guidance and resources
- Anaphylaxis Campaign guidance
- Allergy UK guidance

Definitions

Asthma

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

Common asthma triggers include:

- Exercise
- Cold air
- Pollen and air pollution
- Dust mites and animal fur
- Respiratory infections (colds and flu)
- Smoke (including vaping)
- Strong emotions and stress
- Weather changes

Anaphylaxis

Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems, usually associated with skin or mucosal changes. The whole body is affected, often within minutes of exposure to the allergen, but sometimes it can be hours later.

Anaphylaxis is likely if all of the following three criteria are met:

1. Sudden onset and rapid progression of symptoms
2. Life-threatening airway and/or breathing difficulties and/or circulation problems (e.g., alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
3. Changes to the skin (e.g., flushing, hives, swelling) - Note: skin changes on their own are not a sign of anaphylaxis, and in some cases don't occur at all

Allergies

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause symptoms ranging from mild (itching, sneezing, rashes) to severe (anaphylaxis).

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.

The Willows School Academy Trust is a NUT FREE school. This means:

- No nuts or nut-containing products should be brought onto the school premises
- This includes peanuts, tree nuts, and products containing nuts (e.g., Nutella, peanut butter, certain cereal bars)
- Parents are asked to check food labels carefully
- However, we recognise that we cannot guarantee a completely allergen-free environment, and we therefore focus on creating a culture of allergy awareness and vigilance throughout the school.

Roles and Responsibilities

The governing board is responsible for:

- Ensuring the school has a policy for supporting pupils with medical conditions, including asthma, anaphylaxis and allergies
- Ensuring the policy is developed and implemented effectively
- Ensuring sufficient staff are suitably trained to support pupils with these conditions
- Ensuring appropriate levels of insurance are in place to cover staff providing support to pupils with medical conditions
- Monitoring the effectiveness of this policy through regular reports from the headteacher

The headteacher is responsible for:

- The overall implementation of this policy
- Ensuring all staff are aware of this policy and understand their role in its implementation
- Ensuring there is sufficient numbers of trained staff available to implement this policy and deliver against all Individual Healthcare Plans
- Liaising with healthcare professionals regarding the training required for staff
- Ensuring that information about pupils with asthma, anaphylaxis or allergies is shared appropriately with staff on a need-to-know basis
- Ensuring the school environment is as safe as possible for pupils with these conditions
- Ensuring that pupils with these conditions are not discriminated against and can participate fully in school life

The Asthma Leads/ Champions (W. Roberts / N. Moreno) are responsible for:

- Managing the Asthma Champions
- Ensuring the school is meeting asthma management standards
- Ensuring this policy is kept up to date
- Overseeing the implementation of asthma management across the school
- Liaising with The Hillingdon Hospital's Paediatric Asthma Team
- Managing the asthma register and ensuring it is updated annually
- Managing emergency salbutamol inhalers, including checking they are in date and in working order
- Ensuring measures are in place so that children have immediate access to their inhalers
- Communicating with parents/carers regarding any deterioration in a child's condition whilst at school or on school activities
- Requesting Personal Asthma Action Plans (PAAPs) from parents
- Ensuring staff are aware of pupils with asthma
- This responsibility may be delegated to other members of staff as appropriate

The lead first aiders (as named in the First Aid Policy) are responsible for:

- Coordinating staff training on asthma, anaphylaxis and allergy management
- Maintaining the allergy and anaphylaxis register
- Checking medication kept at school termly and sending reminders to parents if medication is approaching expiry
- Keeping a record of use of any emergency medication and emergency treatment given
- Ensuring emergency medication is stored correctly and is easily accessible
- Ensuring spare emergency inhalers and adrenaline auto-injectors are available, in date and properly maintained
- Informing the school cook of pupils with food allergies
- Liaising with parents, healthcare professionals and external agencies as needed

All staff are responsible for:

- Being aware of pupils in their care who have asthma, anaphylaxis or allergies
- Understanding the school's policy and procedures for supporting pupils with these conditions
- Knowing the location of emergency medication and how to access it quickly
- Recognising the signs and symptoms of asthma attacks, anaphylaxis and allergic reactions
- Knowing how to respond in an emergency, including calling 999
- Following Individual Healthcare Plans for pupils with these conditions

- Treating all information about pupils' medical conditions confidentially
- Being aware that pupils with these conditions may require additional support or adjustments
- Supervising food-related activities with due caution
- Never forcing a pupil to take part in an activity if they feel unwell
- Being vigilant about potential triggers in the school environment

Staff who have received appropriate training are responsible for:

- Supporting pupils to use their inhalers when needed
- Administering emergency inhalers or adrenaline auto-injectors in an emergency
- Following emergency procedures as outlined in this policy

Staff leading school trips and activities are responsible for:

- Ensuring all relevant emergency medication is taken on trips
- Checking that pupils with medical conditions have their medication with them
- Conducting risk assessments that consider pupils with asthma, anaphylaxis and allergies
- Ensuring at least one trained member of staff accompanies any trip where pupils with these conditions are attending

Parents and carers are responsible for:

- Informing the school if their child has asthma, anaphylaxis or allergies (including on entry to the school and if diagnosed later)
- Providing full details of their child's condition, including:
    - Previous severe allergic reactions or asthma attacks
    - History of anaphylaxis
    - All prescribed medication
    - Known triggers
- Providing the school with a completed Personal Asthma Action Plan (PAAP) or Allergy Action Plan
- Ensuring their child's medication is supplied to school, is in date, and is replaced as necessary
- Informing the school of any changes to their child's condition or medication
- Ensuring they or a nominated adult are contactable at all times
- Working with the school to develop and review their child's Individual Healthcare Plan
- Ensuring their child understands their condition and knows how to manage it (age-appropriate)
- Subscribing to expiry alerts for their child's medication where available
- Checking food labels carefully and not sending nut products to school
- Informing the school immediately if their child has had a serious reaction outside of school

Pupils are responsible for (age and ability appropriate):

- Letting a member of staff know immediately if they are feeling unwell or having symptoms
- Knowing where their medication is kept
- Using their medication as prescribed
- Not sharing medication with other pupils
- Treating other pupils' medical conditions and medication with respect
- Being aware of their triggers and avoiding them where possible

The school cook and catering staff are responsible for:

- Being aware of pupils with food allergies
- Following Food Information Regulations 2014 regarding allergen information
- Preventing cross-contamination during food preparation
- Preparing food for pupils with allergies separately and first
- Ensuring thorough cleaning of food preparation areas and utensils
- Never giving food to pupils with allergies without checking it is safe
- Maintaining awareness of the school's nut-free policy

Individual Healthcare Plans and Registers

Individual Healthcare Plans are essential documents that provide detailed information about a pupil's medical condition and how it should be managed in school. Individual Healthcare Plans for pupils with asthma, anaphylaxis and severe allergies are stored in the **red folder in the teacher cupboard**. This folder contains:

- Individual Healthcare Plans for all pupils with these conditions
- Personal Asthma Action Plans (PAAPs)
- Allergy Action Plans
- Parental consent forms for emergency medication administration
- Emergency contact details

This information is stored securely to protect pupil confidentiality and comply with data protection requirements (UK GDPR and Data Protection Act 2018). Staff should only access this information on a need-to-know basis.

The school will ensure that an Individual Healthcare Plan is developed for:

- All pupils with asthma
- All pupils at risk of anaphylaxis
- All pupils with severe allergies
- Any other pupils with medical conditions that require specific management

Personal Asthma Action Plans (PAAPs)

Asthma + Lung UK evidence shows that if someone with asthma uses a Personal Asthma Action Plan (PAAP), they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a Personal Asthma Action Plan to ensure asthma is managed effectively within school to prevent hospital admissions.

Personal Asthma Action Plans should include:

- The pupil's name, date of birth and class
- The pupil's asthma triggers
- The pupil's usual asthma symptoms
- The pupil's current medication (including dose and frequency)
- What to do in an emergency
- Emergency contact details
- Healthcare professional contact details
- Date the plan was created and review date

PAAPs should be:

- Completed by the pupil's doctor or asthma nurse with input from parents/carers
- Provided to the school by parents/carers
- Reviewed annually or when the pupil's condition changes
- Kept with the pupil's medication

Allergy Action Plans

Allergy Action Plans are designed to function as Individual Healthcare Plans for children with allergies and anaphylaxis, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

The Willows School Academy Trust recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

Allergy Action Plans should include:

- The pupil's name, date of birth, class and photograph
- Details of the allergy/allergies
- Known triggers and allergens to avoid
- Symptoms of mild, moderate and severe allergic reactions
- Treatment for each level of reaction
- Emergency medication details (including location)
- Emergency contact details
- Healthcare professional contact details
- Parental consent for medication administration
- Consent to use spare emergency medication if needed
- Date the plan was created and review date

Allergy Action Plans should be:

- Completed by parents/carers with help from a healthcare professional (e.g., GP or allergy specialist)
- Provided to the school as soon as possible
- Reviewed annually or when the pupil's condition changes
- Kept with the pupil's medication
- Shared with relevant staff on a need-to-know basis

School Registers

The school maintains accurate registers of pupils with asthma, anaphylaxis and allergies to ensure all staff are always aware of pupils who may need support. The lead first aiders also keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and/or have severe allergies.

Medication Management and Storage

All medication for pupils with asthma, anaphylaxis and allergies must be:

- Stored safely and securely
- Easily accessible in an emergency (not locked away)
- Clearly labelled with the pupil's name
- In date and in good working order
- Stored in the original container with the prescriber's instructions
- Accompanied by the pupil's Individual Healthcare Plan

It is the parents' responsibility to ensure medication is supplied, in date and replaced as necessary. However, the lead first aiders will check medication kept at school termly and send reminders to parents if medication is approaching expiry. Parents can subscribe to expiry alerts for their child's medication to ensure they can get replacement devices in good time.

Asthma Medication Management

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe:

Storage of Pupils' Personal Inhalers

Personal inhalers are stored:

- In individual named bags for each pupil
- In an **accessible location in the staff room** (not locked away)
- With the pupil's Personal Asthma Action Plan
- In a way that ensures the pupil can access their inhaler immediately when needed
- All staff are aware of this location and can access inhalers quickly in an emergency

Staff manage children's reliever inhalers to ensure easy access at all times. We recognise and understand that all children in our school require supervision in taking their inhaler.

Pupils who are capable may carry their own inhalers:

- This decision is made in consultation with parents/carers and documented in the pupil's Individual Healthcare Plan
- Pupils with MART or AIR inhalers must carry their inhaler with them at all times
- Even when pupils carry their own inhalers, a spare should be kept at school where possible

Emergency Salbutamol Inhalers

The school holds emergency salbutamol inhalers for use in emergencies. Schools can purchase salbutamol inhalers and spacers from community pharmacists without a prescription.
Emergency inhalers will be used:

- During the onset of breathing difficulties in the absence of the child's own inhaler
- If the child cannot use their own inhaler on that occasion (such as a breath-actuated inhaler that requires a different technique)

- Always with a spacer
- Only for children who have asthma or who have been prescribed a reliever inhaler
- Only for children for whom written parental consent has been given

Emergency Salbutamol Inhaler Kit

The school maintains emergency salbutamol inhaler kits in secure but accessible locations known to all staff.
Emergency grab bags:
The school holds 2 emergency grab bags containing:

- Spare adrenaline auto-injector (AAI)
- Emergency salbutamol inhaler with spacers
- Emergency medication administration instructions
- Emergency contact lists
- Individual Healthcare Plans for pupils with asthma, anaphylaxis, or severe allergies

These grab bags are for use during:

- School evacuations (fire, bomb threat, etc.)
- Emergency lockdown situations where pupils cannot access their usual medication storage
- Off-site emergencies during school trips

In addition to the grab bags, the school maintains:

- Fixed-location emergency salbutamol inhalers within the school building
- Individual pupils' personal inhalers in accessible locations

Specific storage locations for all emergency equipment are detailed in staff-only operational documents and communicated to all staff during induction and emergency procedure training.
The kit contains:

- A salbutamol metered dose inhaler
- At least 2 plastic spacers compatible with the inhaler (these are single-use only due to risk of cross-infection)
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers identified by batch number and expiry date
- A record sheet for when the inhaler has been used
- A list of children permitted to use the emergency inhaler (as detailed in their Individual Healthcare Plans)

Note: There are only 200 doses in a salbutamol inhaler, so each dose must be recorded and the device disposed of when the maximum number of doses has been reached.

Maintenance of Emergency Grab Bags

The lead first aiders are responsible for checking emergency grab bags termly to ensure:

- All medication is in date and in good working order
- Spacers are present and unused
- Emergency contact lists are up to date
- Individual Healthcare Plans are current
- Instructions are clear and accessible
- First aid supplies are adequately stocked

Parents/carers will be sent reminders if medication in the grab bags is approaching expiry.
Grab bags must be checked before any off-site trip and restocked immediately after use.

<u>Anaphylaxis and Allergy Medication Management</u>

Each pupil's medication should be stored in a rigid box or zip wallet, clearly labelled with the pupil's name.

The pupil's medication storage box should contain:

- Two adrenaline auto-injectors of the same type and dose (e.g., EpiPen® or Jext®) as prescribed
- An up-to-date Allergy Action Plan
- Antihistamine as tablets or syrup (if included on the plan)
- A spoon if required
- An asthma inhaler (if the pupil also has asthma and it's included on the plan)

Storage Location

Individual pupils' medication is stored:

- In the staff room in an accessible location
- In individual rigid boxes or zip wallets, clearly labelled with the pupil's name
- At room temperature, protected from direct sunlight and temperature extremes
- All staff are aware of this location and can access medication quickly in an emergency

Exception: Medication requiring refrigeration is stored in the **specific first aid fridge in Oak's kitchen**

Storage conditions:

- At room temperature
- Protected from direct sunlight
- Protected from temperature extremes
- Easily accessible in an emergency (not locked away)
- Known to all staff

Medication Requiring Refrigeration

Some medication for pupils with allergies or other medical conditions may need to be stored in a refrigerator.

Medication requiring refrigeration is stored:

- In the **specific first aid fridge in Oak's kitchen**
- Stored between 2°C and 8°C (or as per manufacturer's instructions)
- In a clearly labelled container
- Separate from food
- Temperature monitored regularly
- Accessible to trained staff

This medication must still be easily accessible in an emergency.

Spare Adrenaline Auto-Injectors (AAIs)

The Willows School Academy Trust holds spare adrenaline auto-injector (AAI) devices 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, lost, or broken).

The school holds 2 spare AAIs which are stored in secure but accessible locations known to all staff:

- One spare AAI is stored in a fixed location within the school building
- One spare AAI is stored in an emergency grab bag for use during evacuations or off-site emergencies

Specific storage locations are detailed in staff-only operational documents and communicated to all staff during induction and emergency procedure training.

Use of Spare AAIs

Spare AAIs may be used:

- For pupils at risk of anaphylaxis whose own AAIs are not available or not working
- For whom written parental permission has been given (included in the pupil's Allergy Action Plan)
- In an emergency, following the emergency procedures outlined in this policy

If anaphylaxis is suspected in an undiagnosed individual:

- Call 999 immediately and state you suspect ANAPHYLAXIS
- Follow advice from emergency services as to whether administration of the spare AAI is appropriate
- Do not delay calling emergency services

Additional Medication

Some pupils may also have:

- Antihistamine (as tablets or syrup) for mild allergic reactions - this will be specified in their Allergy Action Plan
- Asthma inhaler (if they also have asthma) - stored with their allergy medication

Disposal of Used Medication

Adrenaline auto-injectors are single-use only and must be disposed of as sharps.

At The Willows School Academy Trust:

- Used AAIs are given to ambulance paramedics on arrival

- If paramedics do not take them, they are placed in the medical waste bin
- Any medical waste is disposed of in accordance with health and safety regulations

Used emergency inhalers and spacers:

- Inhalers that need to be disposed of should be taken to the community pharmacy for correct disposal
- Used spacers should be disposed of as general waste (they are single-use only)

Administering Medication

School staff are not required to administer medication to pupils. However:

- Many children have poor inhaler technique or are unable to use their inhaler by themselves
- Failure to receive their medication could result in hospitalization or even death
- Staff who have had appropriate training and are confident to support children should do so whenever possible

If we have concerns about a pupil's ability to use their medication:

- We will liaise with the school nurse or asthma/allergy specialist nurse
- We will advise parents/carers to arrange a review with their GP/nurse
- We may request that pupils demonstrate to their teacher how they use their inhaler

For further details about administering medication, see the Administering Medication Policy.

Emergency Procedures

This section outlines the procedures to follow in the event of an asthma attack, anaphylaxis, or allergic reaction. **All staff must be familiar with these procedures and know how to respond quickly and effectively.**

Emergency Response to Asthma Attacks

Recognising an Asthma Attack:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL 999 IMMEDIATELY if the child:

- Appears exhausted
- Is going blue
- Has a blue/white tinge around the lips
- Has collapsed

If any of these signs are present, call 999 immediately and commence the asthma attack procedure without delay.

Emergency Procedure for Asthma Attacks

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward
3. Get the child's inhaler immediately (own inhaler or emergency school inhaler)
4. Administer TWO puffs of salbutamol via spacer, one at a time (1 puff to 5 breaths)
5. Wait and assess for 5 minutes
6. If no improvement, give another 2 puffs (up to maximum of 10 puffs total)
7. Call 999 if child does not feel better, or you are worried at ANY TIME - state "ASTHMA ATTACK"
8. If ambulance does not arrive in 10 minutes, give another 10 puffs
9. Stay with the child until they feel better or ambulance arrives
10. Inform parents/carers and record the incident

Emergency Response to Anaphylaxis

Recognising Anaphylaxis:

- Swelling of the mouth, tongue or throat
- Difficulty swallowing or speaking
- Difficulty breathing or noisy breathing
- Sudden collapse or unconsciousness
- Hives, rash or flushing anywhere on the body
- Abdominal pain, nausea, vomiting
- Sudden feeling of weakness or floppiness
- Strong feelings of impending doom or anxiety

Anaphylaxis is likely if ALL of the following three criteria are met:

1. Sudden onset and rapid progression of symptoms (can start within minutes)
2. Life-threatening airway and/or breathing difficulties and/or circulation problems (e.g., alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
3. Changes to the skin (e.g., flushing, hives, swelling) - Note: skin changes on their own are not a sign of anaphylaxis, and in some cases don't occur at all

Anaphylaxis can develop very rapidly, so treatment must be given immediately. Adrenaline is the mainstay of treatment and starts to work within seconds. Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once symptoms have become severe.

Emergency Procedure for Anaphylaxis

1. Stay with the child and call for help - DO NOT MOVE CHILD OR LEAVE UNATTENDED
2. Remove trigger if possible (e.g., insect stinger)
3. Lie child flat (with or without legs elevated) - sitting position if breathing difficulty
4. USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY - inject upper, outer thigh and note time given
5. CALL 999 and state "ANAPHYLAXIS"
6. Monitor the child - stay with them and reassure them
7. If no improvement after 5 minutes, administer second adrenaline auto-injector
8. If no signs of life, commence CPR
9. Phone parent/carer as soon as possible
10. Child must go to hospital - staff member accompanies in ambulance with Allergy Action Plan and used AAIs

Managing Mild to Moderate Allergic Reactions

Not all allergic reactions are anaphylaxis. Some pupils may experience mild to moderate allergic reactions that do not require adrenaline.

Signs of Mild to Moderate Allergic Reactions:

- Itching of the mouth, tongue or skin
- Mild swelling of the lips
- Hives or rash in one area
- Mild stomach discomfort
- Runny nose or sneezing

Response to Mild to Moderate Reactions:

1. Follow the pupil's Allergy Action Plan
2. Administer antihistamine if specified in plan and you are trained to do so
3. Monitor the pupil closely for any worsening symptoms
4. Watch for signs of anaphylaxis (difficulty breathing, swelling, collapse)
5. Contact parents/carers to inform them of the reaction
6. Seek parental advice on next steps
7. Keep the child calm and comfortable
8. If symptoms worsen or you are concerned, follow anaphylaxis emergency procedure
9. Do not hesitate to use adrenaline if needed
10. Record the incident including what child was exposed to and treatment given

Staff Training

The Willows School Academy Trust is committed to ensuring all staff are appropriately trained to support pupils with asthma, anaphylaxis and allergies. Training is essential to ensure staff can recognise symptoms, respond effectively in emergencies, and create a safe environment for all pupils.

Asthma Training

All staff will access training for children and young people (CYP) asthma annually.
Training will be delivered by:

- Suitable external providers, or
- NHS England CYP Asthma e-learning, or
- National College training suitable for school staff

Anaphylaxis and Allergy Training

All staff will complete anaphylaxis awareness training at the start of every new academic year.
Training is also available on an ad-hoc basis for any new members of staff.
The lead first aiders will arrange a practical anaphylaxis training session at the start of every academic year.

Additional Training for Designated Staff

Staff who volunteer to administer emergency medication will receive additional, more detailed training including:

- Hands-on practice with trainer devices
- Detailed instruction on recognising when to administer medication
- Understanding the legal framework and their responsibilities
- Confidence-building exercises
- Regular refresher training

Staff cannot be required to administer emergency medication - this is always voluntary.

Training for New Staff

All new staff will receive training as part of their induction, including:

- Overview of this policy and related policies
- Identification of pupils with asthma, anaphylaxis and allergies in their classes
- Location of emergency medication and how to access it
- Emergency procedures
- Who to contact for support
- Their responsibilities under this policy

The lead first aiders will maintain records of all training. These records will be reviewed regularly to ensure:

- Training is up to date
- Sufficient staff are trained
- Refresher training is arranged in good time

Creating an Asthma and Allergy-Friendly School Environment

The school will do all that it can to ensure the school environment is favourable to pupils with asthma, anaphylaxis and allergies.

This includes:

- A definitive no-smoking/vaping policy throughout the school premises
- Good ventilation in all areas

- Regular cleaning to reduce dust, mold and other allergens
- Awareness of seasonal triggers (e.g., pollen, cold weather)
- Minimizing the use of strong-smelling cleaning products, perfumes or air fresheners
- Ensuring pupils with asthma and allergies are not disadvantaged in any way

Recording and Avoiding Triggers

Pupils' asthma triggers and allergens will be:

- Recorded as part of their Individual Healthcare Plans
- Shared with relevant staff on a need-to-know basis
- Taken into account when planning activities
- Avoided wherever possible

The school will ensure that pupils will not encounter their triggers wherever possible.

Risk Assessments

As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, risk assessments will be performed by staff. Plans will be put in place to ensure triggers and allergens are avoided, where possible.

The Willows School Academy Trust is a NUT-FREE school throughout.

This means:

- No nuts or nut-containing products should be brought onto the school premises by anyone
- This includes peanuts, tree nuts (almonds, hazelnuts, walnuts, cashews, etc.)
- This includes products containing nuts such as Nutella, peanut butter, certain cereal bars, cakes, biscuits
- Parents are asked to check food labels carefully before sending food to school
- This applies to packed lunches, snacks, birthday treats, and any food brought into school
- Staff should also adhere to this policy

However, we recognise that:

- We cannot guarantee a completely allergen-free environment
- Nuts are only one of many allergens that could affect pupils
- We therefore focus on creating a culture of allergy awareness and vigilance throughout the school
- A 'whole school awareness of allergies' approach ensures teachers, pupils and all staff are aware of what allergies are, the importance of avoiding pupils' allergens, the signs and symptoms, and how to deal with allergic reactions

The Anaphylaxis Campaign and Allergy UK advocate for schools to adopt a culture of allergy awareness and education rather than relying solely on bans, as no school can guarantee a truly allergen-free environment.

Physical Education, Exercise and Activities

Taking part in sports, games and activities is an essential part of school life for all pupils. Pupils with asthma, anaphylaxis and allergies are encouraged to participate fully in all activities.

We believe that:

- All pupils should have equal opportunities to participate in PE and sports
- Pupils with medical conditions should not be excluded from activities unless there is a specific medical reason
- Exercise is beneficial for pupils with asthma when properly managed
- With appropriate planning and support, pupils with allergies can participate safely in all activities

Staff Awareness

All staff will know which children in their class have asthma, anaphylaxis or allergies.

PE teachers and sports coaches will:

- Be aware of which pupils have asthma from the school's asthma register
- Be aware of which pupils have allergies or are at risk of anaphylaxis from the allergy register
- Have access to pupils' Individual Healthcare Plans
- Know where emergency medication is stored and how to access it quickly

- Be trained in recognising and responding to asthma attacks and anaphylaxis

Access to Medication During Physical Activity

It is agreed with PE leads that:

- Supporting staff will be responsible for ensuring pupils' inhalers are accessible during PE and sports activities
- Inhalers are kept in individual named bags for each pupil
- Emergency medication is also available on site
- Pupils are encouraged to use their inhaler before exercise if recommended in their Personal Asthma Action Plan
- Pupils are never prevented from accessing their inhaler during a lesson

If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so immediately.

Exercise-Induced Asthma

Some pupils may experience asthma symptoms triggered by exercise.

To support these pupils:

- They should use their reliever inhaler before exercise if advised by their doctor/nurse
- They should warm up properly before vigorous activity
- They should be allowed to stop and rest if they experience symptoms
- They should use their inhaler if needed and wait until they feel better before continuing
- Activities should be adapted if necessary (e.g., shorter bursts of activity with rest breaks)
- Cold weather can trigger symptoms - consider indoor activities or appropriate warm-up

Outdoor Activities and Environmental Triggers

When planning outdoor activities, staff should consider:

For pupils with asthma:

- Cold air can trigger symptoms - ensure pupils are appropriately dressed
- Pollen can trigger symptoms - be aware of high pollen counts and consider indoor alternatives if needed
- Air pollution can trigger symptoms - avoid activities near busy roads or during high pollution days
- Ensure inhalers are always accessible outdoors

For pupils with allergies:

- Insect stings can trigger allergic reactions - be vigilant in areas where bees and wasps are present
- Grass and pollen allergies - consider the timing and location of outdoor activities
- Ensure adrenaline auto-injectors are always accessible outdoors

Activities Involving Food or Allergens

Special consideration must be given to activities that involve food or potential allergens:

Cooking activities:

- Check all ingredients against pupils' known allergies
- Prevent cross-contamination by preparing food for allergic pupils first
- Use separate utensils and work surfaces
- Ensure thorough cleaning with warm soapy water
- Supervise allergic pupils closely
- Consider alternative activities if the risk cannot be managed safely

Art and craft activities:

- Some materials may contain allergens (e.g., latex in balloons, nuts in bird feeders)
- Check materials against pupils' allergies before the activity
- Provide alternative materials where needed
- Ensure pupils wash hands thoroughly after activities

Science experiments:

- Some experiments may involve allergens or asthma triggers
- Risk-assess all experiments in advance
- Provide alternative activities or observations for affected pupils
- Ensure good ventilation
- Have emergency medication accessible

Swimming

Pupils with asthma can participate in swimming with appropriate precautions:

- Chlorine can trigger asthma symptoms in some pupils
- Pupils should use their inhaler before swimming if recommended
- Inhalers must be kept poolside in an accessible location
- Swimming staff must be aware of pupils with asthma and know emergency procedures
- Pupils should be allowed to stop and use their inhaler if needed

Pupils with allergies should be assessed individually:

- Consider any allergies to pool chemicals
- Ensure adrenaline auto-injectors are accessible (not in changing rooms)
- Swimming staff must be trained in anaphylaxis response

School Trips and Off-Site Activities

All school trips and off-site activities must be carefully planned to ensure the safety of pupils with asthma, anaphylaxis and allergies.

Staff leading school trips will ensure:

- A comprehensive risk assessment is completed before the trip
- The risk assessment specifically considers pupils with asthma, anaphylaxis and allergies
- All activities on the trip are assessed to see if they pose a threat to pupils with these conditions
- Alternative activities are planned to ensure inclusion if needed
- The risk assessment is reviewed and approved before the trip takes place

Medication and Equipment

Staff leading school trips will ensure they carry all relevant emergency supplies, including:

- All pupils' individual medication (inhalers, adrenaline auto-injectors, antihistamines)
- Emergency school inhaler and spacers
- Spare school adrenaline auto-injectors
- Individual Healthcare Plans for all pupils with medical conditions
- Mobile phone for emergency calls
- First aid kit

Trip leaders will check that all pupils with medical conditions, including asthma, anaphylaxis and allergies, have their medication with them before departure.

Protecting Medical Information on Trips

Medical information taken on school trips is sensitive personal data and must be kept safe and secure in accordance with UK GDPR and the Data Protection Act 2018.

Staff leading trips must:

- Keep Individual Healthcare Plans and medical information secure at all times
- Not leave medical information where others can access it
- Ensure only staff who need to know have access to the information
- Return all medical information to school after the trip
- Ensure medical information is stored in the **red folder in the teacher cupboard** upon return to school

This guidance is based on advice from the DfE and the Information Commissioner's Office.

Catering and Food Management

All food businesses, including school caterers, must follow the Food Information Regulations 2014**.**

The school menu is available for parents to view:

- On the school website
- In the school front foyer
- As a hard copy from the front office

Allergen information for all menu items is available and clearly displayed. Parents/carers are encouraged to review the menu and allergen information regularly and contact the school if they have any questions or concerns.

Communication with Catering Staff

The lead first aiders will inform the school cook of pupils with food allergies, including:

- Names of pupils with allergies
- Specific allergens to avoid
- Severity of allergies
- Emergency procedures

This information will be updated:

- At the start of each academic year
- When a new pupil with food allergies joins the school
- When a pupil is newly diagnosed with a food allergy
- When there are any changes to a pupil's allergies

Safe Food Handling and Preparation

The school adheres to the following guidance and best practice recommendations:

Labelling:

- Bottles, 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
- This prevents accidental consumption by the wrong child

Cross-Contamination Prevention**:** Where food is provided by the school, catering staff are 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.

Measures to prevent cross-contamination include:

- Preparing food for children with food allergies **first**, before preparing other meals
- Using separate, clean utensils and equipment for preparing allergen-free meals
- Thorough cleaning of food preparation areas and utensils using warm soapy water between preparing different meals
- Storing allergen-free ingredients separately
- Clear labelling of allergen-free meals
- Training all catering staff on allergen awareness and safe food handling
- Regular review of procedures and practices

Staff serving food must:

- Be aware of which pupils have food allergies
- Ensure the correct meal is given to the correct pupil
- Never give food to pupils with allergies without checking it is safe
- Be vigilant about preventing cross-contamination during service

Food Brought from Home

Packed Lunches:

- Parents are responsible for ensuring their child's packed lunch is safe and appropriate
- Parents are reminded of the school's nut-free policy
- Parents should clearly label their child's lunch box
- Pupils should not share food with others

Birthday Treats and Celebrations:

- Food should not be given to pupils with food allergies without parental engagement and permission
- Parents wishing to send in birthday treats must inform the school in advance
- The school will check whether any pupils in the class have allergies
- Parents will be asked to provide ingredient lists
- Alternative treats may be provided for pupils with allergies
- The school reserves the right to refuse birthday treats if allergen information is not provided or if they pose a risk

School Events and Celebrations:

- Food at school events (e.g., assemblies, cultural events, Christmas parties) must be risk assessed
- Parents of pupils with allergies will be consulted in advance
- Allergen information must be available for all food provided
- Alternative options will be provided for pupils with allergies
- Pupils with allergies should not be made to feel excluded from celebrations

Hand Washing

Hand washing is crucial in preventing allergic reactions**.**

The school will ensure:

- Hand washing facilities are available and accessible
- Pupils wash their hands before and after eating
- Pupils wash their hands after activities that may involve allergens
- Soap and water are available (hand sanitizers may not remove food proteins)
- Younger pupils are supervised to ensure thorough hand washing

Managing Allergic Reactions Related to Food

If a pupil has an allergic reaction that may be food-related:

- Follow the emergency procedures outlined in this policy
- Try to identify what the pupil has eaten or been exposed to
- Follow the pupil's Allergy Action Plan
- Administer medication as appropriate (antihistamine or adrenaline)
- Call 999 if needed
- Contact parents immediately
- Record the incident in detail, including what the pupil ate or was exposed to
- Review procedures to prevent future incidents
- Investigate how the exposure occurred and take steps to prevent recurrence

Staff Meals and Break Times

Staff should be aware that:

- Pupils with severe allergies can react to traces of allergens
- Staff should not eat nut products on school premises
- Staff should wash their hands after eating before interacting with pupils with allergies
- Staff should be mindful of what they bring into classrooms

Monitoring and Review

The school will:

- Regularly review catering procedures and practices
- Seek feedback from parents of pupils with allergies
- Monitor any incidents or near-misses
- Update procedures as needed
- Provide regular training for catering and supervisory staff
- Work in partnership with catering providers to ensure best practice

When Medical Conditions Affect Education

The school is aware that the aim of medication is to allow pupils with asthma, anaphylaxis and allergies to live a normal life.

If we recognise that a medical condition is impacting on a pupil's education, and they are:

- Unable to take part in activities
- Frequently tired during the day
- Frequently absent
- Falling behind in lessons
- Showing signs of anxiety or distress related to their condition

We will:

- Discuss this with parents/carers
- With parental consent, liaise with the school nurse or healthcare professional
- Suggest parents make an appointment with their GP/specialist for a review
- Review and update the pupil's Individual Healthcare Plan
- Consider whether additional support is needed
- Make reasonable adjustments to support the pupil

It may be that the pupil needs:

- A medication review
- Inhaler technique review

- An updated Personal Asthma Action Plan or Allergy Action Plan
- Additional support in school
- Adjustments to activities or the environment

All information about pupils' medical conditions, including Individual Healthcare Plans, Personal Asthma Action Plans, and Allergy Action Plans, is stored in the **red folder in the teacher cupboard**. Staff can access this information on a need-to-know basis to support pupils effectively while maintaining confidentiality

Recording, Monitoring and Review

All incidents involving pupils with asthma, anaphylaxis and allergies (including use of inhalers, adrenaline auto-injectors, allergic reactions, and any emergency calls) will be recorded. Parents/carers will always be informed if their child has used emergency medication, had an asthma attack or allergic reaction, and will be advised to contact their GP where appropriate. The lead first aiders and headteacher will review all recorded incidents termly to identify patterns and trends, using this data to improve practice, inform training needs, and target resources effectively. The headteacher will report annually to governors on the number of pupils with these conditions, incidents recorded, staff training provided, and the effectiveness of policies and procedures. This policy will be reviewed annually by the governing board, or earlier if significant changes to legislation, guidance, or school circumstances occur.

Signed: M. Shaw Bal Grant
Headteacher Chair of Governors

Date: September 2026