Vita et Pax
PREPARATORY SCHOOL

Vita et Pax Preparatory School
Established 1936

Allergy and Anaphylaxis Policy

Policy Originator	Head of Operations
Approval	Creation authorised by Governing Body resolution, 28 August 2026; text for ratification at the next meeting
Status	School policy. Statutory duties arise under the EYFS Statutory Framework, the Equality Act 2010, health and safety law and the common-law duty of care
Guidance	DfE Allergy safety in schools (July 2026) — statutory for maintained schools and academies, adopted here as good practice pending equivalent requirements for independent schools under the Children's Wellbeing and Schools Act 2026
Review Period	Annually

1. Purpose and Scope

This policy sets out how Vita et Pax Preparatory School keeps children with allergies safe, and how the school prepares for and responds to an allergic reaction, including anaphylaxis. It gives effect to the Department for Education's guidance on supporting children with medical conditions and allergies, introduced following the death of Benedict Blythe, and to the allergen and safer-eating requirements of the Early Years Foundation Stage Statutory Framework.

It applies to every child from Nursery (Little Vitas) to Year 6, and to every adult on site — teaching and support staff, catering staff, peripatetic teachers, volunteers, contractors and visitors. It applies on the school site, on educational visits, at clubs and wraparound care, and at any school event where food is served.

It should be read with the Supporting Pupils with Medical Conditions Policy, the First Aid Policy, the Food Policy and the Health & Safety Policy.

2. Principles

1. No child with a known allergy is excluded from any part of school life because of that allergy. The school adjusts the activity, not the child's participation.

2. Allergy information is gathered before a child starts and is kept current.

3. Everyone who feeds a child knows what that child cannot have. Catering staff, class staff, club staff and staff on visits all work from the same information.

4. Adrenaline is always available. The school holds spare auto-injectors irrespective of whether an individual child has their own on site.

5. Any suspected anaphylaxis is treated as anaphylaxis. Staff give adrenaline and call 999. Nobody waits to be certain.

A pupil whose allergy has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities is disabled within the meaning of the Equality Act 2010. The school makes reasonable adjustments accordingly — to meals, to activities, to trips and to the school day — so that the pupil is not placed at a substantial disadvantage and is not excluded from anything the other children do.

3. Identifying and Recording Allergies

Allergy and dietary information is collected on the admission form before a child starts, is confirmed with parents at the start of each academic year, and is updated whenever parents notify a change. Parents are asked to inform the school in writing as soon as an allergy is diagnosed or changes.

For every child with a diagnosed allergy the school holds:

- an allergy action plan — the BSACI template, or the plan supplied by the child's clinician — completed with the parents and, where appropriate, signed by a health professional;
- a recent photograph of the child attached to the plan;
- details of the child's prescribed medication, its location and its expiry date;
- the parents' and emergency contacts' details.

A consolidated allergy list, with photographs, is held in the school office, the kitchen, the staff room and the wraparound care base, and is reviewed each half term. The list is treated as special category health data under UK GDPR and is handled in accordance with the school's Data Protection Policy: it is visible only to staff who need it in order to keep the child safe.

4. Food, Catering and Safer Eating

• Allergen information for every dish on the menu is held by the catering team and is available to parents on request.

• The kitchen prepares allergen-aware meals against the consolidated list, and any change of menu or supplier is checked against it before service.

• Staff supervising a meal know which children have allergies and check that each child receives the right meal. Responsibility for that check is allocated before service, not assumed.

• Food brought in from home, including packed lunches and birthday treats, is subject to the arrangements in the Food Policy. The school will restrict specific allergens across the site where a child's needs require it, and will tell parents when it does.

• Children do not share food.

• In the Early Years, a member of staff holding a current paediatric first aid certificate is present in the room whenever children are eating, and food is prepared appropriately for each child's developmental stage. Choking incidents are recorded and reviewed.

• Tables and surfaces are cleaned between sittings, and children wash their hands before and after eating.

5. Adrenaline Auto-Injectors

The school holds spare adrenaline auto-injectors for use in an emergency, under the Human Medicines (Amendment) Regulations 2017, which permit a school to hold spare AAIs without prescription and to administer them to a pupil known to be at risk of anaphylaxis.

Written parental consent and a medical diagnosis are obtained in advance, through the allergy action plan, for every child known to be at risk. The absence of recorded consent must never delay life-saving treatment. Regulation 238 of the Human Medicines Regulations 2012 permits a spare device to be administered without prior consent to save the life of a person in an unforeseen anaphylactic emergency. Staff who act reasonably to save life are supported by the school without exception.

• Spare AAIs are held at the school office and in the Early Years, both in clearly labelled, unlocked and readily accessible locations.

• A child's own prescribed AAIs are kept with the child's allergy action plan and travel with the child on visits.

• The Head of Operations checks stock and expiry dates every half term, records the check, and replaces any device within one month of expiry.

• Parental consent to administer a spare AAI is obtained as part of the allergy action plan — as advance good practice, never as a precondition of emergency treatment.

6. Recognising and Responding to a Reaction

6.1 Mild to moderate reaction

Signs may include an itchy mouth, hives or a rash, swelling of the lips or face, abdominal pain or vomiting. Staff stop the child eating, stay with them, give antihistamine if it is prescribed in the child's plan, and contact the parents. The child is observed closely, because a mild reaction can progress.

6.2 Anaphylaxis

Anaphylaxis is a life-threatening reaction. It affects Airway, Breathing or Circulation (ABC): difficulty breathing, noisy breathing, wheeze or a persistent cough; swelling of the tongue or throat, or a hoarse voice; difficulty talking or swallowing; pale, clammy or floppy; dizziness, collapse or reduced consciousness.

1. Give adrenaline immediately — the child's own AAI, or a school spare. Do not delay to look for the child's own device.
2. Lay the child flat with legs raised. If breathing is difficult, allow them to sit, but never stand them up or let them walk.
3. Call 999, say “anaphylaxis”, and give the school address.
4. Give a second dose after five minutes if there is no improvement.
5. Send someone to meet the ambulance and to bring the child's allergy action plan.
6. Contact the parents as soon as adrenaline has been given.
7. Stay with the child until the ambulance arrives. The child goes to hospital even if they appear to recover.

7. Training

All staff receive allergy and anaphylaxis training annually, covering allergen awareness, recognition of a reaction, use of an adrenaline auto-injector and the emergency procedure at section 6. Training is included in induction for new staff before they work unsupervised with children, and is extended to catering staff, wraparound care staff and regular volunteers.

Training records are held by the Head of Operations, with dates and content, and are available for inspection. Attendance is monitored and chased.

8. Educational Visits, Clubs and Events

- Allergy information travels with the group. The visit leader carries the allergy action plans, the children's own AAIs and a spare.
- Risk assessments for visits address food, and where a venue or caterer is involved the school confirms allergen arrangements in advance.
- External club and activity providers operating on site are given the relevant allergy information and confirm they have staff trained in anaphylaxis response.
- At events where food is served to children, allergens are labelled and a trained member of staff with access to adrenaline is present.

9. Recording, Reporting and Review

- Every reaction, and every administration of adrenaline, is recorded on the day, reported to parents immediately, and reviewed by the Head of Operations.
- Administration of adrenaline is reported to the Governing Body.
- In the Early Years, a serious accident, injury or death is notified to Ofsted and to local child protection agencies as soon as reasonably practicable and in any event within 14 days.
- Any near miss — a child receiving or nearly receiving an allergen — is recorded and investigated, and the arrangements are changed if they failed.
- The Head of Operations reports annually to the Governing Body on allergy provision, training completion and AAI stock. The Governing Body reviews this policy annually.

10. Related Policies

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Food Policy
- Health & Safety Policy and Educational Visits Policy
- Data Protection Policy — handling of health data

Creation authorised by: Governing Body resolution of 28 August 2026. Text awaiting ratification at the next meeting of the Governing Body.