

Allergy Policy

Reviewed September 2026

School Vision

We shine like stars to achieve and make a difference in the world, knowing that with God, all things are possible.



Allergy Policy

1. Introduction

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).



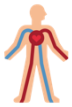
AIRWAY

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)



BREATHING

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)



CIRCULATION

- Feeling dizzy or faint, light-headed
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)
- Clammy Skin

2. Roles and Responsibilities

Parental Responsibilities:

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

• Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.

• Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. Medication must be prescribed by a GP with the child's name clearly labelled.

• Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Senior Leader Responsibilities

The Headteacher will designate a member of the Senior Leadership Team as the School Allergy Lead. The Allergy Lead is responsible for ensuring implementation of this policy, staff training, oversight of Individual Healthcare Plans, incident review and quality assurance.

Staff Responsibilities

All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.

• 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.
• First Aid Lead will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
• It is the parent's responsibility to ensure all medication in in date however the school First Aid Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
• School keep a list of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

• 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.
• Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Governor Responsibilities

- The named person for allergy safety will be our SEND governor.
- The local governing body will receive an annual report from the Headteacher regarding allergy safety, training, incidents, near misses and compliance.
- The governors will receive a report from the headteacher of any serious incident at the next planned governor meeting.

Volunteers/Contractors/Agency Staff/Visitors Responsibilities

Where appropriate, volunteers, contractors, wraparound providers, agency staff and visitors will be informed of relevant allergy safety procedures.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to be signed by the parent/guardian to administer the schools spare adrenaline auto-injector.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school –

Every Allergy Action Plan and Individual Healthcare Plan will be reviewed at least annually or sooner following any significant change, allergic reaction or treatment.

4. 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. AAIs 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 reoccur after treatment.

5. Supply, storage, access and care of medication

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. 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 AAIs i.e. EpiPen® or Jext® or Emerade®
- 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 School Lead First Aider 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Emergency medication must be stored so that it can be accessed immediately. For pupils with a known severe allergy, prescribed adrenaline auto-injectors (AAIs) must be readily available at all times and accompany the pupil where appropriate, including during PE, educational visits, outdoor learning and movement between classrooms or buildings.

Schools must ensure that emergency AAI medication is available within a maximum of five minutes from any location on the school site. On larger or split-site campuses, this may require emergency medication to be stored in more than one location. This provision applies where a pupil's prescribed medication is not immediately available (for example, where it has been left in a bag or locker) or where a pupil is experiencing a first anaphylactic reaction and has no prescribed medication.
All staff are responsible for ensuring that emergency medication remains accessible at all times and is not left in a location that could delay administration in an emergency.

Older children and medication

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

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to ambulance paramedics on arrival or can be disposed of by taking them to the local medical centre.

These are stored in a clear container, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and accessible and known to all staff.
Aspull Church Primary School holds 2 spare pens which are kept in the following location/s:- School Office
The school Lead First Aider/School Business Manager is responsible for checking the spare medication is in date on a half termly basis and to replace as needed.
Written parental permission for use of the spare AAIs is included in the pupil’s allergy action plan.

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.

6. 'Spare' adrenaline auto-injectors in school

School will purchase spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

7. Staff Training

All staff will complete anaphylaxis training online via Schoot at least anually. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis –knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and Safeguarding

Our school 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. The guidance recognises that pupils with allergies can experience anxiety, isolation and bullying.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information.

The school menu is available for parents to view in advance on the school website.

The Lead First Aider/School Business Manager will inform the Catering Manager of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager 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.
- If food is purchased from the school kitchen, parents should check the appropriateness of foods by speaking directly to the Catering Manager.
- Pupils should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- 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 Catering Manager.
- 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. School trips, visits, visitors

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. 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

These require 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).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food. 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.

Animals & Insect Bites/Stings
Where any planned school activity involves 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 not interact with animals.

Where a pupil has a known allergy to insect bites or stings, the school will implement appropriate risk reduction measures, taking account of the pupil's individual risk assessment and Allergy Action Plan. These may include the use of appropriate footwear outdoors, covering food and drinks where practicable, increased supervision during outdoor activities and ensuring emergency medication is readily available.

Allergy awareness and nut bans
Aspull Church Primary School 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 9 pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11. Risk Assessment
Our school 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.

12. Hygiene Procedures

To reduce the risk of allergen exposure and cross-contamination, we will implement the following hygiene procedures:

- Pupils and staff will be encouraged to wash their hands thoroughly with soap and water before and after eating, cooking activities and any activity involving food.
- Hand sanitiser should not be used as a substitute for hand washing where allergen removal is required, as it does not effectively remove food allergens.
- Tables, work surfaces, food preparation areas and shared equipment will be cleaned regularly using appropriate cleaning products and methods to remove food residues and allergens.
- Particular attention will be given to cleaning surfaces following meal times, snacks, cooking activities, celebrations and curriculum activities involving food.
- Pupils will be reminded not to share food, drinks, eating utensils, straws, water bottles or food containers with others.
- Staff will carefully consider the use of food in lessons, enrichment activities, celebrations, rewards, fundraising events and curriculum activities and will ensure appropriate risk assessments are completed where required.
- Where food is used as part of the curriculum or wider school activities, staff will take reasonable steps to minimise the risk of allergen exposure and ensure alternative arrangements are available where necessary.
- School staff, catering staff and pupils involved in food preparation activities will take reasonable measures to prevent cross-contamination between allergen-containing and allergen-free foods.
- Separate utensils, equipment, preparation areas and storage arrangements will be used where necessary to reduce the risk of cross-contamination.
- Staff supervising meals and food-related activities will remain vigilant to the risk of allergen exposure and ensure that agreed control measures are consistently followed.
- Any concerns regarding allergen exposure, contamination or near misses will be reported promptly and reviewed to identify any additional control measures required.

13. Monitoring

All allergy incidents, anaphylaxis events and significant near misses will be recorded, reviewed and used to identify improvements to systems, procedures and training. Where appropriate, findings will be shared with staff to reduce future risk.

Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

Allergy Wise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

Resources for managing allergies at school - https://www.allergyuk.org/living-with-an-allergy/at-school/

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

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