





Allergy awareness and control policy

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Abstract: This policy sets out how the school will support children with allergies, including training raising awareness and control measures to limit allergens in school

Approved by:	Mrs M Young Chair of Governors	
Approved by:	Mrs J Watson Headteacher	
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Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

Legislation and guidance

This policy is based on the Department for Education's guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

[The Food Information Regulations 2014](#)

[The Food Information \(Amendment\) \(England\) Regulations 2019](#)

Roles and responsibilities

We take a whole-school approach to allergy awareness.

Allergy Ambassador

The nominated allergy ambassador is Office Manager Louise Barnard

They're responsible for:

- Promoting and maintaining allergy awareness across our school community

Ensuring:

- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AUTO-INJECTORS)
- Regularly reviewing and updating the allergy policy

Allergy lead

The nominated allergy lead is Wellbeing Ambassador Hannah Slade

The allergy lead is responsible for:

- Recording and collating allergy and special dietary information for all relevant pupils
- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional
- Coordinating the paperwork and information from families

- Coordinating medication with families
- Checking spare AUTO-INJECTORS are in date
- Any other appropriate tasks delegated by the allergy ambassador

Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

Parents

Parents are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Pupils with allergies

These pupils are (where age appropriate) responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (staff are still expected to help administer the AUTO-INJECTOR if the pupil is not able to do so)

Pupils without allergies

These pupils are (where age appropriate) responsible for:

- Being aware of allergens and the risk they pose to their peers

Severe allergic reactions

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps).

It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis but the child should still be closely monitored.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.
- Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.
- In severe cases, the allergic reaction can progress within minutes into a life threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Messy or sensory play using foodstuffs
- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Managing risk

A child or adult could have a potentially life threatening allergy to anything however there are some common allergens:

The 14 Food Allergens

The food standards agency has identified the following as the 14 most common food allergies. Foods containing these allergens must be labelled correctly.

- Wheat and cereals containing gluten
- Sulphites/Sulphur Dioxide - Sulphites are preservatives added to food and drinks to extend their shelf life.
- Celery
- Crustaceans including crab, lobster, crayfish, and prawns.
- Egg
- Fish
- Lupin - the lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food.
- Milk
- Mustard
- Molluscs - including mussels, oysters, scallops, snails, squid, octopus and many more.
- Tree Nuts - Tree nuts include almonds, Brazil nuts, cashew nuts, hazelnuts, walnuts, pecans, pistachios and macadamia nuts.
- Peanuts
- Sesame
- Soya

Other common allergies include:

- Banana
- Buckwheat
- Kiwifruit
- Onion and garlic
- Legumes and pulses
- Plant-based oils
- Animals
- Chlorhexidine - found in antiseptic products, some medications and some suncreams
- Exercise
- Medications
- Insect stings
- Latex
- Mould

Educational and play activities

Educational and play activities involving foodstuffs, packaging or other potential allergens should be risk assessed with an awareness of the children taking part but also of those who could come into contact with potential allergens incidentally, such as children using the same room or equipment.

Cooking lessons with potential allergens such as wheat and milk may still take place but only where a risk assessment has taken place and control measures such as clear knowledge of the allergy profiles of children taking part and hygiene procedures have been put in place.

Staff planning activities involving foodstuffs or potential allergens should discuss their risk assessment with the allergy ambassador or allergy lead before the activity takes place.

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating and before and after any activities involving handling foodstuffs or potential allergens.
- Sharing of food is not allowed
- Pupils have their own named water bottles
- Areas exposed to potential allergens should be thoroughly cleaned with disposable cleaning wipes to avoid cross contamination with cloths.

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies and works with our school meals provider Kid Lunch Company to ensure food is safe for children with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents to view with ingredients clearly labelled from the Kids Lunch Company website <https://kidslunch.co.uk/>
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we ask pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school the food will be confiscated and disposed of.

Animals

We ask all parents to provide consent for children to interact with our school guinea pigs, 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.

Parents should also be aware that our site is often visited by a local cat. We endeavour to keep this friendly and curious community member out of the school building and would encourage parents and staff to support this where possible.

Support for mental health

Pupils with allergies can experience may suffer from anxiety and depression relating to their allergy. Children will be supported in line with our school's behaviour policy to prevent bullying.

Pupils with allergies will have additional support through:

- Pastoral care provided by our Wellbeing Ambassador
- Regular check-ins with the class teacher
- External support through the school nursing team if required

Events and school trips

The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training.

Appropriate measures will be taken in line with the schools auto-injector protocols for off-site events and school trips.

All children who have been prescribed an auto-injector must have two with them on any external trips.

Procedures for handling an allergic reaction

Pupils with auto-injector devices

Children at risk of anaphylaxis should have their prescribed auto-injector devices at school for use in an emergency. The Medicines and Healthcare Products Regulatory Agency currently advise that anyone prescribed an auto-injector should carry two with them at all times. In reality the feedback from parents has been that many GPs are unwilling to prescribe enough auto-injectors for a child to have two permanently stored at school. Children must therefore have one auto-injector in school at all times. If the child is going on a trip or activity out of school, they must have two auto-injector devices with them.

A child's auto-injector is stored in a red bum bag which the child will keep with them throughout the school day unless a specific agreement is made between parents and the school which should be detailed in the child's IMSP. Parents should collect their child's auto-injector before school holidays (including half-term breaks) to ensure that they remain in date and have not expired.

The school keeps a record of pupils with known allergies including those who have been prescribed an auto-injector. All children with a severe allergy will have an Individual Medical Support Plan (IMSP) which will include details of the action to take in an emergency. A copy of the IMSP is maintained in the admin office and a further copy provided to the class teacher.

The IMSP should include:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed auto-injector(s) (and if so, what type and dose)
- Emergency actions and contact numbers

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan from the British Society for Allergy and Clinical Immunology (BSACI), provided by the child's healthcare practitioner. A copy should be attached to the child's IMSP and also kept with the child's auto-injector.

A photograph of each pupil with a severe allergy is kept on our medic alert boards in the admin room and staff room so that children and details of their allergies are quickly and easily accessible to staff.

Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

All members of staff are trained in the administration of auto-injectors.

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's IMSP.

If an auto-injector needs to be administered, a member of staff member will use the pupil's own auto-injector, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.

The school's emergency auto-injector can be given to save the life of any child experiencing the symptoms of a severe allergic reaction, even if they have not previously been diagnosed with an allergy.

DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Symptoms of anaphylaxis

- swelling of the throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in throat or a hoarse voice

- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue - if the child has brown or black skin, this may be easier to see on the palms of hands or soles of feet
- a rash that's swollen, raised or itchy.

Actions in the event of suspected anaphylaxis

1. Don't move the casualty - walking can make a reaction worse
2. Use the child's adrenaline auto-injector if they have one, if they do not use the school's emergency auto-injector - the auto-injectors have instructions on the side as how to use of different brands varies slightly:

Epi-pen:

- 'Blue to sky, orange to thigh'
- Remove blue safety cap
- Position 10 cm away from child's upper outer thigh
- Jab firmly into thigh - you should hear a click
- Leave for 3 seconds

Jext:

- Remove yellow safety cap
- Place black end against child's upper outer thigh at approximately 90 degrees
- Press the injector as hard as you can against the thigh - you should hear a click
- Leave for 10 seconds
- Remove device and massage area for 10 seconds

3. Note the time auto-injector given
4. Call 999 for an ambulance and say that you suspect an anaphylactic reaction.
5. Lie casualty down - you can raise their legs, if the child is struggling to breathe, raise their shoulders or sit them up slowly
6. If the child has been stung by an insect, try to remove the sting if it's still in the skin.
7. If symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector as above in the child's other legs.
8. Retain any used auto-injectors and give to the ambulance crew.
9. Do not let the casualty stand or walk at any time, even if they feel better.
10. Keep the casualty calm by chatting to them and reassuring them until the ambulance arrives. Monitor them closely and in the event of loss of consciousness or if they stop breathing follow emergency first aid procedures.

Emergency Auto-injector

The school holds two emergency auto-injector kits

Usage

The schools' auto-injectors can be given to save the life of **any** child experiencing the symptoms of a severe allergic reaction even if they have not previously been diagnosed with an allergy. Staff taking any children out of school should for a trip or visit should take an emergency auto-injector kit with them.

Auto injectors are available in different doses.

Due to the age and weight range of our children each kit will contain;

2x Jext or Epi-Pen (both to be same brand) auto injectors 150mcg for use on children weighing under 30kg (4.7 stone)

2x Jext or Epi-Pen (both to be same brand) auto injectors 300mcg for use on children / adults weighing over 30kg (4.7 stone)

Staff are not expected to weigh children in the event of an emergency allergic reaction and should make an **approximate** assessment of which auto-injectors to use. As a very rough guide average sized 8 year olds (Year 3 or 4) will be around 30Kg so consider if a child is very small or large for their age.

The school auto-injectors will be stored in Front Office. Alongside the auto-injectors the kit will include:

- Instructions on how to use the device(s).
- Manufacturer's information.
- An administration record.

Many allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis. As such the auto-injector should be stored alongside the emergency inhaler kit.

The school's auto-injector devices held in the Emergency Kit should be kept separate from any pupil's own prescribed auto-injector devices and clearly labelled to avoid confusion with that prescribed to a named pupil.

Storage

The allergy lead will make sure all auto-injector s are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times

- **Not** located more than 5 minutes away from where they may be needed (larger schools will require more than one auto-injector kit, ideally located near the dining area and playground)

Maintenance (of spare auto-injector s)

The Allergy Lead with support from the school receptionist are responsible for checking monthly that:

- The auto-injector s are present and in date
- Replacement auto-injectors are obtained when the expiry date is near

Disposal

Auto-injectors can only be used once. Once an auto-injector has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where auto-injectors are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies

All staff should be trained at least once a year.

Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting pupils with medical conditions policy

Medications policy