All Saints Church of England Primary School

'Playing our part in God's plan as we journey together to achieve the best for ourselves and others'

Allergens and Anaphylaxis Policy

Statement of intent

All Saints Church of England Primary School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Equalities statement

Our school is clear about the need to actively support pupils with medical conditions to participate in school life. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Context

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of allergic reaction, symptoms and are able to manage it safely and effectively. Schools have a legal duty to support pupils with medical conditions, including allergy.

Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency. Anaphylaxis is uncommon, and almost always children recover from it fully.

In rare cases it can be fatal and must always be treated as a time-critical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

Principles of this policy

- To comply with all relevant environmental legislation, regulations and requirements
- To encourage proactive steps to keep pupils safe
- To ensure pupils from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling
- To work with the catering provider to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take
- To develop a pupil awareness programme through PHSE and other curriculum areas

Practical steps (see also Appx I and Appx II)

In order to put these principles into practice we will:

Governors

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective

- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils with allergies
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose

Headteacher

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Ensure the curriculum contains age-appropriate content so all pupils can learn about allergies and how everyone can support those who have them
- Create links at strategic level with Healthcare professionals and Catering providers and ensure at operational level that links are robust
- Ensure that up-to-date allergy information for pupils is accessible to catering teams.
- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update for the new school year. Seek updated medical information at the commencement of each calendar year and for any pupil joining in year
- Where the pupil has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil in establishing IHPs
- Encourage parents/carers to provide an allergy action plan that can be incorporated into the Individual Healthcare Plan and made available for all staff to access and help the school support the pupil
- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information
- Ensure there are enough trained staff to meet the statutory requirements and assessed
- needs, allowing for staff absences away from the school premises
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricula activities for pupils who have allergies
- Ensure records of pupils medically prescribed an Adrenaline Auto-Injector (AAI) and its use are kept correctly
- Ensure pupil documentation and in date medication is kept correctly and safely
- Ensure best practice in the labelling of foodstuffs and their contents
- Report to the Board of Governors regarding the management of allergies within the school

Member(s) of Staff responsible for medical needs

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Report to the Headteacher regarding pupils with allergies

- Lead on the training of staff regarding allergy medical needs and their identification and Management
- Work closely with sub-contracted Catering Managers in assisting in the support of pupils with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitor where there are home baked items brought into school
- Liaise with parents/carers of pupils with known declared allergies to produce a risk assessment within their Individual Healthcare Plan for their child that includes sharing of information, allergy management, risk minimisation and emergency actions
- Ensure copies of the IHP are available for all staff to access
- Ensure all copies of the IHP located around the school and/or on IT systems are identical if an updated version is received
- Where an allergy action plan has not been received for a pupil with recognised allergies to be incorporated into the Individual Healthcare Plan, or if the medication information is not clear, liaise with parent/school nursing team, to obtain an up-to-date copy and or clarification
- Ensure medication is stored safely and clearly labelled with the pupil's name
- and a photograph (older pupils should carry their Adrenaline Auto-Injectors and medication with them)
- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil's IHP
- Ensure that any other staff involved with those pupils requiring the use of an AAI are also adequately trained and competent
- Work with staff to ensure all school trips, excursions or off-site extra curricula activities for pupils are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies
- Ensure the school has an audited spare supply of in date Adrenaline Auto-Injectors that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils and are of the correct dosage
- Arrange for the correct disposal of out-of-date Adrenaline Auto-Injectors (AAI)
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate
- Record all emergency uses of AAIs or reports of suspected emergencies
- Ensure that, if a pupil notifies school that they are no longer allergic to a food, this information is checked with parent prior to updating records and the IHP (if applicable)

All Staff

- Follow as directed all the requirements of the school, including all legal requirements,
- recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate anaphylaxis training and be confident to respond to an allergy
- emergency
- Raise awareness about allergies and anaphylaxis amongst their pupils in the

classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst pupils living with allergies
- Help all pupils understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe
- Be aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all pupils with medical conditions, including allergies, are carrying their medication
- Staff leading a school trip, excursion or off-site extra curriculum activity must ensure they carry all relevant emergency supplies with them

Parents/Carers

- Notify the school of the pupil allergies
- Inform the school of any changes as soon as known
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction
- Provide an allergy action plan as part of the Individual Healthcare Plan completed by a healthcare professional that can be kept with their medication and help the school support the pupil
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required
- Provide any other written medical documentation, instructions and medications as directed by a health professional
- If you require it, meet with the Catering Manager to discuss any specific requirements
- relating to your child's allergy (information from these meetings will be recorded by the Catering Manager)
- Be aware of the school Allergens Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their Adrenaline Auto-Injectors on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Head and/or Member of Staff responsible for medical needs, the pupil's doctor and the pupil (if age appropriate) after a reaction has occurred

Pupils with allergies (as age appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and

- medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to
- administer their own auto-injectors) take responsibility for carrying AAIs on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own Adrenaline Auto-Injectors on them at all times (in a suitable bag/container). 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 which stays in the Medical Room should contain:

- One spare Adrenaline Auto-Injector i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required

The child should have in their bag and with them at all times:

- One AAI i.e. EpiPen® or Jext®
- 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 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.

Storage

Adrenaline Auto-Injectors should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

Adrenaline Auto-Injectors are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor.

The sharps bin is kept in the following room: School Medical Room

Spare AAIs

Schools can now legally purchase and store spare Adrenaline Auto-Injectors (AAIs for children at risk of anaphylaxis). Immediate access to an AAI can be life-saving. While it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It is a step towards creating a safer and more inclusive environment for children managing severe allergies.

The spare AAI is kept: In the Medical Room

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.
The school menu is available for parents to view in advance. Catering staff can identify pupils with allergies through a list with photographs. Our Health & Safety Rep keeps these up-to-date.
Parents/carers are able to liaise with the Catering Manager/Catering company 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
- 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. 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
- Any recipes used in cookery with a child with allergens should be first checked and agreed with parents. Only individual ingredients to be used and no packet mixes to be used when baking cakes

Allergy awareness and nut bans

In this school, we ask that pupils and staff do not bring nuts or anything containing nuts into school however, we recognise the approach advocated by many allergy charities 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. At this time, we ask for no nuts in school both from an allergen perspective (known and not known) and from a possible choking risk.

On the whole, we do endorse that 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 pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Training

Allergy training should include a practical session (trainer AAIs are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- 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
- Associated conditions e.g. asthma
- Managing Allergy Individual Healthcare Plans and ensuring these are up to date

This Policy will be reviewed and shared annually.

Linked policies and documents:

- Supporting Children with Medical Needs
- First Aid Policy
- Health & safety Policy

Date agreed:	**November 2025**
Review date:	**November 2026**

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

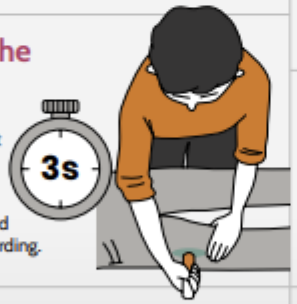


2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**



5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

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Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed

Mild Reaction
- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose
- Check correct dose as on pharmacy label

Contact Parent / Carer
- Notify them that their child has had an allergic reaction
- **Supervise child continually**

- If child vomits within 30 minutes of being ghiven first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours
- Dosage as directed on pharmacy label

If condition worsens move to Severe Reaction

Severe Reaction
- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty
ensure child sits upright

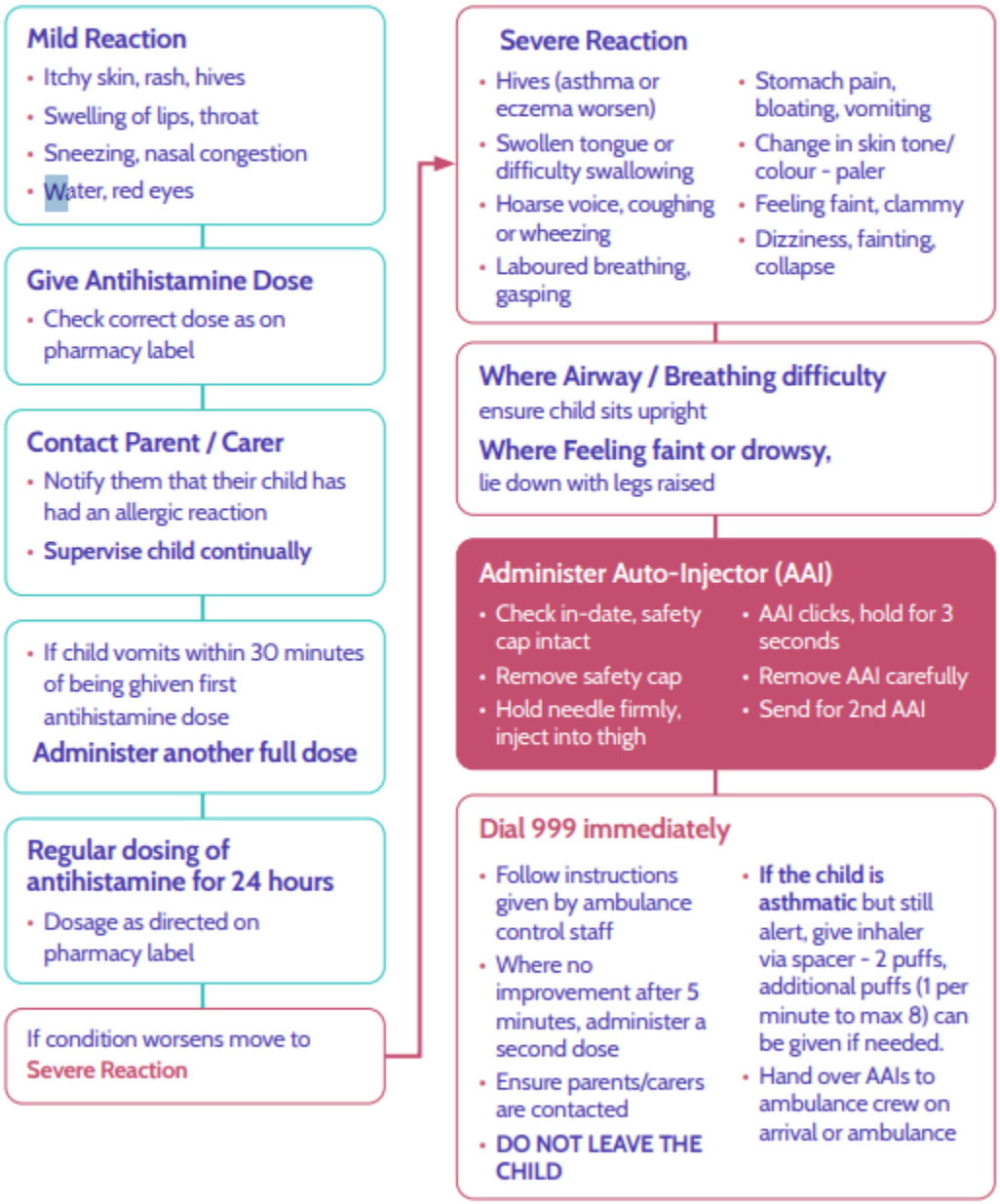
Where Feeling faint or drowsy,
lie down with legs raised

Dial 999 immediately
- Follow instructions given by ambulance control staff
- Inform ambulance control if you have spare in-date Adrenaline Auto-Injectors at the School
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- **If the child is asthmatic** but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given if needed.

Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- **Cereals containing Gluten**
- **Celery**
- **Crustaceans**
- **Eggs**
- **Fish**
- **Soya**
- **Milk**
- **Nuts**
- **Peanuts**
- **Mustard**
- **Sesame Seeds**
- **Sulphur dioxide/Sulphites**
- **Lupin**
- **Molluscs**

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VII - Top 14 Allergens poster

