



# Allergy and Anaphylaxis Policy

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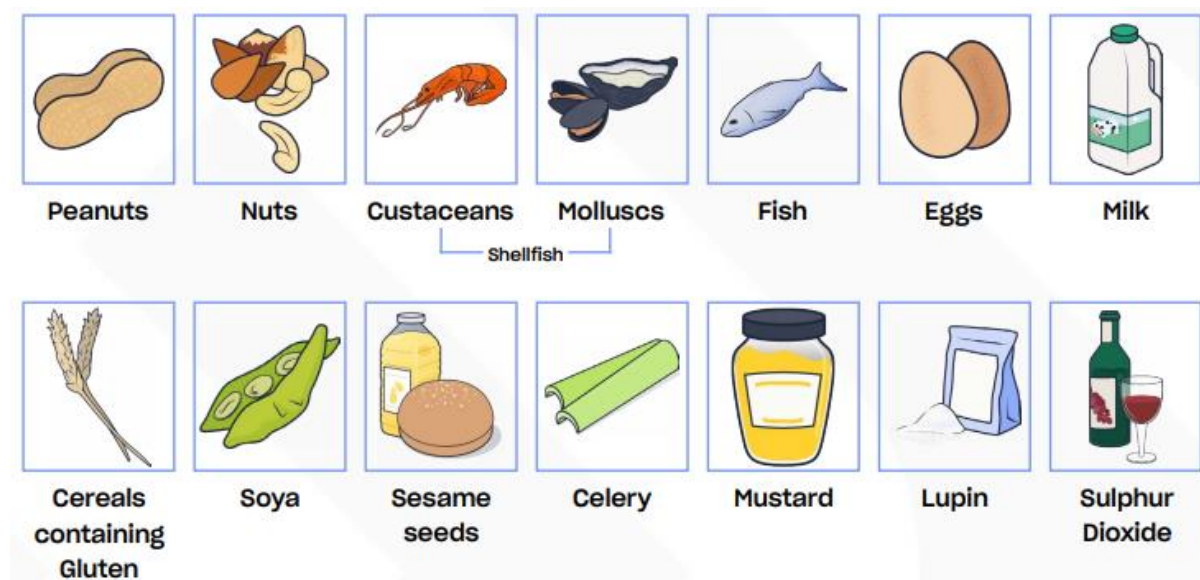
## Introduction

This policy demonstrates the school's commitment to reducing the risk to pupils and staff with allergies, intolerances, coeliac disease and wider food hypersensitivities. Throughout this policy, we aim to highlight the procedures the school will follow to ensure that we are doing everything we can to maintain safety and that all staff are appropriately trained and able to deal with situations where pupils experience allergic reactions.

Pupils can be allergic to many different things around them - these are called allergens.

Common UK Allergens include (but are not limited to): - Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Medicines, Insect venom, Pollen and Animal Dander.

There are 14 food allergens as contained within the law:



Allergic reactions can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to usually harmless ingredients. Mild reactions may include itching, sneezing or skin rashes; however, anaphylaxis is a severe reaction that requires immediate treatment with an adrenaline auto-injector

## Background information

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

What is an allergy?	<ul style="list-style-type: none"><li>• An adverse reaction by the body's immune system to a specific allergen.</li><li>• An allergic reaction can occur even after being exposed to just a trace of the allergen and can be life-threatening.</li><li>• Symptoms of an allergy are often mild but can be very severe.</li><li>• The most common symptoms include sneezing, itchy skin and rashes, stomach cramps, nausea and vomiting. Symptoms of anaphylaxis include difficulty breathing, a drop in blood pressure and a loss of consciousness.</li><li>• Allergies can present themselves differently, and each person may show different symptoms.</li><li>• These are most likely to occur either while eating or soon after eating the allergenic food but, in some cases, can develop hours - or even days later.</li></ul>
What is an intolerance?	<ul style="list-style-type: none"><li>• An adverse reaction by the body to a specific food ingredient.</li><li>• It is unrelated to the immune system and, therefore, is not life-threatening.</li><li>• Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts.</li><li>• Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.</li></ul>
What is Coeliac disease?	<ul style="list-style-type: none"><li>• Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed.</li><li>• The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb some nutrients from food.</li><li>• The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.</li></ul>
Who does it affect and how?	<ul style="list-style-type: none"><li>• No one is born with an allergy. They can develop at any age and are dependent on a multitude of factors. Similarly, food intolerances and Coeliac disease can occur at any stage in a person's life. Currently, there is no known 'cure' for food hypersensitivities - instead, they are conditions that need to be managed throughout an individual's life</li><li>• Allergic reactions can be life-threatening, known as anaphylaxis. They occur because the body's immune system has overreacted to an allergen. They can cause swelling of the airways, and the person will need immediate medical attention.</li><li>• Severe allergies can be triggered by even trace amounts of the allergen.</li><li>• If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.</li></ul>

## **Roles and responsibilities**

### **Staff Responsibilities**

All staff must complete allergy training annually.

Staff must familiarise themselves with the pupils in their care with allergies and how to deal with any reactions they may experience.

Mealtimes will be supervised with care, and pupils with severe allergies will receive further vigilance. Particular attention should be paid to the risk of cross-contamination and protein transfer from adjacent pupils' foods.

All staff supervising mealtimes must be aware of the ingredients in the food served. Pupils should always have options that they can enjoy safely, and those with food hypersensitivities should be able to feel included.

School trip leaders must inform accompanying staff of pupils with allergies and ensure that pupils carry the required medication. This will be checked carefully on the morning of the trip, and pupils without medication must not attend the trip.

The allergy lead/School business manager will be responsible for keeping records of pupil medication and staff training, ensuring the safe storage of pupil medication and recording any incidents linked to adverse reactions.

The school will not participate in reintroducing an allergen to a pupil. Still, they may consider supporting a pupil who is progressing through an allergen ladder - however, written communication with a parent/carer and healthcare professional must be obtained and recorded.

A designated member of staff should be responsible for recording accidents, incidents and near misses regarding allergic reactions. The responsible staff member should regularly report to, and be monitored by, the Governing Body.

### **Parent/carer responsibilities**

Parents/carers must provide the school with accurate and up-to-date information regarding allergies when the pupil joins the school and throughout the time they attend.

Parents/carers are responsible for ensuring that any required medication is in-date and provided as required. (The school will also keep a note of this information).

Parents/carers must ensure that appointments with GPs or allergy specialists are attended as required and that relevant information arising from these is passed on to the school.

Parents/carers should provide the school with the pupil's signed Allergy Action Plan.

## **Pupil responsibilities**

Pupils must actively engage in learning regarding allergies and hypersensitivities, regardless of whether they themselves experience them.

They are encouraged to support their peers and must always be kind and understanding.

Pupils who are old enough and able should be encouraged to carry their medication, including AAI's and, where appropriate, know how to administer medication themselves.

Pupils with food hypersensitivities are encouraged to communicate with catering staff and lunchtime supervisors regarding the ingredients in the meals served.

## **Emergency anaphylaxis response plan**

### **Symptoms of anaphylaxis**

The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

Think ABC:

- **Airways:** Severe swelling of the airways, often indicated by difficulty speaking or swallowing.
- **Breathing:** Difficulty breathing, often indicated by wheezing or noisy, laboured breathing or an odd, repetitive cough after ingesting food.
- **Consciousness:** Dizziness, feeling faint, tired or confused or having pale/clammy skin may indicate issues with circulation, which is known as an "altered conscious state."

If a pupil displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient, they are allergic to, a swift response is vital.

This is considered a medical emergency, and the emergency anaphylaxis response plan must be followed:

1. Lay the child down flat wherever possible with the head slightly elevated.
2. Administer the adrenaline auto-injector without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.
3. After administering the AAI, raise the child's legs. The child can sit up at short intervals if they feel more comfortable, but ideally, they should remain in this position.
4. Call 999, stating anaphylaxis.
5. After five minutes, a second AAI can be administered in the outer thigh of the opposite leg if possible.
6. If the pupil stops breathing, commence CPR and locate the defibrillator (located in first aid room).
7. Call parents/carers as soon as possible.

Do not leave the pupil unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil.

All pupils must go to the hospital following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a secondary reaction. If one or two of their AAI's has been used, the hospital will need to replace them before the child is discharged.

### **Supply, storage and care of medication.**

Parents/carers must ensure that any medication is provided and labelled with the child's name/photo. They must ensure that replacement medication is sourced quickly and before the expiry dates.

Any medication which the school holds is stored safely and is accessible to all staff. For example, AAI's are stored at room temperature, ideally between 15 C and 25 C, away from direct sunlight and away from any heat source, and medication is never locked away.

All staff are made aware, through training, of the location of all medication.

### **The storage and use of spare adrenaline auto-injectors in school.**

Schools are allowed to obtain, without a prescription, adrenaline auto-injector (AAI) devices for use in emergencies. These can be administered to children with a prescribed AAI in an event where, for example, they have forgotten their own AAI, it is out of date or broken. They can also be administered to children who, as per medical confirmation in their Allergy Action Plan, are at risk of anaphylaxis and have parental consent.

The school has purchased a spare AAI, a asthma inhaler and has Piriton (anti-histamine) on site which can be administered if a pupil does not have their AAI or it is out of date.

In the event that a pupil presents with symptoms of anaphylaxis but does not have their own prescribed AAI, or medical/parental consent to administer one as outlined above, one of the school's AAI's may be used. However, advice must be obtained by emergency services first.

### **School Lunches.**

Our school lunches are provided by HCL – Please visit their website <https://specialdiet.citrus.online/> to apply for a special menu and read their frequently asked questions section.

To apply for an adapted menu, you will need: a passport style photo, their class/year group, medical information of their allergy or intolerance.

If you provide your child with a school lunch, please refer to our lunchbox leaflet and ensure all your child's lunch boxes are clearly labelled.

## Extra-curricular activities

The school is committed to ensuring that pupils with allergies and hypersensitivities are included in extracurricular activities such as school trips and excursions.

The trip/excursion leader will check allergies and hypersensitivities for all pupils and communicate this to other staff. They will also lead additional planning and preparation, involving parents/carers/other staff within the school to ensure that the activity remains safe for the pupil.

Trip leaders will be trained to confidently administer AAIs and ensure that staff members supervising children who carry an AAI are also trained.

External venue staff—i.e., staff at a centre for an overnight stay—will have all allergies and hypersensitivities communicated to them clearly. They will be encouraged to advise on how they will provide/cater for pupils safely ahead of the planned trip, and the suitability of these arrangements will be checked by staff and agreed upon by parents.

In some cases, where external catering cannot satisfactorily reassure that they can accommodate pupils with food allergies or hypersensitivities, parents/carers may be asked to provide food and drink for the pupil.

Additional risk assessments must be completed for these pupils for activities such as sports days where insect stings could occur or lessons involving food, such as food technology, baking or creative lessons where food ingredients or boxes are used.

## Staff training

It is good practice to have a designated member of staff responsible for allergies (an allergy lead) - for management, booking training and updating the allergy policy.

The names of staff members responsible for coordinating staff training and reviewing the school allergy policy are:

Janette Marshall

Karen Shadlow

All staff will complete allergy awareness and anaphylaxis training annually. The training will cover:

- Background information regarding allergies and food hypersensitivities.
- Symptoms of allergic reactions, including anaphylaxis.
- Anaphylaxis emergency response plans, including how to correctly administer an AAI.
- How to reduce the risk of a pupil experiencing an adverse reaction, including the catering arrangements in school and relevant food ban policies.
- How to manage and understand allergy action plans.