Wolston St Margaret's C of E Primary School

LEARNING, BELIEVING AND ACHIEVING TOGETHER TO

'LET YOUR LIGHT SHINE'

MATTHEW 5;16

Allergy Awareness Policy

Our Christian vision shapes all that we do: Learning, Believing, and Achieving together to "Let your Light Shine" (Matthew 5:16).

Guided by our Christian values of **Honesty, Love, Courage and Community**, we encourage all to flourish. Like a lamp set high to light its surroundings, everyone — whether timid or outgoing — is called to share their light for all to see. Our vision welcomes children and adults of all faiths and none, inspiring them to live, grow, and learn together, showing the world their unique light.

Allergy Awareness Policy

Purpose

To minimise the risk and ensure effective systems are in place to manage allergies and respond to anaphylaxis in school. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Designated Allergy Leads

The named staff members responsible for leading and co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are :-

- Head Teacher

- Deputy Head Teacher

Scope

This policy applies to all students across all year groups, including EYFS and to staff, volunteers, contractors, visitors and parents/carers while on site or attending school activities (including off-site visits).

This policy should be read in conjunction with:

- First Aid Policy
- Health and Safety Policy
- Medications policy
- Supporting Pupils with Medical Conditions Policy

1. Aims and objectives

- Wolston St Margaret's C of E Primary school is committed to providing a safe and inclusive environment for pupils with allergies. We recognise that allergies can significantly affect physical health, emotional wellbeing, inclusion and participation in school life.
- This policy sets out how Wolston St Margaret's C of E Primary school will support students with allergies, to ensure they are safe and are not disadvantaged in anyway whilst taking part in school life. The policy will outline measures that will be taken by the whole school community to reduce the risk of an allergic reaction and the procedures that are to be followed if one does occur.

- Wolston St Margaret's C of E Primary school is committed to being an Allergy Aware School and is dedicated to creating a 'whole-school approach' to promote an allergy-aware culture.

2. Key definitions

Allergen: A substance that triggers an allergic reaction.
Anaphylaxis: A severe, life-threatening allergic reaction requiring immediate emergency treatment.
Adrenaline Auto-Injector (AAI): A single-use device containing a measured dose of adrenaline for emergency treatment of anaphylaxis (e.g., EpiPen, Jext, Emerade where applicable).
Allergy Action Plan (AAP): A healthcare professional–completed plan outlining triggers, symptoms and emergency actions
Individual Healthcare Plan (IHP): A school document agreed with parents/carers (and the pupil where appropriate) setting out day-to-day management, reasonable adjustments, medication arrangements and emergency response.
Spare AAI: An AAI held by the School for emergency use in line with government guidance and parental consent requirements.
Risk assessment: A document identifying hazards (including allergen exposure) and control measures for on-site activities and off-site visits.

3. What is an allergy?

An allergy occurs when the immune system reacts to a normally harmless substance (an **allergen**). 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 severe allergic reaction that can develop rapidly and may be fatal without prompt treatment. 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). It is possible to be allergic to anything which contains a protein, however most people will react to a small group of potent allergens

Common triggers include foods, insect stings, medication, latex and animal dander.

Common food-related anaphylaxis is most associated, but not limited to, a small number of foods.

These are -

Eggs	Milk	Peanuts
Sesame	Tree nuts	Fish
Shellfish	Soya	Wheat

The 14 allergens that are required to be highlighted on pre-packaged food by law are: -

Celery	Molluscs
Cereals containing gluten	Mustard
Crustaceans	Peanuts
Egg	Tree Nuts
Fish	Soya
Lupin	Sulphites (or Sulphur Dioxide)
Milk	Sesame

4. Roles and responsibilities

Parents/carers

All Parents/carers are -

- Encouraged to understand the school's Allergy Policy and to be aware of it as part of the safety and wellbeing of students with allergies.
- Responsible for advising the school about any medical care their child requires. This includes any dietary requirements, allergies, relevant medical history, any previous reactions, anaphylaxis or investigation into allergies. Parents/carers should provide the school with evidence from their healthcare professional to ensure the student's care needs are fully met and supported. The school should also be informed of any allergy related conditions i.e. asthma, eczema, hay fever.
- Responsible for contacting the school with any changes to their medical condition.
- To have an understanding and be compliant with any food restrictions or guidance the school may put in place regarding their child bringing in foods/snacks from home. Any restrictions will only be made to secure the safety and wellbeing of the school community.
- To encourage their child to be allergy-aware.
- Responsible for informing the Admissions Team of any allergies on entry to the school. This should be done at the earliest opportunity to enable time for staff training/any reasonable adjustments to be made prior to the student starting school. Information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Supplying a copy of their child's Allergy Action Plan 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 such as their GP/allergy specialist.

- Ensuring any required medication is supplied, in date and replaced as necessary.
- Ensuring medication is supplied in line with the schools' Medication Policy.
- Providing the school with prescribed medication (including two in-date AAIs where prescribed) and ensure replacements are supplied before expiry.
- Keeping the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Supporting the School in completing IHPs and provide signed consent for medication administration.
- Reinforcing allergy-safe behaviours with their child (age-appropriate).

Head Teacher

The Head has overall responsibility for the implementation of this policy and for ensuring that appropriate resources, staffing and training are in place.

The class teacher and the first aid team co-ordinates the day-to-day management of allergy and anaphylaxis care but all staff share responsibility for the safety and wellbeing of students with allergies.

The Head will report incidents and near-misses to the Health and Safety Governor.

School Allergy Leads

The School Allergy Leads and SLT members will have oversight of the implementation of this policy across the School.

School Allergy Leads are responsible for -

- Supporting the school in promoting wellbeing, safety and inclusion of students and staff with allergies.
- Promoting awareness of the schools Allergy and Anaphylaxis Policy and procedures across the school community.
- Supporting the provision of annual anaphylaxis staff training.
- Cultivating a 'whole school approach' to anaphylaxis.
- Maintaining allergy registers and ensuring changes are communicated.
- Putting systems in place so that staff are informed of pupils with allergies and know how to access care plans.
- Supporting training and refresher sessions (including AAI administration practice)

- Coordinating medication storage, registers, expiry checks and replacement reminders as necessary. The primary responsibility for ensuring medication is in date rests with parents/carers.
- Maintain a central register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Ensuring allergy information is recorded on the school medical system and made accessible to relevant staff.
- Oversee the medical governance of spare AAI's. Day-to-day access and emergency use is a whole- school responsibility in accordance with training and this policy.
- Advising on allergy management within the school, utilising instruction provided by the student's healthcare professionals, including catering arrangements.
- Regularly reviewing and updating the Allergy Policy.
- Liaising with catering leads to ensure robust arrangements are in place.

Class Teacher / Teaching Assistants in conjunction with Allergy Lead

- Knowing which pupils in their care have allergies and understanding required adjustments.
- Embedding allergy controls into classroom routines and activities.
- Ensuring pupils are supervised appropriately during eating times and practical activities.
- Ensuring the child always has immediate access to emergency medication.
- Ensuring that the up-to-date Allergy Action Plan is kept with the pupil's medication, where provided..
- Co-ordinating the development of Individual Healthcare Plans (IHPs) in collaboration with parents/carers and relevant healthcare professionals. Once completed it will be shared with all staff.
- Coordinating medication storage, registers, expiry checks and replacement reminders as necessary. The primary responsibility for ensuring medication is in date rests with parents/carers.

Office Team

With the Office Team likely to be initially made aware of allergies of student's or visitors to the school, they should work in collaboration with the School Team to ensure that -

- There is a procedure for gathering allergy information and any dietary needs at the soonest opportunity and that the Allergy leads has awareness of this without delay.
- Collecting and maintaining medical information (including AAPs and IHPs).
- Making the parents/carers aware of catering arrangements during admissions events.
- Ensure where a student is attending for a short visit, that parents are informed to bring any emergency medication with them and that it meets the requirements of the Medication Policy if the child is to be left without parental supervision. A copy of the student's Allergy Action Plan should also be given to the school prior to visiting.

All staff

Allergy management in the school is a shared responsibility. The school expects its staff to always use their best endeavours, to minimise risk and respond appropriately in emergencies, to secure the welfare of all at the school.

All staff must:

- Familiarise themselves with the emergency anaphylaxis procedure.
- Follow this policy and associated procedures.
- Never make assumptions about the severity of an allergy.
- Know how to summon help and where emergency medication is kept.
- Take reports of symptoms seriously and respond promptly.
- Promote an allergy-aware culture and prevent allergy-related bullying.
- Complete allergy training - the School aims for all staff to complete anaphylaxis and allergy training. Training is provided for all staff on an annual basis and on an ad-hoc basis for any new members of staff.
- Should staff feel a refresher is needed they should speak with a member of SLT.
- Ensure pupils always have access to their medication or carry it on their behalf, where the student does not hold it themselves.
- Ensure they are aware of the students Allergy Action Plan and IHP if they are under their care.
- Be aware of the students in their care 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 for all children.
- Consider the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.

- 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.

Students

All students should –

- Be allergy-aware.
- Consider the consequences and risk an allergen may pose to peers.
- Report any allergy-related bullying.
- Consider how they can support peers with an allergy.
- Comply with any food restrictions or guidance put in place by the school.
- Not share, swap or throw food.

Students with allergies should (where age and developmentally appropriate) -

- Understand their allergy and avoid allergens where they can.
- Tell an adult immediately if they feel unwell or suspect a reaction.
- Know that their emergency medication will be stored in an agreed accessible location.

Information and documentation

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 administer a spare adrenaline autoinjector.

Wolston St Margaret's C of E Primary school recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school

Allergy register

The School maintains an up-to-date **Allergy Register** which includes:

- pupil name, photograph, allergen(s), severity, prescribed medication, and location of medication.
- key instructions for staff (linked to the AAP and IHP).

Access to detailed medical information is limited to those who need it to keep pupils safe. The school will share essential information with relevant staff, trip leaders, catering staff and third-party providers on a need-to-know basis.

Individual Healthcare Plans (IHPs)

All pupils with a diagnosed allergy must have an IHP, reviewed:

- at least annually;
- termly where risk is higher or needs change more frequently;
- immediately following any significant reaction or near-miss.

Each IHP should include:

- allergens and typical symptoms;
- severity indicators and risk factors (e.g., asthma);
- medication details (brand, dose, location);
- consent to administer prescribed medication and (where applicable) spare AAI;
- agreed reasonable adjustments and supervision arrangements;
- emergency procedures and parent/guardian contact details;
- an attached Allergy Action Plan (AAP) from a healthcare professional.

Risk assessment and prevention in daily school life

Curriculum and classroom activities

All staff must consider allergens in:

- cooking/food technology;
- science experiments (e.g., milk proteins, eggs, nuts, latex, powders);
- art/craft materials (e.g., food packaging, nut shells, latex balloons);
- special events and celebrations.

Where an allergen is not essential, staff should use safe alternatives. Where an allergen is essential for learning, this must be risk assessed and adjustments made so affected pupils can participate safely.

Animals and visitors

If animals are brought onto site (or visits to farms/zoos are planned), staff must:

- check allergy information in advance;
- risk assess and implement controls (distance, handwashing, restricted areas);
- ensure emergency medication is available.

Hand hygiene and eating rules

To reduce risk:

- pupils wash hands before and after eating;
- surfaces are cleaned appropriately;
- food sharing/swapping/throwing is not permitted;
- staff supervise eating areas in line with age and need.

Food, catering and allergens

Wolston St Margaret's C of E Primary school will work with its catering provider to ensure:

- allergen information is available and accurate;
- cross-contamination controls are followed (separate utensils, cleaning routines, storage);
- staff receive appropriate allergen awareness training;
- systems exist to identify pupils with allergies and serve safe meals.

Daily allergen information must be accessible to staff and pupils in an age and development-appropriate way, and queries should be directed to a designated catering lead.

Food brought into School

The School's approach to food brought from home should reflect the needs of its community and must be communicated clearly to parents.

As a minimum:

- the School may request that certain high-risk allergens are not brought into School (particularly where severe allergies are present).
- the School will not claim to be 'allergen free', as this cannot be guaranteed.

Celebration food (birthdays, etc.)

To reduce risk and ensure inclusion, the School may restrict shared food items. Where food-based celebrations are permitted, they must follow School guidance and be risk assessed where necessary. Non-food celebrations are encouraged.

8.3 Allergy "ladders" and partial tolerance

Where a pupil is following an egg/milk ladder or similar, the School will act on clear written medical guidance. For safety and consistency, the School may determine that it cannot support ladder stages or trials in the school environment. This will be agreed via the IHP.

9. Trips, fixtures and off-site activities

All educational visits and off-site activities must include allergy controls in the risk assessment, including:

- ensuring students have their prescribed medication (including two AAIs where prescribed).
- ensuring trained staff are present and know the emergency plan
- confirming catering arrangements and allergen information (packed lunches must be labelled appropriately)
- ensuring medication is carried accessibly (not stored in luggage holds or left unattended)
- considering distance to emergency services and mobile coverage
- briefing providers/venues about allergies and emergency arrangements.

No pupil with prescribed emergency medication will attend an off-site activity without their medication. If medication is missing, the trip leader must consult the School Allergy Lead/School Nurse and may decide that the pupil cannot attend if safety measures cannot be taken.

Emergency medication (AAIs, inhalers, antihistamines)

General rules

- Emergency medication must be readily accessible and never locked away.
- Storage locations must be known to relevant staff and clearly signed where appropriate.
- Medication must be stored according to manufacturer guidance (moderate temperature, out of direct sunlight/heat).
- Used/expired AAIs are disposed of as sharps.

Pupils' prescribed AAIs

Where prescribed, pupils should have two in-date AAIs available at all times:

- carried by the pupil where age and developmentally-appropriate and agreed in the IHP; or

- stored in an agreed accessible location near the pupil (e.g., classroom medical grab-bag), with staff responsible for immediate access.

An AAP must be available with the devices (paper copy or agreed accessible digital equivalent).

Spare AAIs

Wolston St Margaret's C of E Primary school has made the decision to hold spare auto adrenaline injectors in line with government guidance. We have taken this measure as an extra precaution to ensure the safety of our school community.

The school has implemented the following measures to facilitate the safe use of spare AAIs -

- clear signage and known locations;
- a register of devices (brand, dose, expiry);
- arrangements for purchase, storage, and replacement;
- consent arrangements as set out in IHPs where applicable.
- copy of Allergy Register kept with Spare AAIs.

Responding to allergic reactions and anaphylaxis

Key principle

If anaphylaxis is suspected: give adrenaline first. Do not delay.
Call **999** immediately and state **anaphylaxis**.

General response steps

- Stay with the pupil; send for trained help and the medication (do not leave the pupil alone).
- Follow the pupil's Allergy Action Plan.
- If symptoms suggest anaphylaxis, administer AAI immediately.
- Positioning:
    - **Lie down with legs raised** (unless breathing is difficult).
    - **Do not let the person stand up – this could cause a significant drop in blood pressure.**
    - If breathing is difficult, allow the person to sit up to ease breathing.
    - If unconscious, place in recovery position.

- Record times of symptoms and medication administration.
- Call parents/carers as soon as possible after emergency services have been called.
- Anyone who receives adrenaline must be taken to hospital, even if they appear to recover.

Second dose

If there is **no improvement after 5 minutes**, or symptoms return/worsen, administer a **second AAI** (preferably into the other thigh) and update emergency services.

Mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact
- If vomited, can repeat dose

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

AIRWAY

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS

Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)

2. Use Adrenaline autoinjector without delay

3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Training and drills

The School will ensure:

- annual allergy and anaphylaxis awareness training for all staff;
- AAI administration training (including refreshers and new starters);
- catering staff training appropriate to their role;
- at least one anaphylaxis drill per year to test the School's response, including calling procedures, medication retrieval, crowd control and handover.

Records of training and drills will be maintained.

Inclusion, wellbeing and bullying

Wolston St Margaret's C of E Primary school recognises that allergies can impact mental health and wellbeing, including anxiety and fear of reactions.

The School will:

- ensure pupils are not excluded from activities because of allergies; instead, reasonable adjustments will be made;
- provide appropriate pastoral support;
- treat allergy-related bullying as a serious safeguarding and behaviour issue and respond in line with the Anti-Bullying and Safeguarding policies;
- educate pupils in an age-appropriate way about allergy awareness, kindness and safety.

Incident reporting, investigation and learning

All allergic reactions, near-misses and medication administration must be recorded using the School's agreed system, including:

- date/time and location;
- suspected trigger;
- symptoms and treatment given (including times);
- outcome and any hospital attendance;
- actions taken to prevent recurrence.

The Head Teacher and School Allergy Leads will review incidents and ensure:

- parents are informed appropriately;
- risk assessments and IHPs are updated where required;

- any necessary changes to catering, supervision, or procedures are implemented;
- serious incidents are escalated to the Head and, where relevant, the governing body.

Monitoring and review

This policy will be reviewed:

- annually
- following significant changes to pupil needs, legislation, guidance, or after a serious incident.

Legislation and guidance (non-exhaustive)

This policy has due regard to relevant UK legislation and guidance including (as applicable):

- DfE: Supporting Pupils with Medical Conditions at School
- DfE: Allergy Guidance for Schools
- DfE: Keeping Children Safe in Education
- Food Standards Agency guidance on allergen information and labelling (including PPDS / “Natasha’s Law”)
- Equality Act 2010 (reasonable adjustments / disability considerations)
- EYFS statutory framework (where applicable)
- Resuscitation Council UK guidance on anaphylaxis and emergency treatment
- Anaphylaxis UK resources and best practice materials

APPENDIX 1: Recognising and Managing Allergic Reactions (School Quick Guide)

A. Mild to moderate allergic reaction (may include)

- tingling/itchy mouth
- hives/itchy rash
- mild swelling (e.g., lips/eyes)
- abdominal pain, nausea, vomiting
- change in behaviour (younger pupils)

Response

1. Stay with the pupil; summon the Medical Lead/First Aider.
2. Follow the AAP/IHP.
3. Give antihistamine if prescribed/authorised and appropriate.
4. Monitor closely; be ready to escalate.
5. Inform parents/carers.
6. If symptoms persist or worsen → treat as suspected anaphylaxis.

B. Suspected anaphylaxis (medical emergency)

A – Airway: swelling of tongue/throat, hoarse voice, difficulty swallowing
B – Breathing: wheeze, persistent cough, noisy/difficult breathing
C – Circulation: pale, floppy, dizzy, collapse, confusion, unconsciousness

If in doubt: GIVE ADRENALINE FIRST.

Response

1. Call for help; send someone to bring the pupil's AAIs and AAP.
2. Administer AAI immediately (upper outer thigh).
3. Call **999** and state **anaphylaxis**; confirm adrenaline given.
4. Position appropriately (lie flat with legs raised unless breathing difficulty).
5. If no improvement after 5 minutes → give second AAI.
6. Monitor continuously; prepare for CPR if required.
7. Hand AAIs to paramedics and provide times given.
8. Ensure pupil goes to hospital and is accompanied per School procedures.

APPENDIX 2: Adrenaline Auto-Injector Administration (Summary)

- Inject into **upper outer thigh** (through clothing if needed; avoid seams/zips).
- Hold in place per device instructions.
- Note the time.
- Do not allow the person to stand or walk after administration.
- Give second AAI after **5 minutes** if no improvement/worsening.

APPENDIX 3: Suggested School Checklists

A. Termly allergy management checks

- IHPs reviewed/updated
- AAPs current and accessible
- photos/register up to date
- medication checks completed (expiry/location/quantity)
- staff training refreshers for new starters
- catering updates and allergen procedures reviewed

B. Trip leader allergy checklist

- allergy list and IHP summaries printed/accessible
- medication confirmed present (2 AAIs where prescribed)
- staff briefed on symptoms and response
- venue/provider informed and allergen arrangements confirmed
- nearest A&E / emergency access considered
- mobile coverage and calling plan confirmed