



All Saints C of E Primary School Pupil Allergy and Anaphylaxis Policy

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Approval

Signed by Chair of Directors	
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This policy will be subject to ongoing review and may be amended prior to the scheduled date of the next review in order to reflect changes in legislation, statutory guidance, or best practice (where appropriate).

To enable continuous improvement, all readers are encouraged to notify the author of errors, omissions and any other form of feedback.

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1 Aims

This policy aims to:

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

2 Legislation and guidance

This policy is based on

- the Department for Education (DfE)'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](#)

3 Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Sally Hunter

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
 - Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself will be delegated to office staff)
- Ensuring:
 - 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
 - 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 (AAIs)
 - Regularly reviewing and updating the allergy policy

3.2 Office Staff

The office staff are responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
 - Any other appropriate tasks delegated by the allergy lead

3.3 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

3.4 Parents/carers

Parents/carers 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 child 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

3.5 Pupils with allergies

These pupils are 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

3.6 Pupils without allergies

These pupils are responsible for:

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

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4 Assessing risk

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

- 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.

5 Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

Catering staff receive appropriate training and are able to identify pupils with allergies.

School menus are available for parents/carers to view with ingredients clearly labelled. Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils.

Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school.

However, we would like to encourage 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, they will be taken away and parents called for a suitable alternative.

Any foods brought in to celebrate birthdays will be handed out at the end of the day for the children to take home and consume.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 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

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
 - Regular check-ins with their class teacher and Key Stage Lead

5.7 Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part.

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 AAI protocols for off-site events and school trips (see section 7.5).

6 Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made. Parental consent will need to be obtained.

The register is kept in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAI with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.2 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.

Staff are trained in the administration of AAI to minimise delays in pupil's receiving adrenaline in an emergency.

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

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, 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.



Symptoms of anaphylaxis

If someone is experiencing any of the following symptoms, it should be treated as a medical emergency:

- ➔ **AIRWAY**– swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing
- ➔ **BREATHING**– sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
- ➔ **CIRCULATION**– dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse



Get emergency help: steps to follow

In the event of a serious allergic reaction, it's crucial to act quickly and follow these steps

Get in position

If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.

If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.

Give adrenaline immediately

If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), **use it straight away** – adrenaline is the first-line treatment for anaphylaxis.

Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.

Call 999

Call emergency services immediately after using your first dose of adrenaline and tell the operator it is **"anaphylaxis"** (ana-fil-ax-is).

Give your **exact location** (What3Words can help if you are outside).

Do not move

Stay in this position until help arrives. **Do not** stand up, walk or run, even if you start to feel better.

Movement can make symptoms worse and cause a sudden drop in blood pressure.

Stay with them until emergency services arrive.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

7 Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), set out your school's procedures for AAIs, covering these areas:

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs 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** to request ambulance and say ANAPHYLAXIS

*** 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 further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

7.1 Purchasing of spare AAI

The allergy lead is responsible for buying AAI and ensuring they are stored according to the guidance.

- AAI will be sourced via Wokingham Medical Centre
- The school will hold two spare AAI
- The AAI held in school is brand: EPIPEN JR purchased
- The dosage is 0.15mg

7.2 Storage (of both spare and prescribed AAI)

The allergy lead will make sure all AAI 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

Spare AAI will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAI)

Operations Manager (Claire Long) is responsible for checking monthly that:

- The AAI are present and in date,
- Replacement AAI are obtained when the expiry date is near.

7.4 Disposal

AAI can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAI off school premises

Pupils at risk of anaphylaxis who are able to administer their own AAI should carry their own AAI with them on school trips and off-site events.

A spare AAI for emergency use on school trips and off-site events will be taken if a child with a severe allergy is taking part in the school trip.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAI
- Instructions for the use of AAI
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAI have been administered

8 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)
- The importance of acting quickly in the case of anaphylaxis
- Where AAls are kept on the school site, and how to access them
- How to administer AAls
- The wellbeing and inclusion implications of allergies

Training for all staff will be carried out annually by the allergy lead.

9 Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy