ALLERGIES POLICY

1. Aims & Symptoms
2. Responsible Person
3. Information from Parents and Staff
4. Training for Staff
5. Supply, storage and care of medication
6. Contracted catering and cookery
7. Treatment
8. Educational Visits and Trips
9. Teaching
10. Policy Evaluation
11. Appendix A - Anaphylaxis UK - Save a Life - Symptoms and Actions

1. Aims & Symptoms

It is the school's policy to minimise the risks of any person suffering allergy-related reactions, including anaphylaxis and food intolerance, whilst at school or attending any school related activity. Whilst food intolerances can cause significant discomfort and illness, they do not normally result in anaphylaxis. This policy focuses primarily on the management of allergies and the prevention of anaphylaxis. Anaphylaxis is a life-threatening allergic reaction that occurs when someone with an allergy or allergies is exposed to something they are allergic to (known as an allergen), such as certain foods, medicine or insect stings. This policy fulfils the school's statutory duty to maintain an allergy management policy and to make appropriate arrangements to safeguard pupils and staff with allergies.

Symptoms usually emerge quickly. Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are referred to as the **ABC symptoms** and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is 'anaphylaxis'. In extreme cases, there can be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

This policy aims to reduce the risk of anaphylaxis and sets out guidance for staff to ensure they are properly prepared to manage emergency situations. Our contracted caterer will either follow this policy or have their own which exceeds its provisions.

The school is committed to proactive risk allergy management through the following:

- keeping an up-to-date list of staff/pupils/students with allergies and ensuring (where required) the school's caterers have access to the information;
- liaison with the school's contracted caterer so that it is aware of the procedures for monitoring menu planning, food labelling, stores and stock ordering and their outcomes
- encouraging self-responsibility and learned avoidance strategies amongst those staff/pupils/students suffering from allergies;
- reminding staff, parents and pupils/students to confirm to the school of any relevant allergies i.e. when action may be required;
- ensuring pupils/students who need one have an Individual Healthcare Plan (IHCP) in place, including those with relevant allergies;
- provision of relevant training for staff.

This policy applies to all pupils, students, staff, contractors, volunteers, visitors and others participating in school activities on or off site.

2. Responsible Person

Mrs M Alletson (Deputy Headteacher) has overall responsibility for helping ensure suitable controls are in place.

The Responsible Person will:

- ensure that the school works in conjunction with the family/person with the allergy, the school's first aid staff, Food Technology teacher/s and, where relevant, the Special Educational Needs Coordinator (SENCo).
- ensure that training is organised using external expertise where necessary.
- will, via the Headteacher, liaise with the school's contracted caterer.
- ensure that staff and student MIS records are up to date.
- relevant pupils/students student have an Individual Healthcare Plan (IHCP) which covers allergens, symptoms and (where relevant) the medication prescribed.

The policy is overseen at Trust Board level by the Finance Committee.

3. Responsibilities of Parents and Staff

Staff are asked to make the school aware of any allergies they have by contacting HR and the Medical Office.

Parents/carers are required to make the school aware of any allergies suffered by their children and details of all prescribed medication. Parents/carers are responsible for informing the school promptly of any changes to allergy status, medication or emergency treatment plans. They are responsible for ensuring prescribed medication remains in date and is replaced before expiry. The school will undertake periodic checks and notify parents/carers where medication is approaching expiry.

For staff and pupils and students, the school's MIS acts as the register of allergies as reported to the school. Relevant staff, including teaching staff, first aiders, trip leaders, catering staff and cover staff where appropriate, will have access to information necessary to safeguard pupils with severe allergies.
The school will ensure relevant staff are informed of pupils with severe allergies while maintaining confidentiality and GDPR requirements.

All allergic reactions requiring first aid intervention, administration of medication, ambulance attendance, or resulting in a near miss will be recorded in accordance with the school's accident and incident reporting procedures.

4. Staff Training

Staff anaphylaxis training is coordinated by the CPD Lead, the Medical Office and Deputy Headteacher.

All staff complete Anaphylaxis training. This enables staff to:

- recognise the signs and symptoms of anaphylaxis
- know how to manage an emergency situation / pupil care
- know how to administer an adrenaline auto-injector (AAI)
- Consider how to keep the school environment safe for individuals at risk of anaphylaxis

Staff are made aware of the school's allergy policy during induction and any updates or new risks are communicated using available mechanisms.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils are encouraged to take responsibility for and to carry their own two adrenaline auto-injectors (AAIs) at all times in a suitable bag/container.

Medication will be stored in a suitable container and clearly labelled with the pupil's name. Adrenaline auto-injectors will be stored at room temperature, protected from direct sunlight and temperature extremes.

The school will maintain spare adrenaline auto-injectors for emergency use (in accordance with the Human Medicines (Amendment) Regulations 2017) and ensure staff are trained in their administration.

6. Contracted Catering and Food Technology

The school cannot guarantee an allergen-free environment. Instead, it adopts an allergen-aware approach and implements reasonable measures to minimise the risk of exposure.

The school will work with its caterers and Food Technology team.

Caterers will:

- Ensure their staff have training/guidance regarding allergens;
- review ingredients and menus carefully;
- publicise information on food containing allergens;
- have robust procedures in place for mitigating the risk of allergic reactions.

The Food Technology teachers will:

- Review all classes for pupils/students with allergies. The teacher will be aware of any pupil with a relevant allergy and will take suitable action, including:
  - carefully plan cooking activities including lesson planning;
  - maintaining high standards of cleaning;
  - minimise contamination during cleaning procedures;
  - open windows to maintain good general ventilation where appropriate.

7. Treatment

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Keep the child where they are, call for help and do not leave them unattended.

1. Lie the child / student flat with legs raised.
2. **Use the Adrenaline auto-injector without delay** and note the time given. Adrenaline auto-injectors should be administered into the muscle of the outer thigh. Follow the instructions on the device.
3. CALL **999** and state **ANAPHYLAXIS**
4. If there has not been any improvement after 5 minutes of administering the first dose, administer a second adrenaline auto-injector.
5. Whilst you are waiting for the ambulance, keep the child where they are. **Do not stand them up, or sit them in a chair, even if they are feeling better**. This could lower their blood pressure drastically, causing their heart to stop.
6. All pupils must go to hospital for observation after anaphylaxis, even if they appear to have recovered as a reaction can reoccur after treatment. A member of staff should accompany the pupil to hospital if a parent/carer is not immediately available.
7. The used adrenaline auto-injector should be given to the ambulance crew.

8. Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils/students prior to the trip and make plans accordingly taking into account the activities planned.

If pupils/students are going offsite, staff will check to ensure each pupil/student has access to two adrenaline auto-injectors (or other suitable medication).

9. Teaching

Many pupils will have come from primary schools with nut-free policies and will be aware of rules not to share food, however they may not be knowledgeable about the consequences of allergies.

Pupils are taught in Key Stage 4 biology lessons about immune system responses including allergic reactions. Year 9 pupils have first aid training in PSHE lessons.

Note: Nut-free policies are not recommended in secondary school because they can create a false sense of security in an environment in which it is much less easy to supervise pupils' purchase and consumption of foods. The school does, however, ask parents, pupils and staff to avoid bringing products containing nuts in to school.

10. Policy Evaluation

This policy will be reviewed by the school and governors annually, taking into account any relevant incidents, including near-misses. Following any anaphylaxis incident, the school will undertake a formal review to identify lessons learned and update risk controls where necessary.

This policy was approved in September 2026.
The next review will be in July 2027.

Anaphylaxis UK - Save a Life - Symptoms and Actions

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway
- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue or upper airway

B Breathing
- Difficult or noisy breathing
- Wheezing

C Consciousness/Circulation
- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis

01252 542029 | info@anaphylaxis.org.uk | anaphylaxis.org.uk

Charity Number: 1085527