Allergy Management Policy	
DATE OF REVIEW: Summer 2026	
DATE OF NEXT REVIEW: Summer 2028	
TO BE REVIEWED BY: Governing board	

Contents

1. Purpose

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity.

To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

This policy should be read alongside the Supporting Pupils with Medical Conditions Policy.

The following staff members are responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's records, reviewing of all related policies and procedures:-

Headteacher
SENDCo
School Business Manager

2. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. 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 serious, life-threatening allergic reaction. 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 fairly small group of potent allergens.

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

This policy sets out how Hatherleigh Community Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged whilst taking part in school life. We cannot remove all allergens and cannot eliminate all risks, nonetheless we aim to reduce the risk of allergies and manage them to the extent we reasonably and proportionately can.

3. Allergy Healthcare Plans

Individual healthcare plans will be completed 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 auto-injector.

It is the parent/carer's responsibility to complete the Healthcare plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school and review it annually. Healthcare plans are available from the school SENDCo.

4. Role and Responsibilities

Parent Responsibilities

On entry to the school, it is the parent's responsibility to inform the school of any allergies and intolerances on the admission forms provided. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

Parents are to supply a copy of their child's Allergy Action Plan to school which will be part of their Individual Healthcare Plan(IHP). If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. A separate medication form will need to be completed for each medicine.

Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan and IHP will be kept updated accordingly.

Staff Responsibilities

All school staff that work with children will complete anaphylaxis training.

Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities will be Risk assessed and managed according to needs.

Staff will carry all relevant emergency supplies when out of the classroom as is appropriate. Emergency supplies are kept in the first aid cabinet in the Staffroom.

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 or staff have their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

It is the parent's responsibility to ensure all medication is in date however the school admin team will check medication kept at school when received.

The school admin team keeps a 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.

Pupil Responsibilities

Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Pupils who are trained, confident to administer their own AAIs and when is age appropriate will be encouraged to take responsibility for carrying them on their person at all times.

5. Emergency Treatment and Management of Anaphylaxis

Symptoms usually come on quickly, within minutes of exposure to the allergen.

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 often 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 serious reaction is anaphylaxis, where there will 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

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.

What does adrenaline do?
It opens up the airways
It stops swelling
It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline will be administered without delay.

Action:
Keep the child where they are, call for help and do not leave them unattended.
LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
CALL 999 (112) and state **ANAPHYLAXIS** (ana-fil-axis).
USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given.
AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
If no improvement after 5 minutes, administer a second AAI.
If there are no signs of life, commence CPR.
Call parent/carer as soon as possible.
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.
All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

6. Supply, Storage and Care of Medication
Depending on theirAGE, level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs 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 is an anaphylaxis kit which is kept safely in the Staffroom first aid cabinet, not locked away and is accessible to all staff.
Medication is stored in a suitable container, clearly labelled with the pupil's name and will contain:

Two AAIs i.e. EpiPen® or Jext® or Emerade®
An up-to-date allergy action plan
Antihistamine as tablets or syrup (if included on allergy action plan)
Spoon if required
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 admin team will check medication kept at school when received.

Storage
AAIs will be stored at room temperature, protected from direct sunlight and temperature Extremes.

Disposal
AAIs are single use only and will be disposed of as sharps if expired. Used AAIs will be given to ambulance paramedics on arrival.

7. 'Spare' Adrenaline Auto-injectors in School
Hatherleigh Community Primary School holds an emergency salbutamol inhaler but **does not currently hold emergency AAI for use by pupils.**
This is under review and the policy will be updated accordingly.

8. Staff Training
The staff members below are responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's records and procedures:-

Headteacher
SENDCo
School Business Manager

All staff complete anaphylaxis training.

Training includes:
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.
Managing allergy action plans and ensuring these are up to date.
A practical session using trainer devices.

9. Inclusion and safeguarding
Hatherleigh Community Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

10. Catering
The school catering company and staff 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 with all ingredients listed and allergens highlighted.
Parents must inform the school if their child has any allergies or needs a special diet. From this catering staff can identify pupils with allergies and meet these needs appropriately.
Parents/carers are encouraged to meet with catering staff to discuss their child's needs if required.

The school adheres to the following Department of Health guidance recommendations:
Water bottles 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 are 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.
Where food is provided by the school all appropriate allergy procedures are followed.
Use of food and other materials that may cause an allergic reaction, such as latex, in crafts, cooking classes, science experiments and special events (assemblies, cultural events) is also considered and will be restricted/risk assessed depending on the allergies of particular children and their age.
If food is purchased from school events including PTFA and pupil led events, parents are responsible for checking the appropriateness of foods.

11. School Trips including sporting excursions

Staff leading school trips including sporting excursions 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.
All the activities on the school trip/sporting excursion will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.
When appropriate staff at the venue for an overnight school trip will be briefed early that an allergic child is attending and will need appropriate food (if provided by the venue) and risk management in place.

12. Allergy Awareness and Nut Bans

Hatherleigh Community Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools.
Anaphylaxis UK does not 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. Anaphylaxis UK advocates instead for schools to adopt a culture of allergy awareness and education.
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 and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.
At Hatherleigh Community Primary School, nuts are not permitted as we develop our culture of

allergy awareness. We have risk assessed the dangers to the young children with significant allergies and implemented a no nuts/pesto/pine nuts policy throughout the school due to the high risks involved in the consumption of nut products in food or hidden in foods.

13. Risk Assessment

When new children join Hatherleigh Community Primary School we will conduct an individual risk assessment for those who have severe allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. This is usually completed in a meeting with any two of the staff below.

Headteacher
SENDCo - responsible for coordination and sharing of relevant pupil information and updates to all staff.
School Business Manager
Class Teacher

14. Useful Links

Anaphylaxis UK
https://www.anaphylaxis.org.uk/

Safer Schools Programme
https://www.anaphylaxis.org.uk/education/saferschools-programme/

AllergyWise for Schools online training
https://www.allergywise.org.uk/p/allergywise-For-schools1

Allergy UK
https://www.allergyuk.org

Resources for managing allergies at school
https://www.allergyuk.org/living-withan-allergy/at-school/

BSACI Allergy Action Plans
https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools
http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)
https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)
https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834