

Bishop Perrin Church of England Primary School



Allergy Safety in School Policy

Statutory Policy

Our school is a Church of England School and works in partnership with our two local parish churches, St Augustine's and Ss Philip & James'. We aim to reflect the values, traditions and beliefs of the Christian Faith and therefore our Spiritual Values underpin everything that we do.

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1 AIMS

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our 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 [Allergy Safety in Schools Statutory Guidance](#); [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 the Headteacher.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Overseeing the recording and collating of allergy and special dietary information for all relevant pupils
- Ensuring procedures are in place to ensure:
 - All allergy information is up to date and readily available to relevant members of staff
 - Any child requiring supportive arrangements additional to standard school policies, including management of allergies, to have a formal Individual Healthcare Plan (IHP). Clinical documents (such as BSACI Allergy Action Plans or Asthma Action Plans issued by medical professionals) must be attached directly to the IHP rather than replacing it.
 - 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
 - Regularly reviewing and updating the allergy policy

3.2 Welfare Assistants

The school welfare assistant/s is responsible for:

- Co-ordinating medication with families
- Where required, ensuring IHPs are in place and are stored confidentially and are regularly reviewed
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Checking spare AAIs are in date and liaising with families to ensure up-to-date AAIs are in school
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring all staff are provided with a register of pupils who have prescribed AAIs
- Ensuring first aid packs for any off-site visits contain the necessary AAIs for pupils prescribed them
- Liaising with the relevant providers to provide staff training as required
- Ensuring all pupils with allergies have an allergy action plan completed by a medical professional and keeping the Allergy Leader informed of any discrepancies
- Any other appropriate tasks delegated by the Allergy Leader

3.3 Admin Staff

- Collating of allergy and special dietary information for all relevant pupils from the information provided by families and making sure information is kept up-to-date and shared with all staff as necessary
- Ensuring the catering staff have the necessary information, including photographs, to ensure children's dietary requirements are met
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Sharing IHPs and allergen details with relevant staff when pupils join; and with parental consent will liaise with incoming and receiving schools to share details from / with transfer schools (with IHPs established before first day of attendance for mid-term joiners).

3.4 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 consider the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies. This includes monitoring, identifying, and addressing allergy-related bullying (e.g. peer exclusion, teasing, or threats regarding allergen exposure) in line with our school behaviour policy.
- Signing out / in all first aid and necessary medication required to be taken on an off-site visit
- Ensuring children with allergies wear their identification wristbands at lunchtime

3.5 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. Inhalers must be in a prescribed box with the child's name on.
- Parents of children who have an AAI, provide the school with permission to use the school's spare AAI in case of emergency (e.g. child's own AAI mis-firing)
- 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

While medical incidents are generally health and safety matters, a formal safeguarding referral is required if repeated failure by parents to provide essential medical details or prescribed medication poses a risk of harm or neglect to the pupil. The school will follow its safeguarding policy in this instance.

3.6 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergies and the risks they pose
- Informing school staff immediately if they feel unwell
- Understanding how and when to use their adrenaline auto-injector

- Wearing their identification wristband at lunchtime and showing it to school catering staff when receiving their school lunch.
- Reporting a missing wristband immediately.

3.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Not sharing their food in school

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 for hidden allergens. This includes:

- Lessons such as food technology, art or design and technology (e.g. hidden allergens in glues (wheat) and adhesives(milk)), playdough activities (wheat), etc.);
- Science experiments involving foods or latex
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal-handling experiences or baking (e.g. nuts / sesame in bird feed)

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
- Sharing of utensils 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 from the catering company
- Catering staff are able to identify pupils with allergies by:
 - photographic information displayed at the kitchen serving hatch
 - children with allergies will wear a coloured wristband at lunchtime
- School menus are available for parents / carers to view, parents are signposted to where they can find details of allergens
- Where changes are made to school menus, caterers will make sure these continue to meet any special dietary needs of pupils
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- Children with allergies will wear a coloured wristband at lunchtime, to alert serving staff to their allergy.

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we ask pupils, staff and parents to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts or coconut
- Cereal, fruit or granola bars containing nuts, sesame or coconut
- Chocolate bars or sweets that contain nuts or coconut
- Peanut butter or chocolate spreads containing nuts coconut
- Peanut-based sauces, such as satay
- Sesame seed rolls, sesame seeds (children allergic to nuts may also have a severe reaction to sesame) and foods containing sesame or sesame seeds (e.g. hoummos)
- Cakes / other products made with nuts or coconuts
- Food containing pine nuts (e.g. pesto sauce)

If a pupil brings these foods into school, the food will be confiscated.

School Association events will not sell food containing nuts or sesame seeds and they will adhere to the restrictions above.

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 Clean Indoor Air Quality

- Staff will implement good indoor air quality and ventilation as core environmental control measures to reduce allergy and allergic asthma triggers by monitoring the use of open doors / windows as appropriate in response to local environmental updates e.g. notification of a high pollen-count

5.7 Specific Classroom Allergen Risks & Alternatives

Non-food allergens and classroom materials that pose hidden risks - such as wheat in playdough / craft glues, milk in adhesives, and nuts/sesame in bird feed - requires substitution for the whole group to ensure full inclusion.

5.8 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher

5.8 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
- For residential trips, the school will take the two AAI kept in school for the duration of the visit

6 PROCEDURES FOR HANDLING AN ALLERGIC REACTION AND ASTHMA

6.1 Register and identification of pupils with AAI and Asthma

The school maintains a register of pupils who have been prescribed AAI or asthma inhalers 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) or inhalers (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 (this will require parental consent)

The register is kept in the medical room and is displayed on the wall, easily identified by a photograph of the child and containing medical information and where applicable AAI for 'grab and go' ease. An adapted version (no photographs) is kept in every classroom and office and can be checked quickly by any member of staff as part of initiating an emergency response.

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 and suspected anaphylaxis, the staff member with the child will initiate the school's emergency response 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
(in a life-threatening emergency, staff may administer a spare AAI to save a life without delaying to verify prior written consent)
- If the pupil has no identified allergy, staff will follow the school's procedures on responding to allergy, and if needed, the school's normal emergency procedures
- In the event of a possible severe allergic reaction in a pupil who does not have a prescribed AAI, or parental consent to administer a spare one, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.
- Prescribed AAI must not be used for any other child than that whom it is prescribed to

An anaphylactic reaction always requires an emergency response. If in doubt always treat for anaphylaxis.

Follow these steps if you think someone you're with is having an anaphylactic reaction:

- DO NOT move the person who you suspect is in anaphylaxis; the emergency response and medication must be brought directly to them.
 - Use an adrenaline auto-injector (such as an EpiPen) if they have been prescribed one – instructions are included on the side of the injector. Use the spare one if it mis-fires or is not working.
 - Call 999 for an ambulance and say that you think they're having an anaphylactic reaction (emergency services to advise use of spare AAI if no prescribed AAI exists, ~~or in absence of parental permission for a child who does have a prescribed AAI~~)
 - Lie them down – you can raise their legs, and if they're struggling to breathe, raise their shoulders or sit up slowly
 - If they have been stung by an insect, try to remove the sting if it's still in the skin
 - If their symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector
 - Do not allow the patient to stand or walk at any time, even if they feel better
- A school spare AAI device will be used instead of the pupil's own AAI device if 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) ~~and parental consent has been provided~~
- 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 for 60 minutes and the parents / carers informed. Mild allergic reactions can unpredictably progress into anaphylaxis, so any individual experiencing even a mild allergic reaction must be observed in a safe place for at least the mandatory time-frame of 60 minutes.
- Many food-allergic children also have asthma. "Wheeze" is a common symptom of asthma and also happens during food-induced anaphylaxis. The child's Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. The School has an emergency asthma reliever inhaler containing a salbutamol inhaler device and spacer. The Department of Health and Social Care (DHSC) has published guidance on [Emergency asthma inhalers for use in schools](#). **Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.**

7 ADRENALINE AUTO-INJECTORS (AAIS)

7.1 Purchasing of spare AAIs

The Allergy Lead is responsible for overseeing purchase of spare AAIs and ensuring they are stored according to the guidance.

- AAIs will be sourced from Eureka

- The school will hold two pairs of spare AAI's (two of each type of dosage – see below). The school will ensure spare AAI's are purchased and stored in pairs per site/dosage.
- The brand of AAI's the school will purchase is EpiPen (schools are recommended to buy a single brand to avoid confusion. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI.)
- AAI's are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) guidance recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:
 - For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an EpiPen Junior (0.15mg))
 - For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg))

7.2 Storage (of both spare and prescribed AAI's)

The welfare assistants will make sure all AAI's 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
- Must be stored within a maximum 5-minute radius of any potential emergency location

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

Spare AAI's are to be stored as part of an emergency anaphylaxis kit.

The spare AAI in the Emergency Kit should only be used in a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them.

The emergency anaphylaxis kit will be kept together with an "emergency asthma inhaler kit" (containing a salbutamol inhaler device and spacer). Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

7.3 Maintenance of spare AAI's

The welfare assistants are responsible for checking monthly that:

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

7.4 Disposal

AAI's can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

7.5 Use of AAI's off school premises

- Pupils at risk of anaphylaxis will be assigned to a group with a first aid trained leader. The first aider will carry AAI's in their medical bag with them on school trips and off-site events.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAI's
- Instructions for the use of AAI's
- 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's have been administered

7.7 Non-Auto-Injectable Adrenaline Devices

Non-injectable adrenaline devices (e.g., nasal adrenaline sprays) may be prescribed to pupils. Schools cannot currently purchase nasal sprays as "spare" stock, but for pupils prescribed nasal adrenaline, the school "spare" AAI's (injectable EpiPens) can be administered in an emergency if a pupil's prescribed nasal device is unavailable or misfires.

8 RECORDING

Use of an AAI device:

Use of any AAI device should be recorded. This should include:

- Where and when the reaction took place (e.g. PE lesson, playground, classroom)

- How much medication was given, the time it was given and by whom

Any person who has been given an AAI must be transferred to hospital for further monitoring. The AAI used must be sent to the hospital along with the child. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Near-Miss and Serious Incident Protocols

All serious incidents must be reported using the school accident reporting system.

All incidents of a 'near-miss', for example, serving an allergen option that is identified and swapped before consumption, must be formally recorded via the school's accident reporting system.

Any serious incident or near-miss must prompt an immediate, "no-blame" lesson-learned review of both the policy and individual children's Individual Healthcare Plans (IHPs).

Statutory reporting using the school accident reporting system will notify the local authority environmental health teams for unsafe food incidents (Article 19 Regulation EC 178/2002) and RIDDOR/HSE where an incident results directly from school work activity leading to hospitalisation.

9 TRAINING

The school is committed to training all staff in allergy response.

Annual allergy awareness and emergency response training is provided for all staff on-site during scheduled hours, and will include:

- The distinctions between food allergies, coeliac disease, and food intolerances
- 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 AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Training materials are stored centrally and can be accessed by staff at any time

Training will be carried out annually by the school nurse team.

General First Aid training is not sufficient to replace dedicated allergy awareness training.

The school will carry out periodic simulated allergy safety drills (similar to fire drills) to test staff response times and operational readiness without placing pupils at risk.

The Deputy Headteacher will provide information about allergies for peripatetic staff, agency workers, and regular volunteers as part of their induction. This information will be included in the 'Information for supply teachers' and 'Information for Volunteers' documents.

10 Unacceptable Practice

- preventing children and young people from easily accessing their medication (for example prescribed adrenaline devices);
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that every child or young person with allergy requires the same support;
- assuming that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- discriminating against children or young people with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round;
- penalising children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition or allergy. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child;
- parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child's allergy; and

- preventing children and young people from participating, or creating unnecessary barriers to them participating, in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

11 Links to other policies

This policy links to the following policies and procedures:

- [Health and safety policy](#)
- [Medical Needs, First Aid and Intimate Care policy](#)
- [School food policy](#)