EBOR ACADEMY TRUST

Alderman Cogan's

CHURCH OF ENGLAND PRIMARY ACADEMY

Policy Number

46

Ebor Academy Trust is an exempt charity regulated by the Secretary of State for Education. It is a company limited by guarantee registered in England and Wales, Registered Company Number 08806335, whose registered office is at Ebor Academy Trust, Ebor Business and Training Centre, The Leyes, Osbaldwick, York, YO10 3PR.

Ebor Academy Trust: One School, Many Sites

[School Name] Allergy Safety Policy

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Approved by: **Standards Committee**

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1. STATEMENT OF INTENT

Ebor Academy Trust is committed to promoting a whole school approach to the safe management of members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate manner.

A severe allergic reaction can cause risk to life, but even a mild to moderate reaction or near-miss can have widespread consequences. Severe allergies may fall under the definition of disability under the Equality Act. Having a robust Allergy Safety Policy ensures that everyone:

- is clear on procedures
- is able to encourage inclusivity for children with allergy
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

This policy aligns with the statutory guidance published in July 2026. It also anticipates the likelihood of Benedict's Law coming into force in 2027. It applies to all staff, pupils, parents and visitors to school. It should be read alongside other related policies, including the Supporting Pupils with Medical Conditions Policy, Anti-bullying Policy, Safeguarding Policy, SEND Policy, First Aid Policy, Attendance Policy and Admissions Policy.

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction. Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication. An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms, it does not involve the immune system.

For a glossary of terms related to allergy, please see Appendix VIII.

3. ROLES AND RESPONSIBILITIES

3.1 Named Allergy Governor

The Named Allergy Governor is responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;
- Providing strategic oversight of the school's Allergy Safety Policy, ensuring it is published on the school's website;
- Acting as the governing body's named point of contact for allergy-related matters;
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;

- Receiving regular updates from the Designated Allergy Lead, ensuring the governing body is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

3.2 Headteacher/Designated Allergy Lead

The Headteacher retains overall responsibility for the implementation of this policy in school. They may delegate some aspects of the policy to other staff members, including the Designated Allergy Lead, who should be a senior member of staff. The Designated Allergy Lead will access training that is specific to this role, so that they can effectively monitor this policy in practice and report regularly to the rest of the Senior Leadership team and the named allergy governor. They are responsible for:

- Leading on the implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring systems are in place for recording allergy information that is up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures;
- Along with the Operational Business Partner, reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Along with the Operational Business Partner, keeping a record of any allergic reactions or near-misses on IAM Compliant, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary. They should, along with the Headteacher and Named Allergy Governor, investigate the incidents and ensure that the findings of investigations into incidents are used to update relevant policies and procedures.
- Ensuring there is an anaphylaxis drill at least annually, and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The designated lead is Mrs Ellen Beetham (Office Manager)

3.3 Medical Lead/HealthCare Team

The medical lead in school is responsible for:

- Collecting and coordinating paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Along with the Designated Allergy Lead, ensuring that systems are in place for disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date;
- Ensuring there is an allergy and adrenaline device register that includes adrenaline devices prescribed to pupils, and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date, with support from administration teams and OBPs.
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Ensuring that staff access on-site adrenaline device training for staff and pupils as required, and refresher training e.g. before school trips

Please note: It may be that the medical lead is the same person as the designated allergy lead in some schools.

3.4 Admissions and Transitions

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and Medical Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant parties (i.e.medical lead, catering team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school, to ensure a smooth transition between settings.

3.5 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs), are responsible for:

- Championing and practising allergy and asthma awareness across the school;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering 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;
- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times and preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Lead or Medical Lead and;
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip.

3.6 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy Safety Policy
- Providing the school with information about their own child's medical needs, including any dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and

- Encouraging their child to be allergy aware.

3.7 Parents of children with allergies

In addition to paragraph 3.6, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with **two** labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, on the journey to and from school;
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide permission for information to be shared appropriately as part of allergy management; and
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

3.8 Pupils

Older pupils at the school should:

- Be allergy aware and learn how to recognise an allergic reaction and support peers and staff in the case of an emergency
- Understand (as far as appropriate) the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying,

3.9 Pupils with allergies

In addition to paragraph 3.8, pupils with allergies, as appropriate to their age and capability, should be encouraged to:

- Know their allergies and how to mitigate personal risk as far as they are able to;
- Avoid their allergen as best as they can;
- Understand the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carry two adrenaline auto-injectors with them at all times (if prescribed);

- Understand how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Talk to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raise concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Ensure they have their medication with them on the journey to and from school.

4. INFORMATION AND DOCUMENTATION

4.1 Register of pupils and staff with an allergy

The school has a register of pupils and a record of staff who have a diagnosed allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

4.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.

5. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;

- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

6. FOOD, INCLUDING MEALTIMES & SNACKS

6.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies.

Pupils’ with allergies have their photos, and the nature of their allergy, displayed clearly in the kitchen so all members of staff have access to this.

These photos are displayed in high traffic areas such as the staff room and with the members of staff responsible for those children, e.g class teachers.

- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request. If staff or children have an allergy not listed as a one of the 14 main allergens, these will also be clearly labelled using full words. That member of staff or child will be offered an alternative.
- Information on allergens will be available for the pupil to check independently;
- Pre-packaged food will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils with dietary needs by Mrs Ellie Beetham.

In the Early Years, whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate present. Before a child is admitted to our setting, we gather information during the home visit about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information is shared to all staff involved in the preparing and handling of food and the allergy lead. At each mealtime and snack time providers must be clear about who is responsible for checking that the food and drink being provided meets all the requirements for each child.

We have ongoing discussions with parents and/or carers and, where appropriate, work with health professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the provider and shared with all staff.

Further information on safer eating is shared in our EYFS Policy.

We operate an allergy aware environment. Children are able to consume food where packaging says 'may contain….' We use risk reduction techniques such as handwashing before and after food is consumed, wiping tables between sittings and not allowing children to share their food.

Caterers are explicitly told not to provide food which 'main contain' a certain allergen to a child that suffers from that allergy.

If a child or staff member in school as a severe, airborne allergy to a particular allergen, stricter guidelines, will apply.

- *Food provided by after school and breakfast club will not contain nuts. Wraparound care staff members will have a copy of the allergy matrix, clearly displayed in the kitchen.*

6.2 Food brought into school

Food brought into school in packed lunches must not contain nuts. Packages containing the words 'may contain' are acceptable, and risk reduction practices will be used.

This is communicated to parents via online reminders on Arbor and when first starting school, whether in EYFS or in year transfer.

Where severe airborne allergies are present, these requirements will be changed appropriately.

Children with allergies are not to be given food brought into school by staff or other parents, eg rewards or birthday cakes, without permission from parents. Allergy appropriate and parent approved alternatives will be supplied where necessary.

6.3 Food bans or restrictions

We are an allergy aware school. As we have individuals within our school community with a wide range of allergies to different foods, we encourage a considered approach to bringing food into school.

Parents and staff are encouraged to consider carefully food that is brought into school for celebrations, fairs and fundraisers. It will be communicated on Arbor to parents prior to

and during advertising of events that children are not to bring in any food containing nuts. Packaging and food that says ‘may contain’ will be allowed, unless severe airborne allergy to that allergen is present. If this is the case this will be explicitly communicated to parents.

6.4 Food hygiene for pupils

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped; and
- Throwing food is not allowed.
- When children cook in schools—whether during Design and Technology (Food) lessons, after-school clubs, or early years activities—schools must follow strict hygiene, allergy, and safeguarding procedures to prevent cross-contamination and accidents

1. Allergen Management & Dietary Checks

- **Pre-Lesson Screening.** Staff must check pupil medical records and Individual Healthcare Plans (IHPs) before every cooking session to identify allergies, intolerances, or religious dietary restrictions.
- **Strict Ingredient Controls.** Schools must enforce nut-free zones and avoid high-risk allergens where severely allergic pupils are present. Recipes should be adapted so all children can participate safely.
- **Allergen Cross-Contact.** Pupils with allergies must use dedicated, colour-coded chopping boards, bowls, and utensils, and prepare their food at a separate, sanitised workstation.
- **No Food Sharing.** Children must be instructed never to swap ingredients, taste from shared spoons, or share finished dishes with classmates.

2. Cross-Contamination & Hygiene Controls

- **Personal Hygiene Routine.** Before touching food, pupils and staff must remove jewellery, tie back long hair, roll up sleeves, put on clean aprons, and wash hands with warm water and soap for 20 seconds. Blue plasters must cover any cuts or grazes.
- **Ingredient Selection.** No meat or raw shellfish to be used. If eggs are used, they must carry the British Lion stamp.
- **Surface Sanitisation.** Classrooms used for cooking must have tables wiped down with food-safe antibacterial spray before and after sessions. Separate sinks should be used for handwashing and equipment washing where possible.
- **Illness Exclusion.** Any pupil or staff member who has experienced vomiting or diarrhoea must be excluded from cooking activities until they have been symptom-free for at least 48 hours.

3. Supervision, Training & Risk Assessments

- **Activity Risk Assessments.** Staff must complete a written risk assessment prior to lessons covering sharp tools (knives, graters), heat sources (ovens, hobs, kettles), electrical appliances, and slip hazards.
- **Supervision Ratios.** Children must never be left unsupervised around hot surfaces, boiling water, or sharp equipment. High-risk tasks should be conducted in small, closely monitored groups.

4. Storage, Cooking & Sending Food Home

- **Temperature Control.** Perishable ingredients (such as dairy or cooked meats) must be stored in a dedicated fridge at or below 5°C until the lesson begins. Cooked dishes must reach a core temperature of at least 75°C (or 70°C for 2 minutes). [1, 2]
- **Take-Home Labelling.** If pupils take cooked food home, containers should be clean, sealed, and labelled with the date, ingredients/allergens, and basic storage or reheating instructions (e.g., refrigerate promptly and consume within 24–48 hours)

7. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches. Where a child has an allergy to allergen outside the 14 main allergens, the allergen will be clearly written in words on packed lunches. A packed lunch with alternative ingredients will be provided for the children with the allergen.

8. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The school will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

9. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed.

10. ALLERGIC RHINITIS/ HAY FEVER

Management of Hay Fever (Allergic Rhinitis)

While hay fever is not typically life-threatening, severe symptoms can cause significant discomfort and negatively impact a pupil's concentration, wellbeing, and classroom performance. Parents and carers are expected to administer long-acting, non-drowsy antihistamines or preventative nasal sprays before the school day begins during high-pollen seasons. Where pupils require additional symptom relief during school hours, prescribed or over-the-counter hay fever medication (such as antihistamines, eye drops, or nasal sprays) must be clearly labelled with the child's name, stored securely in the school office, and accompanied by written parental consent. For younger pupils, medication will be administered by trained staff. Pupils in Year 5 and Year 6 may attend the school office to self-administer their own nasal sprays or eye drops under staff supervision, provided written parental permission for self-administration is held on file. On days with high pollen forecasts, staff will take reasonable practical steps to support affected pupils—such as keeping classroom windows closed where safe to do so, allowing pupils to wash their face and hands after outdoor play, and offering indoor break alternatives during severe flare-ups.

It is at the headteacher's discretion, in collaboration with parents and health as appropriate, to decide if a pupil requires an IHCP for hay fever. If they can be supported through what is available to ALL pupils, and they do not require support that is different and additional to, they may not need one, or if they require only temporary, non-prescription medication to manage symptoms, which is covered by the Supporting Pupils with Medical Conditions Policy.

11. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins

- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy; and
- Uniform policies take into account that children may need emergency medication near them at all times.

12. ADRENALINE DEVICES

12.1 Storage and use of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to **two, in-date devices at all times.** They should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:
    - Two AAIs i.e. Epipen or Jext
    - 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)
- Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for carrying their own devices in a suitable bag or container at all times. For younger children or those not ready to take responsibility for their own medication, the anaphylaxis kit should be kept safely and accessible at all times, not locked away. **All staff should be ready to administer it, as symptoms of anaphylaxis can come on very suddenly.**
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices should be disposed of as sharps. AAIs are single use only and should be disposed of as sharps.

The sharps bin is located at: the main disabled toilets (next to the SLT office).

Used AAIs can be handed to ambulance paramedics.

12.2 Spare adrenaline devices

This school has 4 spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. There are two in 6W in an unlocked drawer and two under the medical cupboard in the office.

The Allergy Lead is responsible for:

- Deciding how many spare devices are required

- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices.
- Distribution around the school site and clear signage, ensuring quick access to the devices for all. This may mean some schools need spares in more than one location i.e., larger school sites.

12.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device will be able to go on a school trip without two of their own devices. It is the **trip leader's responsibility** to check they have them;
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures as far as possible;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction;
- Consider whether to take **spare** adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

13. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected **adrenaline should be administered without delay,** using the school's spare device if needed.
- Anyone who has had suspected anaphylaxis and received adrenaline **must** go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's wider Emergency Response Plan.

14. TRAINING

We are committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training covers all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

This training will cover:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or near miss; and
- Taking part in an anaphylaxis drill.

The school will carry out an anaphylaxis drill once a year. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

15. ASTHMA

We understand that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

Please see our 'Supporting Pupils with Medical Conditions Policy' for more information on our approach to supporting asthma in school: (add link to policy)

16. REPORTING ALLERGIC REACTIONS

The school will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.

- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports should be shared with:
    - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.

- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
    - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Natasha Allergy Research Foundation Allergy School

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

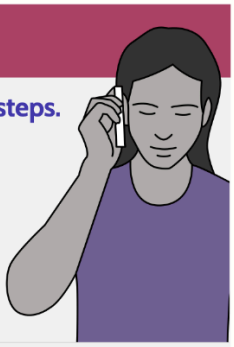
1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

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Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**



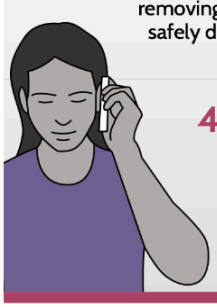
2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.





4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

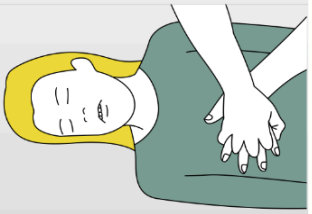


6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

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Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

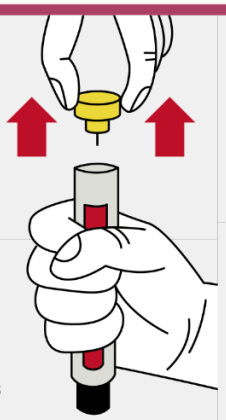
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**

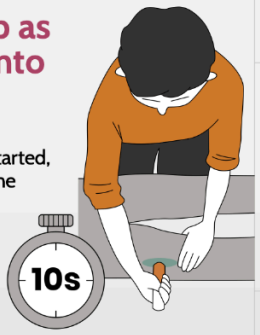


2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**

3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

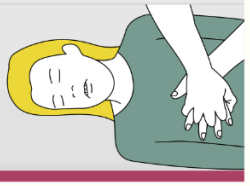


7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

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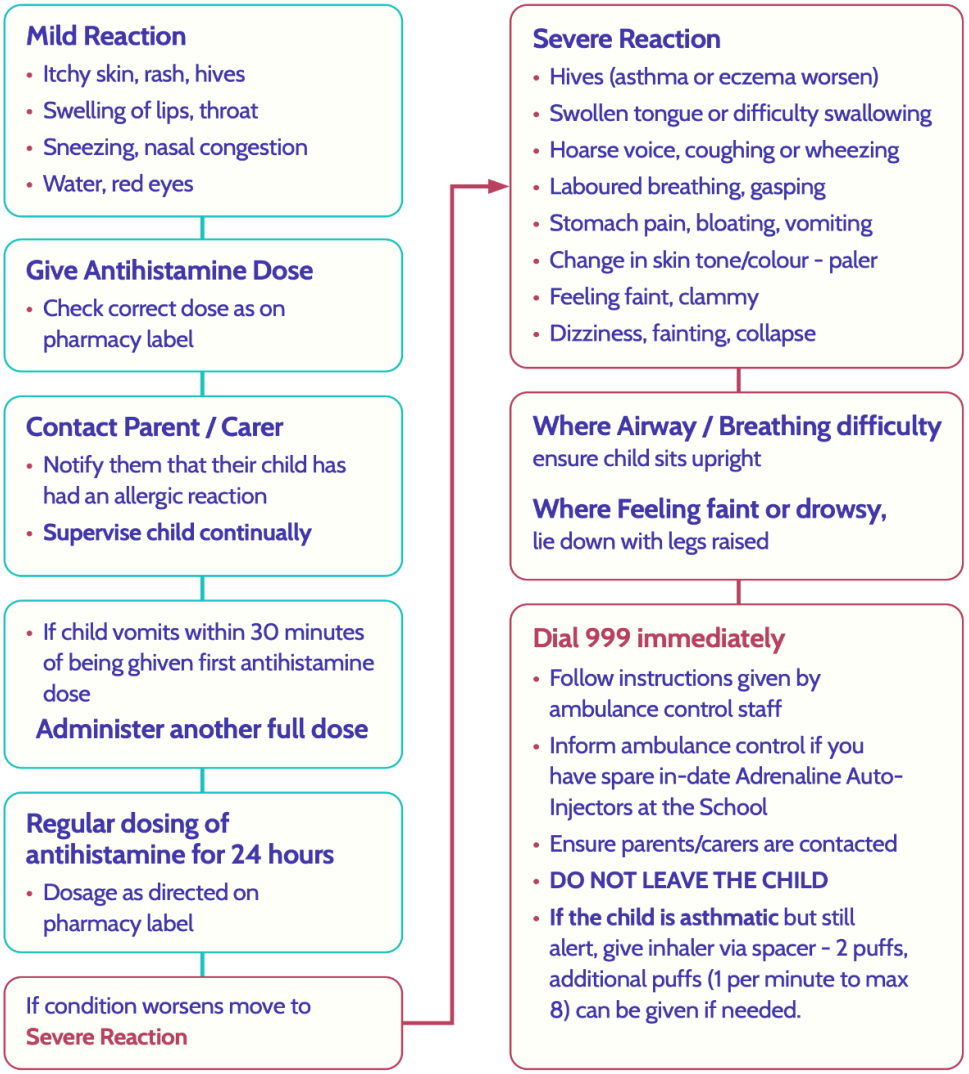
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Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

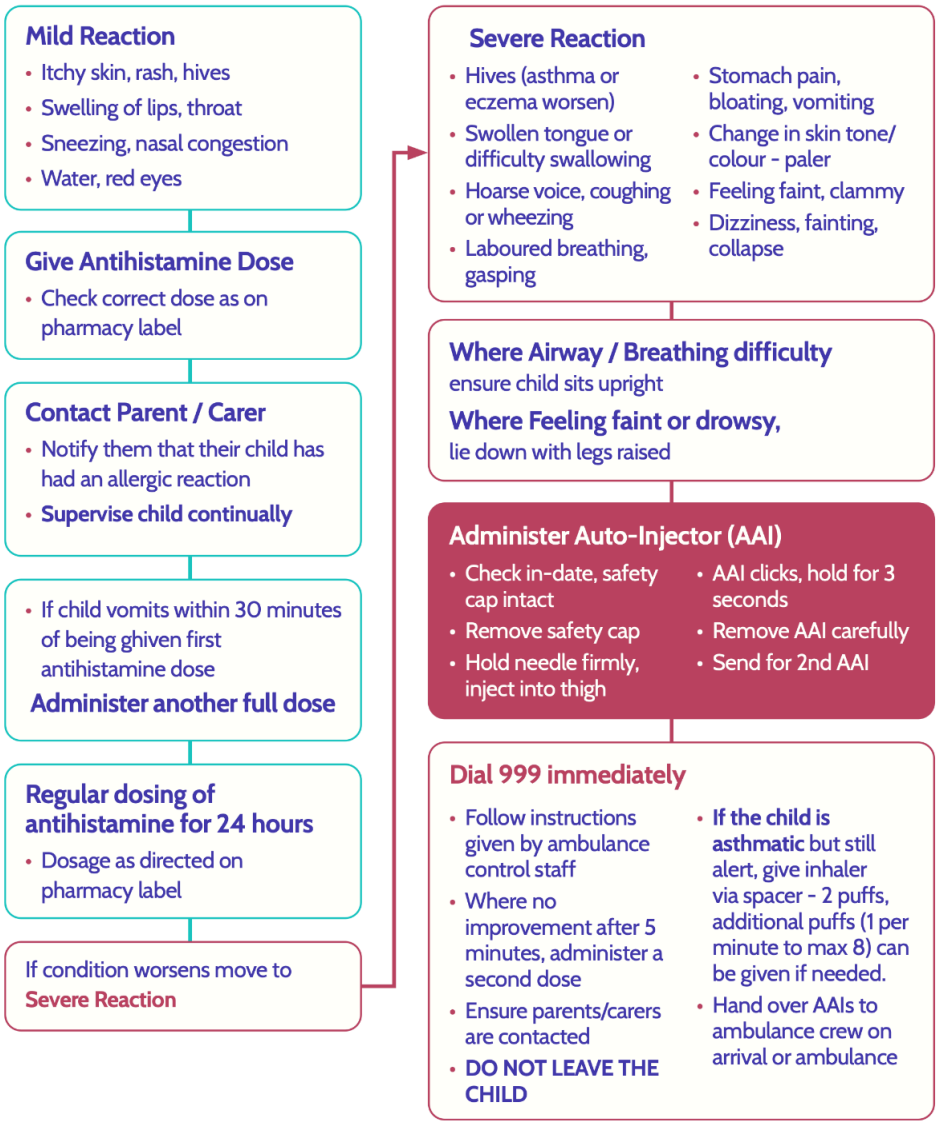
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- **Cereals containing Gluten**
- **Celery**
- **Crustaceans**
- **Eggs**
- **Fish**
- **Soya**
- **Milk**
- **Nuts**
- **Peanuts**
- **Mustard**
- **Sesame Seeds**
- **Sulphur dioxide/Sulphites**
- **Lupin**
- **Molluscs**

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VI

Other support and resources

- Allergy Guidance for Schools - https://www.gov.uk/government/publications/school-food-
- standards-resources-for-schools/allergy-guidance-for-schools
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- Example menus for early years settings in England - Part | Guidance - Example menus for early years settings in England: part 1 (publishing.service.gov.uk) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - https://allergytraining.food.gov.uk/
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)
  FSA reporting tool for allergies - https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
  • Training for Schools - https://www.anaphylaxis.org.uk/information-training/allergywise-
- training/for-schools/
- • Transitioning to Secondary School - https://www.anaphylaxis.org.uk/living-with-serious-
- allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-
- transition-to-secondary-school/
- • Whole school allergy and awareness management - https://www.allergyuk.org/schools/
- whole-school-allergy-awareness-andmanagement

Please note that we have also produced an 'Ebor Operational Guide for Supporting Pupils with Medical Conditions and Allergies' that includes resources and further information, to support schools putting this policy into practice.

Appendix VII - Top 14 Allergens poster



APPENDIX VIII

GLOSSARY

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must always be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

ASTHMA: Asthma is a common, long-term condition which affects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy that requires active management should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline devices. These should be held as a back-up, in case pupils' prescribed adrenaline devices are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.