St Cuthbert's Catholic Primary School

School Motto

In love with Christ: Be the best I can. Be kind to one another.
Amen

Mission Statement

As missionaries of our faith, our school community strives to embody the Christian values of St Cuthbert sharing in humility, spirituality, tolerance and kindness. Each individual is nurtured and celebrated within our inclusive and equitable setting; appreciating and embracing diversity within the world around them.

Allergy Safety Policy
September 2026

The policy has been written in accordance with the template shared by The Allergy Team and reviewed by Paediatric Allergy Consultant, Professor Adam Fox

CONTENTS

Mission Statement	1
AIMS AND OBJECTIVES	3
WHAT IS AN ALLERGY?	3
DEFINITIONS	3
ROLES AND RESPONSIBILITIES	5
Designated Allergy Governor	5
Designated Allergy Lead	5
School Nurse	6
Admissions Team	7
All Staff	7
All Parents	7
Parents of Children with Allergies	8
All Pupils	8
Pupils with Allergies	8
INFORMATION GATHERING, SHARING AND DOCUMENTATION	9
Register of Pupils & Staff with an Allergy	9
Individual Healthcare Plans	9
ASSESSING RISK	10
FOOD, INCLUDING MEALTIMES & SNACKS	10
Catering in School	10
Food Brought into School	11
Food Restrictions	11
Food Hygiene for Pupils	12
EDUCATIONAL VISITS AND SPORTS FIXTURES	12
INSECT STINGS	12
ANIMALS	12
ASTHMA	12
ALLERGIC RHINITIS / HAY FEVER & ECZEMA	13
INCLUSION AND MENTAL HEALTH	13
ADRENALINE DEVICES	14
Storage of Adrenaline Devices	14
Spare Adrenaline Devices	14
Adrenaline Devices on Off-Site Activities	14
RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS	15
TRAINING	15
SERIOUS INCIDENTS, "NEAR MISSES" AND REPORTING ALLERGIC REACTIONS	15
MANAGING ALLERGIC REACTIONS	17
RESPONDING TO ANAPHYLAXIS	18
BSACI: RESPONDING TO ANAPHYLAXIS	19

AIMS AND OBJECTIVES

This policy outlines St Cuthbert's Catholic Primary School's approach to allergy management, in line with the Department for Education's guidance published in 2026 Allergy Safety In Schools It also anticipates the likelihood of Benedict's Law coming into force in 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies reviewed at least annually and published to pupils, staff and parents, a Designated Allergy Lead on the senior leadership team, mandatory staff training, a stock of spare adrenaline devices, and the recording of serious incidents and "near misses".

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all pupils, staff, parents/carers, governors and visitors to the school and should be read alongside the Supporting Children with Medical Needs Policy and other related policies:

- Safeguarding & Child Protection
- SEND
- Supporting Children with Medical Conditions
- Asthma Policy

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 or coeliac disease. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system. Coeliac disease is a serious autoimmune condition where the body reacts to gluten but does not cause acute reactions.

DEFINITIONS

ANAPHYLAXIS:
Anaphylaxis is a severe allergic reaction that can be life-threatening and must 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 policy. 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 will 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.

ALLERGIC RHINITIS: An allergic reaction to something in the environment such as pollen, dust mites or animal dander that causes a blocked or runny nose, sneezing, itchy eyes and sometimes a sore throat, headaches and disrupted sleep. Hay fever is allergic rhinitis triggered by pollen.

ASTHMA**:** Asthma is a common, long-term condition which effects 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.

ECZEMA: A common skin condition, often linked to allergy, causing dry, itchy, sore skin.

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. If the pupil has an Allergy Action Plan or an Asthma Action Plan this should be contained within the IHP.

"NEAR MISS": An event that did not result in harm but had the clear potential to do so, for example when an allergic reaction was averted (e.g. accidental exposure identified before ingestion, or ingestion of a known allergen without reaction).

RISK ASSESSMENT:
A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on 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.

ROLES AND RESPONSIBILITIES

St Cuthbert's Catholic Primary School takes a whole-school approach to allergy management.

Governing Body

The governing body is responsible for the strategic oversight of allergy safety across the school working in partnership with the Designated Allergy Lead who leads on day-to-day implementation.

The Named Allergy Governor is Lindsey Marlton. She works in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level.

They governing body is responsible for:

- Ensuring the school has an allergy safety policy in place which is accessible, published on the school's website, available in hard copy on request and awareness of it is raised with staff, pupils and parents;
- Ensuring allergy-related risks are included on the school's risk register and actively managed
- Ensuring the policy sets out arrangements to reduce the risk of contact with known allergens and emergency response plans for anaphylaxis;
- Ensuring the policy is reviewed at least annually, and considering review after any serious incident or "near miss";
- Satisfying itself that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving periodic reports on serious incidents and "near misses"; and
- Ensuring the school's complaints process allows complaints to be raised and investigated following a serious incident or "near miss", including a prolonged failure to put agreed arrangements in place.

Designated Allergy Lead

The Designated Allergy Lead is Claire Bellis-Knox (Head Teacher). She reports into the governing body inclusive of the Lead Governor for Safeguarding (Denise Hegarty), the Named Allergy Governor (Lindsey Marlton). They are responsible for:

- Creating & Leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;

- 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 allergy information is recorded, up-to-date and communicated to all staff. Although the designated Allergy Lead will have ultimate responsibility, the collation of information may be delegated to another member of staff, for example a member of the SLT or SBM;
- 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;
- 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;
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy; and
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and governing body as appropriate.

School Nurse

Carolyn Ward the School Nurse (School Health Team 2 at Mersey Care), Paula Farley St Cuthbert's First Aid Lead and the Safeguarding Team are responsible for:

- Collecting and coordinating the paperwork (including creating 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 before theu start;
- Supporting the Designated Allergy Lead with 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[1];
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date.;
- 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;

- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips.

Admissions Team

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 school medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten). At St Cuthbert's, this information would be gathered at a Home Visit prior to the children starting school.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- 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.

All Staff

All school staff (this includes all staff present when pupils are expected to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel) are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis 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 (depending on the age of the pupils and the management of adrenaline pens in the school);
- 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 member of the SLT;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's Positive Behaviour Policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Lead; and
- Ensuring that pupils have their medication, their Allergy Action Plan and Individual Health Care Plan with them when leaving school site, for a sporting event or trip.

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 and considering the safety and wellbeing of pupils with allergies;

- Providing the school (Claire Bellis-Knox) with information about their child's medical needs, including 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.

Parents of Children with Allergies

In addition to accepting the responsibility of all parents (see above), 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;
- Provide consent to the school to administer spare adrenaline devices (and inhalers, if applicable) in an emergency;
- 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;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their 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 eg. not eating the food to which they are allergic.

All Pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;

Older pupils should:

- Learn how to recognise an allergic reaction and support their peers and staff in case of an emergency.

Pupils with Allergies

Pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times;

- Understanding how and when to use their adrenaline auto-injector and only using them for the intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- If leaving the school site with permission during the school day, knowing what to do if they have an allergic reaction off school premises including how to treat themselves and raise the alarm to get help; and
- Ensuring they have their medication with them on the journey to and from school.

INFORMATION GATHERING, SHARING AND DOCUMENTATION

Register of Pupils & Staff with an Allergy

The school has a register of pupils and record of staff who have a diagnosed allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. The register includes whether they have an Individual Healthcare Plan, and an Allergy or Asthma Action Plan.

Individual Healthcare Plans

The school will arrange for a pupil with an allergy to have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy; and
- they require arrangements which are additional to or different from those made generally.

The information on this plan includes:

- The child's name, date of birth, class, a photograph and emergency contact details;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- The child's understanding of their allergy, if the child is able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction;
- 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, inhalers 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 health, learning or wellbeing;
- What support or adaptations the school has put in place, including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits; and
- A copy of their Allergy and/or Asthma Action Plan

Visitors

Where possible, visitors will be asked in advance of their visit whether they have any allergy the school should be aware of, particularly where they are likely to be offered food, for example at parent meetings, open days, sports fixtures or work experience placements. This will be conducted as part of the visitors signing in process.

Where a visitor discloses a known allergy, the school will consider practical steps to keep them safe, including making relevant staff aware and considering any adjustments needed to food served during the visit.

Information Sharing

- Staff will know which pupils have allergies, what they are allergic to, their triggers and other relevant information. Where appropriate they will also know which staff and visitors have allergies.
- When relevant to do so, information may be shared with external organisations, for example for the purposes of keeping pupils, staff and visitors safe.
- Information will be shared in line with our Data Protection & Retention Policy.

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, adapt the activity. The school will ensure compliance with the Equality Act 2010.

FOOD, INCLUDING MEALTIMES & SNACKS

Catering in School

The school is committed to providing safe and inclusive meals 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; Allergy Identity Cards including vital information and the child's photograph are displayed in the kitchen;
- The catering team will endeavour to provide varied meal options to students and staff with allergies; in response to the Hutchinson's Special Diet Request Form.
- The school has robust procedures in place to identify pupils with food allergies, these are:
  1. Children are served using RED trays, plates & cups
  2. Wearing an allergy wrist band
- A visual check is completed daily by a member of the SLT on lunch duty (Early Years & Whole School) with pupils who have allergies. The member of staff must be familiar with the children.
- If there is a staff absence, another member of SLT will be identified as the visual checker.

- Dishes and menus containing the main 14 allergens (see Allergen's definition) will be clearly labelled using full words, not symbols or abbreviation. Other ingredients information will be available on request. This is also applicable to any children or staff with allergies to food other than the main 14;
- 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 involves the introduction of a known allergen this will be communicated to pupils with dietary needs by a member of the SLT;
- Precautionary Allergen Labelling or "May Contain' labelling is always checked and communicated with the parent / carer of the child;
- Food provided at Breakfast Club and After School Club will follow these procedures.
- In adherence to the Early Years Foundation Stage statutory guidance "Safer Eating" September 2025, we obtain information about children's special dietary requirements – including food allergies and intolerances – before they attend, record (on the Home Visit Overview & IHCP) and act on the information provided about children's dietary needs. This information must be kept up to date through regular, ongoing conversations with parents and carers.
- At each mealtime and snack time a member of staff must be responsible for checking that the food being served to each child meets all their dietary requirements and is prepared in a way to prevent choking. Allergy Identity Cards including vital information and the child's photograph are displayed in the Early Years kitchen and School Kitchen;

Food Brought into School

To safeguard pupils with allergies and to maintain a secure environment across all school activities, we expect full cooperation regarding all food brought onto the school site. Packed lunches and healthy snacks, must be contained within an appropriate lunch box or bag and clearly labelled with the name of the child it has been prepared for. This extends to off-site school trips, competitions and events. To prevent accidental allergen exposure or cross-contamination, pupils are strictly discouraged from sharing or trading food at any time.

Home-baked foods and commercial birthday cakes will not be accepted into school for individual celebrations or classroom sharing. For PTA events, cake sales, and school fundraisers, all donated or external food items must be pre-approved by the Designated Allergy Lead and be accompanied by a full ingredients list highlighting potential allergens, ensuring every member of our school community can participate safely.

Food Restrictions

We are an Allergen Aware School and pupils in our care live with a wide range of food allergies and severe medical conditions (including allergies to dairy, nuts, sesame, eggs, and seafood). We adopt a vigilant, whole-school approach to managing allergen risks while ensuring all children remain fully safe and included.

- Balanced Risk Management: We do not label our school "allergen-free" or single out any individual allergen as more dangerous than others. Severe allergic reactions (anaphylaxis) can be triggered by many foods.
- Considered Food Choices: We ask parents, staff, and visitors to exercise care when bringing food into school. Please avoid sending products that contain prominent allergens in shared spaces or packed lunches.

- Vigilance & Education: We regularly remind our school community to remain alert to cross-contamination, practice hand hygiene before and after eating, and avoid food sharing or trading

Food Hygiene for Pupils

- School will encourage pupils will 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;

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 are always clearly labelled on catered packed lunches. The kitchen label each packed lunch and highlight the applicable allergens. To ensure pupils and staff with allergies outside of the main 14 always receive a safe meal, additional allergens are added to the label.
- See Adrenaline Pens Section for School Trips and Sports Fixtures.

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 caretaker (Christopher Lunt) will monitor the school site 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.

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.

ASTHMA

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

- A designated policy for Asthma is adhered to and shared widely
- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mites, mould spores or pet dander and food allergens.
- The Designated Asthma Champion (Kate Lunt) ensures effective asthma management;
- All children with asthma should have a Personalised Asthma Action Plan provided by the parent / carer;
- PAAPs are accessible and displayed on the information board within the First Aid Room;
- Reliever Inhalers (& spacer devices for children using puffers) are readily available within classrooms and are easily reachable in an emergency
- Children are encouraged to use their inhalers before physical activity – if listed on their Individual Health Care Plan
- As per the Department of Health guidelines, primary schools are legally permitted to purchase and hold a spare emergency salbutamol inhaler and spacer. Our emergency kit is stored within the First Aid Room and is used exclusively for pupils who have an asthma diagnosis and whose parents have given consent, in the event that their personal inhaler is lost, empty, or not on-site;
- Parents / carers must inform school of a diagnosis and provide an in-date, labelled inhaler;
- School will log the details of the inhaler and will check expiration dates each half term enabling effective home-school communication when replacements are required.

ALLERGIC RHINITIS / HAY FEVER & ECZEMA

- Pupils with more serious hay fever will be supported through reasonable adjustments where needed, for example wearing sunglasses during sport, having a window closed during high-pollen periods, or receiving additional medication during the school day;
- Most pupils with allergic rhinitis or eczema manage their condition at home and will not need an Individual Healthcare Plan; pupils with more severe or harder-to-manage symptoms will be considered for one;
- Pupils with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the school day;
- Staff will be mindful that allergic rhinitis or eczema-related sleep disruption can affect a pupil's concentration and behaviour, and will make reasonable adjustments.

School's measures for dealing with seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens:

- Work with parents / carers to complete an Individual Healthcare Plan;
- If emergency medication may be required, ensure that it is logged and stored safely and appropriately (according to the official medical conditions) within the First Aid Room cupboard or fridge.
- School monitors local pollen forecasts – on days where it is particularly high, outdoor activities may be adjusted and relocated indoors;
- Site Management – grounds keeping is scheduled outside of school hours;
- Classrooms have natural ventilation systems and windows are closed when pollen counts are extreme; and
- Routine cleaning with damp microfiber cloths and vacuuming works towards ensuring pollen isn't trapped in carpets or on surfaces.

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 from a member of their class team of staff;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's Positive Behaviour Management Policy.
- Uniform policies take into account that children may need emergency medication near them at all times.

ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

Storage of Adrenaline Devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date pens at all times;
- Adrenaline Pens will be stored centrally in the First Aid Room, labelled and fully accessible to all staff at all times – never locked away;
- Allergy Action Plans are displayed centrally on the First Aid Room Wall and accessible electronically via the CPOMS Document Vault;
- Pupils must also have access to two adrenaline pens as they travel to and from school;
- Half Termly Checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens 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 pens will be disposed of as sharps.

Spare Adrenaline Devices

This school has 8 spare adrenaline devices. These can be used on someone presenting with anaphylaxis for the purpose of saving a life if they do not have their own prescribed adrenaline devices, or if their prescribed adrenaline devices are not available.

The locations of spare adrenaline pens are clearly signposted. These are within the First Aid Room within the Anaphylaxis Box: (6 years & below 0.15mg & 6 years and above 0.3mg).

The Designated Allergy Lead (Claire Bellis-Knox) is responsible for:

- Deciding how many spare pens are required – 8 allowing for 2 of each dosage to be taken off site within grab bags when the children are accessing sporting events, trips etc;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion;
- The purchasing of spare adrenaline devices which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

Adrenaline Devices on Off-Site Activities

- No child with a prescribed adrenaline devices 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;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See 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 Health Care 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 Emergency Response Plan.

TRAINING

The school is committed to ensuring that training all staff receive annual allergy awareness training. This training should cover all staff, including teaching staff, support staff, site staff and others who may oversee children at Breakfast Club and After School Club.
This training will cover:

- Understanding allergy and that it includes multiple conditions (food allergy, asthma, eczema, allergic rhinitis etc) is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis (staff should be given the opportunity to practise with a training adrenaline auto-injector);
- 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 (including where to find information on allergy trigger);
- Where adrenaline devices are kept (both prescribed pens and spare pens) 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.

All staff in 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.

SERIOUS INCIDENTS, "NEAR MISSES" AND REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses, on Medical Tracker which is linked to CPOMS, 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 (and where appropriate, the pupil themselves), who will be given the opportunity to discuss the incident and contribute their views to the review.
- Periodically reports of incidents and near misses should be shared with the governing body.
- The Allergy Safety Policy and any relevant procedures will be considered in light of the incident and will be updated if needed. 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.
- the relevant healthcare professional or team where an incident related to the delivery of an action plan they issued.
- 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.
- The school's complaints procedure allows concerns about how a serious incident or "near miss" was handled to be raised and investigated, including where there has been a prolonged failure to put agreed arrangements in place.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

Symptoms of Anaphylaxis		
A – Airway	**B – Breathing**	**C - Circulation**
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen Tongue	• Difficult or noisy breathing • Wheeze or cough	• Persistent dizziness • Pale or floppy • Sleepy • Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched and give adrenaline.
3. Pupils may be able to administer adrenaline themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
4. If you are using an adrenaline auto-injector, it is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. If you are using an adrenaline nasal spray (EURneffy). Hold the device with two fingers on the sides and thumb underneath, place into nostril and press firmly with your thumb until the dose is delivered
6. Make a note of the time you gave the first dose.
7. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
8. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
9. Call the pupil's emergency contact.
10. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes (into the other thigh if using an adrenaline pen, or into the same nostril if using a nasal spray) using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
11. Start CPR if necessary.
12. Hand over used devices to paramedics and remember to get replacements.
13. 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 them in an ambulance until a parent or guardian arrives.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

BSACI: RESPONDING TO ANAPHYLAXIS

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)



2. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

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Staff Responsible	-	Claire Bellis-Knox