Allergy Safety Policy

Version	1.0
Approving Body	Trust Board
Date ratified	13 July 26
Date issued	July 26
Review Date	July 27
Applies to	All Trust Schools, all Trust staff
Owner	CEO
Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Version	Date	Reason
1.0	September 2026	To establish a trust-wide policy

The named staff members (at least 2) responsible for coordinating staff anaphylaxis

training and the upkeep of the school's anaphylaxis policy at **Witchampton CofE First** school are:

Sarah Fairman

Lisa White

Contents

Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

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

This policy sets out how Initio Learning Trust Schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and responsibilities

Local School Committees (LSC)

- It is the LSC's responsibility for ensuring the school has an allergy safety policy which sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out emergency response plans for cases of anaphylaxis.
- The LSC will ensure that there is a named LSC member and a named member of the senior leadership team with responsibility for allergy safety, since they will need to drive setting-wide policies.
- The LSC will ensure that risks relating to children and young people with medical conditions should be included on the school's risk register and actively manages this.
- The LSC will ensure that the allergy safety policy is readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date

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

School Responsibilities

- The school will ensure that there is a named member of SLT with responsibility for allergy safety.
- The school will ensure that all staff will complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff.
- The school will ensure that there is a robust system for identifying staff and visitors with allergies with staff and visitors being encouraged to voluntarily disclose any personal allergies to the school and whether they carry emergency medication to ensure they are included in relevant safety measures and emergency protocols.
- The school will have a system to ensure that all staff (regular or cover classes) are aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- **Lisa White** will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the **Lisa White** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- It is good practice for schools, colleges and early years settings to conduct allergy safety drills, in the same way as fire drills or in an active training exercise.
- The school ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

Allergy Action Plans

All pupils with a serious allergy will have an allergy action plan.

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

The school will use British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans which are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

Procedural Requirements

Gathering Information and Timelines

- For pupils joining at the start of the school term, arrangements must be in place by the first day.
- For pupils joining mid-term, all necessary arrangements must be completed before their start date.
- Staff must have allergy management arrangements in place upon commencement of their employment.
- Information on allergies for visitors should be sought in advance of their visit wherever possible.

Individual Healthcare Care Plan (IHCP) Requirements

All IHCPs must capture the following key information:

- Emergency contact details for parents, carers, or family.
- An up-to-date photograph of the individual.
- Specific known allergens, noting whether the allergen is ingested, inhaled, or absorbed.
- An attached Allergy Action Plan.
- Details of prescribed adrenaline devices (make and dosage).
- Explicit parental consent for the use of 'spare' adrenaline devices and/or emergency asthma reliever inhalers.
- If the individual has asthma, an Asthma Plan must be attached, detailing triggers, symptoms, and consent for emergency inhaler use.

Review Frequency

- All IHCPs must be reviewed annually.
- IHCPs must also be reviewed immediately upon any change in circumstance, such as a change in medication, a new allergy diagnosis, or following an incident or near miss.

Emergency Treatment and Management of Anaphylaxis

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body

- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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

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

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

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

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

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

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

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container. This is stored in the first aid cupboard in the blue bell room.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain (where appropriate):

- 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

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however **Lisa White** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs or inhalers their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs and asthma inhalers should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Spare adrenaline auto-injectors in school

Initio Learning Trust Schools are responsible for the purchasing and maintaining of spare AAIs for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.These are stored in the Bluebell room in the first aid cupboard. clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

Schools will follow the advice in the DfE guidance which states that *'in general' schools should obtain 4 'spare' AAIs'* and will follow the detailed numbers in the table below:

School Type	AAI for children under age 6 years (150 micrograms) *e.g. EpiPen Junior, Jext 150*	AAI for individuals over 6 years of age (300 micrograms) *e.g. EpiPen, Jext 300*
State- funded nursery school	Two 'spare' devices	N/A
Primary School	Two 'spare' devices	Two 'spare' devices
Secondary School	N/A	Two to four 'spare' devices
Special School	Two 'spare' devices	Two 'spare' devices

Pamphill CofE School holds two spare pens which are kept in the following location/s:-

The Bluebell room in the first aid cupboard

Lisa White is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan. When a pupil is experiencing anaphylaxis for the first time, under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 a school's 'spare' AAI can be used for the purpose of saving a life for a pupil or other person not known by the school to be at risk of anaphylaxis (i.e. who does not have medical authorisation/consent in place for the spare device).

Spare asthma inhalers in school

Initio Learning Trust Schools will have purchased spare emergency salbutamol inhalers for use in children who have been diagnosed with asthma or have been prescribed a reliever inhaler, where their own device is not available (e.g., lost, broken, or out of date).

These are stored in **the Bluebell room in the first aid cupboard,** clearly labelled 'Emergency Asthma Inhaler', kept safely, not locked away, and accessible to all staff.

Pamphill CofE First School holds **one** spare inhaler, which are kept in the following location/s:

First aid cupboard in the Bluebell Room.

Lisa White is responsible for checking the spare medication is in date on a monthly basis and replacing it as needed.

Written parental permission for the use of the spare inhaler is included in the pupil's Asthma Action Plan. In the event of an asthma attack, the spare inhaler may be used for any pupil who has been diagnosed with asthma and/or prescribed a reliever inhaler and for whom the school has written consent.

Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Sarah Fairman
Lisa White

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff. This training explicitly includes asthma awareness, covering the critical relationship between asthma and allergies and the emergency response to acute asthma attacks.
Induction arrangements for new, supply, and cover staff will include allergy awareness training and familiarisation with the school's allergy policy.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Initio Learning Trust schools ensure that staff undertake a practical session, where necessary, using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

Inclusion and safeguarding

Initio Learning Trust Schools are committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Where serious incidents or "near misses" occur involving a child or young person with a medical condition (including allergy), the incident should be recorded. It should be reported to the child or young person's parents and the governing body alongside any statutory reporting. Lessons should be learned from any serious incident or "near miss", prompting a review of the relevant policies and arrangements."

It is good practice for schools to conduct allergy safety drills, in the same way as fire drills or in an active training exercise. If a school decides that this is appropriate, a simulated case of anaphylaxis can be used to test out how staff respond, without risk to any individual. The

results of the drill should be recorded in a similar way to an incident or 'near miss' and used to inform the ongoing review of the allergy safety policy. In some cases it may be appropriate to include children and young people in such tests, for example where one of their peers has a high risk of anaphylaxis. If so, the child or young person should be involved in the planning of the drill to avoid a negative impact on their wellbeing. This can support the person at risk of anaphylaxis and provide reassurance to them and their family

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view termly with all ingredients listed and allergens highlighted on the organisation website at Forerunner Catering.

Lisa White will inform the Kitchen assistant of pupils with food allergies.

A list of individuals with known allergies, including up-to-date photographs and their specific known allergens, is maintained and kept in all areas where food is served or handled, such as school kitchens, food technology rooms, science labs, and art classrooms. These lists must be kept in areas that are accessible to staff only.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school, parents should check the appropriateness of foods by speaking directly to the relevant person at the school
- The pupil should be taught to also check with staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the relevant person at the school
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teachers are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy awareness and nut bans

Initio Learning Trust schools support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

Initio Learning Trust schools will put in place processes and education / awareness for anyone associated with school lunches and provision of food in school time and will ensure that parents and carers have access to resources to help them understand why a food or product ban is not supported. Schools will work with catering providers to support parents, this might mean supporting them with the provision of a packed lunch.

The DfE's allergy guidance for schools does not advocate banning products.

This FAQ from Allergy UK explains that it is not possible to guarantee and enforce a nut free zone.

Spare Pens in Schools explains that a ban may not be effective

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

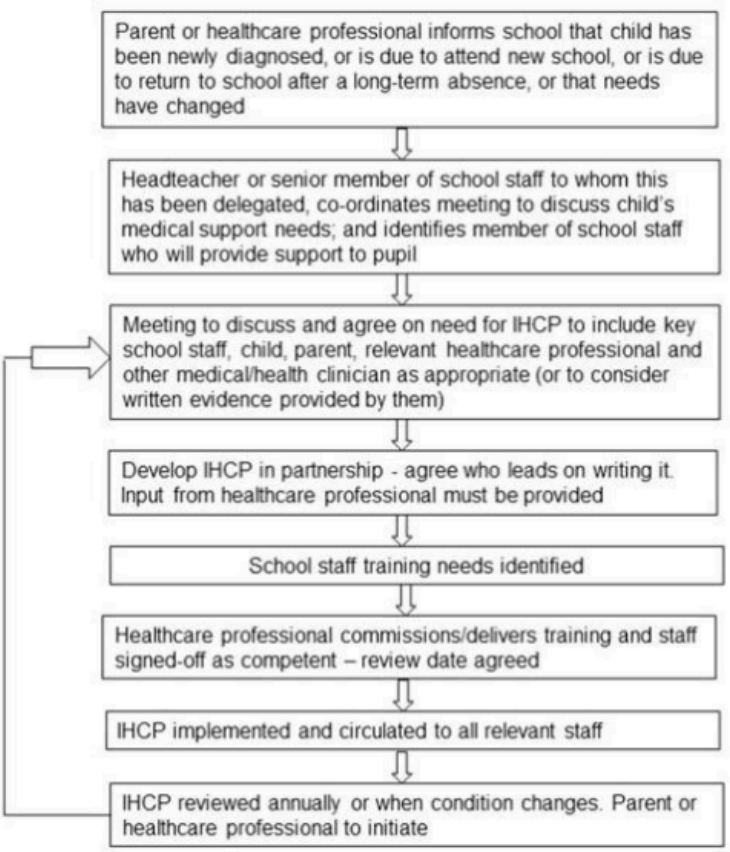
Risk Assessment

All Initio Learning Trust schools will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe In addition the review section will be enforced whenever circumstances change e.g near miss.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

Appendix A: Model Process for Developing Individual Healthcare Plans

Initio Learning Trust utilises the DfE's model process for developing IHPs as outlined below.



Appendix B: Allergy Management Risk Assessment for Individual Students

This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child/Young person: Click or tap here to enter text.	**Date of Birth:** Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	**Key Worker/Teacher/Tutor**: Click or tap here to enter text.
Allergies: Click or tap here to enter text. Are reactions: **Ingestion** Click or tap here to enter text. **Direct contact**: Click or tap here to enter text. **Indirect contact**: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	**Clinic/Hospital:** Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	**Review date:** Click or tap here to enter text.
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: Date: Click or tap here to enter text. Young person: Date: Click or tap here to enter text. **I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe,** **I give permission for my child's photograph to be displayed sensitively to keep my child safe,** **I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected.** Parents: Date: Click or tap here to enter text.	

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.
Can the student recognise a reaction for themselves?

What have been the symptoms of previous reactions?			
What are the hazards for each activity?	**What are you already doing to control the risks?**	**Probability**	**Impact**
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales Parties Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			
Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			
Science activities:			
PE:			

Indoor Outdoor Forest Schools			
Playtime: Playground Field			
Offsite activities:			
Curriculum visitors Day trips			
Residential visits			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW. **Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.**				
Hazard	**What further action do you need to take to control the risks?**	**Who needs to carry out the action?**	**What is the action needed by?**	**Completed**

Consequence		**Minor**	**Moderate**	**Major**	**Critical**	**Catastrophic**
Likelihood	**Rare**	Low	Low	Low	Low	Low

	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	**Minor**	**Moderate**	**Major**	**Critical**	**Catastrophic**
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	**Definition**
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

Appendix C: Useful Links

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

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

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

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

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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

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