



Policy status	Non-statutory
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Safeguarding Statement

At Beatrice Tate School we respect and value all children and young people and are committed to providing a caring, friendly and safe environment for all our students so they can learn, in a relaxed and secure atmosphere. We believe every student should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Beatrice Tate School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our students by protecting them from physical, sexual and emotional abuse, neglect and bullying.

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1. Aims and definitions

This policy sets out how Beatrice Tate School will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

This policy aims to:

- Set out our school’s approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports students with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community
- Minimise the risk of any student suffering a severe allergic reaction whilst at school or attending any school related activity.
- Ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

An **allergy** is a reaction by 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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

Common allergens:

Food allergens:

- Peanuts
- Tree nuts (e.g. hazelnuts, almonds, walnuts, cashews)
- Eggs
- Milk
- Wheat
- Soy
- Shellfish

Environmental allergens:

- Pollen
- Dust mites
- Mould
- Pet hair or dander
- Insect stings

Medication allergens:

- Penicillin
- Sulfa drugs
- Aspirin
- Ibuprofen
- Acetaminophen

Other allergens:

- Bee stings
- Sunscreen
- Fragrances
- Essential oils
- Latex

2. Legislation and guidance

This policy is based on the Department for Education's guidance on [allergies in schools](#) and [supporting students with medical conditions at school](#), the Department of Health and Social Care's guidance on [Using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is the Deputy Headteacher and Designated Safeguarding Lead.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant students
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All students with allergies have an allergy action plan completed by a medical professional
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School nurse

The school nurse is responsible for:

- Sourcing, recording and distributing information on medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis from families
- Coordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific students with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of students with allergies

3.4 Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAIs. These are members of staff who have volunteered and been trained to assist students with AAIs in an emergency on educational visits. These members of staff will be named on educational visit risk assessments.

3.5 Parents

Parents are responsible for:

- Being aware of our school's allergy policy

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.6 Students with allergies

If appropriate, these students are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the student is not able to do so)

3.7 Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers

4. Assessing risk

The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food or food packaging
- Off-site events and educational trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

- Students are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Students have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies.

- Catering staff receive appropriate training and are able to identify students with allergies
- School menus are available for parents to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

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

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a student brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be removed.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals

5.7 Events and educational visits

For events, including ones that take place outside of the school, and school trips, no students with allergies will be excluded from taking part.

The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of students' allergies and to have received adequate training.

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Allergy plans

Allergy plans will be developed as part of Individual Healthcare Plans for children and young people with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto injector.

It is the parent/guardian's responsibility to complete the allergy plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

6.1 Register of students with AAIs

The school maintains a register of students who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so, what type and dose)
- Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the student
- A photograph of each student to allow a visual check to be made

The register is kept in Phase Information Folders in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

If a student has an allergic reaction, the staff member will initiate the school's emergency response plan, following the student's allergy action plan.

If an AAI needs to be administered, a designated member of staff will use the student's own AAI, or if it is not available, a school one. It will only be administered by a designated member of staff trained in this procedure.

If the student has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures by phoning the School Nurse or a First Aider.

Symptoms of anaphylaxis happen very quickly.

They usually start within minutes of coming into contact with an allergen, such as a food, medicine or insect sting.

What to look for:

- swelling of the throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in the throat or a hoarse voice
- wheezing, coughing or noisy breathing

- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
- a rash that's swollen, raised or itchy.

Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and rapid progression of symptoms
- life threatening **airway and/or breathing difficulties and/or circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.)

Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

If the student 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.

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

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

In the event of anaphylaxis:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. Inject at upper, outer thigh through clothing if necessary
- **CALL 999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/guardian as soon as possible

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can re-occur after treatment.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents informed

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

AAIs are purchased from a pharmaceutical supplier, such as a local pharmacy, without a prescription. A request signed by the Headteacher (on appropriate headed paper) will outline:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.
- The quantity of AAIs required

A single brand of AAI will be purchased to avoid confusion.

AAIs are available in different doses, depending on the manufacturer:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location (the Main Reception Emergency Medication drawer) to which all staff have access at all times, but is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed

Spare AAIs are kept separate from any student's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

The School Nurse and allergy lead are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions in a sharps bin in the Nurses' Office.

7.5 Use of AAIs off school premises

A risk-assessment will be carried out for any pupil at risk of anaphylaxis taking part in a school trip off school premises. Pupils at risk of anaphylaxis will have their AAI with them, and there will be staff trained to administer AAI in an emergency. It may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Students at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

A member of staff trained to administer AAIs in an emergency should be present on school trips and off-site events

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of students to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training

All staff will complete online allergy and anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

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
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting students with medical conditions policy
- Educational Visit policy and procedures

10. Appendix A - Reducing the risk of allergen exposure in children and young people with food allergies

- Bottles, other drinks and lunch boxes provided by parents for children 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 canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing.
- 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.
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats).
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- 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 depending on the allergies of particular children and their age.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care).

Source: Department of Health (2017) Guidance on the use of adrenaline auto-injectors in schools

11. Appendix B - Recognition and management of an allergic reaction and anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)  
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS 

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

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, **give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.