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Allergen and Anaphylaxis Policy

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Agreed by Governors	October 2025
Next Review	September 2026
Head teacher	Mr S Wright 
Chair of Governors	Mrs E Scorer 

Links with other policies:

Health & Safety Policy

Educational Visits Policy

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Debbie Bell – named as First Aider in this policy

Jane Swindells – named as First Aider in this policy

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1. 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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening 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 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 Whitby Heath Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

2.1 The governing board is responsible for:

- Ensuring that arrangements are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensuring that policies, plans, systems and procedures are implemented to minimise the risks of pupils suffering allergic reactions or anaphylaxis at school.

- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that the school's arrangements give parents and pupils confidence in the school's ability to minimise susceptible pupils' contact with allergens, and to effectively support pupils should an allergic reaction or anaphylaxis occur.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

2.2. The headteacher is responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.
- Ensuring that parents/carers are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.

2.3. The office staff are responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents/carers on an annual basis, including information regarding any allergies.
- Contacting parents/carers for required medical documentation regarding a child's allergy.
- Ensuring that the necessary staff members are informed about pupils' allergies.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is passed onto staff members.
- Recording any and all allergic reactions in Cpoms detailing the events surrounding the reaction, .e.g. how exposure occurred, the reaction and the overall response and handling.

2.4. All staff members are responsible for:

- Acting in accordance with the school's policies and procedures at all times.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' Allergy action care plans (AAPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.
- As far as practical, monitoring children's food, including snacks, to reduce risk that food containing known allergens is not provided.
- Encourage pupils to not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary medication is out of the reach of pupils but still easily accessible to staff members.
- Liaising with the office staff and pupils' parents to ensure the necessary control measures are in place.

2.5. Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with section 9 of this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

2.6. All parents/carers are responsible for:

- Notifying the office staff of the following information: — Their child's allergens — The nature of the allergic reaction — What medication to administer — Specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the Supporting Pupils with Medical Conditions Policy.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.
- Working alongside the school to develop an AAP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's AAP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.

- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

2.7. All pupils with an allergy are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of (on the windowsill in each classroom). Staff Epi-Pen is kept in the school office and the children's Epi-Pen is kept in the staff room medication cupboard.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

2.8 All pupils

- To receive regular education regarding how to support peers with allergies, this might include:
 - Ensuring that they do not exchange food with other pupils.
 - Learning to recognise symptoms of an allergic reaction.
 - To be inclusive and supportive of peers with allergies.
 - Notifying a staff member if they notice a child with an allergy not being included or supported by other peers.

3. Allergy Action Plans

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 autoinjector.

Whitby Heath Primary School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plans](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school. The school should then make the allergy action plan accessible to all staff, including supply staff. Copies of allergy action plans should also be

available on offsite visits to ensure that any adult working with the child or young person is aware of the allergy.

4. 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 serious 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. AAls 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 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.

5. Supply, storage and care of medication

There should be an anaphylaxis kit which is kept safely, **accessible to all staff**.

Staff Epi-Pen is kept in the school office and the children's Epi-Pen is kept in the staff room medication cupboard.

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

- Two AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aiders 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 AAls their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival.

6. 'Spare' adrenaline auto-injectors in school

Whitby Heath Primary School has purchased spare **AAls for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored as a clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff. In the medical box in the staff room.**

Whitby Heath Primary School holds 2 spare pens which are kept in the following location/s:-

Staff Epi-Pen is kept in the school office.

The children's Epi-Pen is kept in the staff room medication cupboard.

The First Aiders are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental/carer permission for use of the spare AAls is included in the pupil's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Debbie Bell
Jane Swindells
Stuart Wright
Emma Williams
Liz Treacher
Gemma Beach

All staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available as part of any induction programme for any new members of staff who are recruited throughout the year.

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 AAls) 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
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Whitby Heath Primary School is 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.

9. 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 3-week rolling menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at <https://www.whitbyheath.cheshire.sch.uk/page/lunchtime-menus/14612>

The School Office will inform the Catering Manager of pupils with food allergies.

There are photos of each child with an allergy behind the serving counter in the school canteen.

Parents/carers are encouraged to meet with the Catering Manager and the EYFS staff (during home visits) to discuss their child's needs. If parents/carers have concerns or questions around food allergies, they should contact the office to arrange a meeting with the chef.

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

- Bottles, other drinks and lunch boxes provided by parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- 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 Catering Manager.
- 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.

10. 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/carers 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 PE teacher/s 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/carers 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.

11. Allergy awareness and nut bans

Whitby Heath Primary School supports 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.

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 and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

Whitby Heath Primary School 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.

[Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template](#)

13. Useful Links

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

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

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

- Resources for managing allergies at school - <https://www.allergyuk.org/living-withan-allergy/at-school/>

BSACI Allergy Action Plans -

<https://www.bsaci.org/professionalresources/resources/paediatic-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>

End Notes

i This guide has been developed in consultation with parents and teachers and will be reviewed to include ongoing feedback on an annual basis.

ii <https://www.judiciary.uk/publications/karanbir-cheema/>

iii <https://www.judiciary.uk/publications/mohammad-ashraf/>

iv Muraro et al. The Management of the Allergic Child at School. Allergy 2010 June 1;65(6):681-9

v Appendix 1: Allergy guidelines for school's medical conditions policy

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Glossary of terms

Allergy Action Plan

These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment, apart from access to adrenaline autoinjectors (AAIs). The plans are medical documents and should be completed by the child/young person's healthcare professional in partnership with parents/carers. The plans are now designed to function as Individual Healthcare Plans for children and young people at risk of anaphylaxis. Download here: [BSACI Allergy Action Plans](#).

Individual Healthcare Plan

These plans are drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular healthcare needs of a child/young person. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child/young person manage their specific condition and overcome any potential barriers to getting the most from their education. [Read more about Individual Healthcare Plans here.](#)

Where a child/young person's health issues related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.

Foreword

Developing a Model Policy for Allergy at Schoolⁱ

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. Twenty percent of serious allergic reactions to food happen whilst a child is at school, and these can happen in someone with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction and are able to manage it safely and effectively.

Anaphylaxis UK and Allergy UK have worked with the British Society for Allergy and Clinical Immunology (BSACI) and the Medical Conditions in Schools Alliance, supported by the Department for Education (DfE), to develop this

Model Policy for Allergy at School guide. It has been designed to support schools to develop a 'Gold Standard' policy to manage children's allergies safely, so that children/young people and their parents feel reassured that a robust policy is in place. The Model Policy for Allergy at School draws on lessons learnt from Prevention of Future Deaths reportsⁱⁱⁱⁱ where children have sadly died as a consequence of anaphylaxis while they are at school.

The **Model Policy for Allergy at School**, which includes an example of a comprehensive working policy has been reviewed by Professor Adam Fox, Paediatric Allergist at Guy's & St Thomas' Hospitals, London, Dr Paul Turner, MRC Clinician Scientist and Reader in Paediatric Allergy & Immunology at Imperial College London, and the British Society for Allergy & Clinical Immunology (BSACI). The policy has been updated by Cheshire West and Chester Council to reflect the local context and need.



Government legislation

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs). The English Government's guidance on supporting pupils at school with medical conditions, published in December 2015 is available from [this link](#).

Health and Safety Policy

An allergy policy must be read in conjunction with the schools' Health and Safety Policy as the management of anaphylaxis is integral within the management of First Aid. Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard:

Roles and responsibilities

The **governing body** are required to develop policies to cover their own school. This should be based on a suitable and sufficient risk assessment carried out by a competent person. The governing body has general responsibility for all the school's policies, even when it is not the employer. In county and controlled schools, the governing body should follow the health and safety policies and procedures produced by the Local Education Authority (LEA) as the employer. In practice, most of the day-to-day functions of managing health and safety are delegated to the head teacher.

These allergy guidelines are designed to be included within your school's medical conditions policy. It is recommended that they should be made available on your school's website. The regulations concerning the management of medical conditions in schools varies depending on

whether the school is situated in England, Wales, Scotland or Northern Ireland. The Health Conditions in Schools Alliance has published [a helpful guide](#) to these laws (please note that some of the information about Wales and Scotland has been updated since this document was published).

The **head teacher** is responsible for putting the governing body's policy into practice and for developing detailed procedures. The head teacher should also make sure that parents are aware of the school's health and safety policy, including arrangements for managing children with allergies and at risk of anaphylaxis.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to always use their best endeavour's, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/ appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

Introduction

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye.

The most common cause of anaphylaxis in children/young people are foods. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

.....
2-5% of children in the UK live with a food allergy

..... Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. Twenty per cent of serious allergic reactions to food happen whilst a child is at school, and these reactions can occur in someone with no prior history of food allergy.^{iv} It is essential that staff recognise the signs of an allergic reaction and are able to manage this.

In order to keep pupils with allergy safe, schools should have a clear and consistent policy on managing allergies at school. Schools should take a whole-school approach which involves all members of the school, including teaching staff, caterers, pupils and parents to ensure that the needs of the allergic pupils are met.

.....
20% of severe allergic reactions to food happen whilst a child is at school

..... Parents need to be confident in schools' ability to keep their children safe and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital.

It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this way could potentially result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.



Emergency management of anaphylaxis (ABC) and involving family/carers

All pupils at risk of anaphylaxis, should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The [BSACI Allergy Action Plans](#) include this information, and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline.

Identify activities which the child may be at risk - for example food-based and outdoor activities.

Symptoms of anaphylaxis include one or more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Position is important - lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.
- If a second dose is being administered, give this in the opposite thigh to the first.

Spare pens in schools

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Guidance from the Department for Health and Social Care UK Departments of Health (and equivalent guidance for the Devolved Nations) provide further details: www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

The BSACI Allergy action plans include a consent for parents/legal guardian to sign, authorising the administration of AAIs in their child.

Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

A supplier e.g. pharmacy, will need a request signed by the principal or headteacher (ideally on appropriate headed paper) stating:

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

A template letter which can be used for this purpose can be downloaded at: www.sparepensinschools.uk

Please note that pharmacies are not required to provide AAIs free of charge to schools, the school must pay for them as a retail item.

The retail price is circa £35 (as of 2023) and your local pharmacy may add a small handling charge.



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Allergy Action Plans

Allergy Action Plans have been designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else (e.g., parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. They have been developed following an extensive consultation period with health professionals, support organisations, parents of allergic children and teachers, and the British Society for Allergy & Clinical Immunology (BSACI). [Please click here to see the sample Allergy Action Plans.](#)

The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/ carers.

The plans can either be printed out and completed by hand, or completed and signed by the healthcare professional and parent/carer online.

Staff allergy training

It is good practice to have two named members of staff at school responsible for coordinating allergy management including the development and upkeep of the school's allergy policy.

However, an allergic reaction can occur at any time, so all staff should be trained on

what to do in the event of an allergic reaction, as a student may be under their supervision when this happens. Allergy training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence. Acting fast is key in reducing the risk of a serious allergic reaction.

Allergy training should include a practical session (trainer AAls are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- 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 AAls) 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
- See page 11 for training resources.

Allergies and bullying

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

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32%

of the children surveyed reported having been bullied due to food allergy at least once

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The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education.

[Please view the guidance here.](#)

Bullying UK have provided advice for schools on bullying - [Primary](#) / [Secondary](#) [Heads Together have given information on how to adopt a whole-school approach to mental health and wellbeing](#)

Other useful websites include [Bully Busters](#), [Anti-Bullying Alliance](#), [Childline](#) and [NSPCC](#).

Storage of AAI's

Students should carry two AAI's with them at all times. If the student is unable to carry AAI's/ medication/inhalers themselves (e.g. primary school-aged pupils) this medication should be stored safely but should be easily accessible in the event of an emergency and not locked away. Ensure that these are labelled for identification of the pupil e.g. with their name and photograph and Allergy Action Plan.

Ensure that students know where their medication, AAI's and inhalers are at all times.

If a pupil has anaphylaxis, and their AAI is stored away from them, then the AAI must be brought to them. They must not be told to go to the room where the AAI is stored, in order for it to be administered.

Staff should support students who demonstrate maturity and have had appropriate training to carry their own AAI's, medication and/or inhalers.

Expiry dates

- It is the parents' responsibility to ensure that the child's AAI's are within the expiry date, however it is good practice for schools to schedule their own regular checks of medication
- Parents and schools can register AAI's on the manufacturer's websites to receive text alerts for expiry dates
- Schools should return expired medication to parents for safe disposal
- Any sharp items such as AAI's should be disposed of safely using a sharps disposal box
- When the school is closed for long periods e.g. school holidays, it is possible that medication could have expired so it is essential that staff check the expiry dates of AAI's as these may need replacing
- Note that the dose of AAI varies according to the child's weight, so as the child grows, the correct dose required may change.

Catering at school

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergies. The catering provider must have formal policies and procedures for the management of food allergies. These should include robust procedures for understanding and notifying the school of the pupil's allergy. Acceptable medical evidence should be documentation from a professional medical source i.e. a medical doctor, registered dietitian, nurse or other qualified NHS medical professional. School-composed care plans, private commercial laboratory reactivity results and homeopathic diagnoses should not be accepted. Without this, caterers should not make available all menu choices to the pupil.

Schools/Catering providers must be advised of any changes in the pupil's allergy in writing.

Caterers will need some time to be able to produce a menu plan specifically to the pupils needs.

Complex Allergies: Where a pupil's requirements are very complex (for example multiple allergies or allergies which do not fall under the 14 listed allergens of the Food Information Regulations), it may be necessary to supply a limited ingredient menu to meet individual requirements. Many caterers will provide a jacket potato with a suitable topping as a reasonable alternative to the main meal offer, if it cannot otherwise be reasonably or safely adjusted.

Schools/Caterers may reject an application for a medical diet request if a risk assessment indicates that food could not reasonably be produced which would be safe for a pupil.

Airborne Allergies: Schools should undertake a separate risk assessment to evaluate the safety of a pupil with an airborne allergy.

Severe Allergies: Schools should discuss any requests for catering for severe allergies with their caterer and should be aware that removing allergens or ingredients from the full menu provision may be unrealistic and have an impact on the variety of dishes available for the whole school. If a school wishes to remove an allergen or ingredient from the school menu then this must be discussed with the caterer in order to make an informed decision.

For complex diets a risk assessment will need to be undertaken and agreed by all parties to establish if the pupil can be fed safely.

Nut Allergies

Even with a 'no nut policy' in place, schools cannot ensure there is no risk of traces of nuts in ingredients and products.

The Anaphylaxis Campaign, for example, does not promote the banning of peanuts or nuts from schools.

This is because no school can guarantee a truly peanut/nut-free environment and allergen management should be consistent across the full 14 mandatory allergens.

Methods of identification for pupils with allergies or intolerances

Schools should have a system in place for identification of pupils with allergies or intolerances at the service point. Schools should agree the chosen system with the caterer and all staff should be trained with regards to implementation.

Best practice is on every occasion for a member of school staff to present the pupil with allergies at the service point in addition

to measures such as medical diet lanyards, badges, trays or separate service counters for medical diets. Identification posters may additionally be used behind the service counters and schools should support caterers by providing recent photos of pupils with agreed medical diet provision when required.

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. Schools can therefore identify whether a food product is safe for allergic pupils to eat.

Provision of allergen information

Under the Food Information Regulations (2014) it is a legal requirement that any out of home catering provider must be able to communicate with a customer the presence of the 14 EU defined allergens. This information can be provided verbally, in writing and/or on menus. Under the new 'Natasha's law' (effective from 2021) all prepackaged foods for direct sale will require full ingredient declarations.

Handling allergens and preventing cross contamination

Ensure that catering staff keep in contact with food suppliers as ingredients may change.

Some product ingredient lists contain precautionary allergen labelling, e.g. "may contain X". Some pupils may be able to eat foods labelled as "may contain", but others may need to strictly avoid them. This information should be included on the Individual Healthcare Plan.

Anaphylaxis UK's Safer Schools Programme

Anaphylaxis UK's **Safer Schools Programme** covers everything schools need to know to help them safely manage and support pupils with serious allergies. This includes best practice resources for schools and a downloadable **allergy awareness assembly presentation**. The assembly presentation includes allergy bullying and promotes inclusion of all children.

[Safer Schools Programme](#)

[Allergy awareness assembly presentation](#)



Anaphylaxis UK's AllergyWise® for Schools

AllergyWise® for Schools is an online training course for all school staff covering common causes of allergic reactions, how to recognise and manage anaphylaxis, and provides practical tips for safely managing pupils with serious allergies.

AllergyWise® schools also have access to **lesson resource packs** with many downloadable lesson plans, presentations and activities to use with pupils, and are eligible to achieve Anaphylaxis UK's **AllergyWise® School award!**

<https://www.anaphylaxis.org.uk/education/allergywise-for-schools-information/>

<https://www.anaphylaxis.org.uk/allergywise-school-award/>

Allergy UK's resources for managing allergies at school

The following resources designed by Allergy UK are aimed at school staff, parents/carers and pupils with easy-to-understand information Factsheets and 'Top Tips' on managing allergies in school. Topics include Understanding Anxiety, Guidance for Early Years Settings, Frequently Asked Questions and more.

- [Information for schools](#)
- [Information for parents](#)
- [Information for pupils](#)
- [Guidance for Early Years Settings](#)
- [Understanding Anxiety Factsheet](#)
- [Frequently Asked Questions](#)



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Working with parents/carers

Parents/carers know their child's allergies best and so it is vital that schools work with parents to ensure they have the most up to date knowledge of each child's allergies and medication.

Parents must be encouraged to:

- Provide an Allergy Action Plan signed by a healthcare professional.
- Provide two in-date AAIs for their child, which should ideally be kept with the child rather than away from them.

Risk assessments

A detailed risk assessment will enable schools to identify gaps in their systems and processes for keeping allergic children safe.

[Download the Wiltshire Children Trust Anaphylaxis Risk Assessment template here.](#)

Sports activities at school

Sports activities in school

All children with allergies and who have been prescribed AAls should take their AAls to the sports ground / hall with them. The teachers leading the sports sessions should all be first aid trained and this must include how to manage serious allergy and anaphylaxis.

Sports activities outside schools

Children with allergies should have every opportunity to take part in out-of-school activities such as holidays, sports events hosted by other schools and educational visits.

Such activities will need careful planning and preparation, but there is no reason to exclude a child with allergies. A meeting with the child's parents /carers will be necessary to ensure that everyone is happy with the arrangements. If the child is allergic to a food, similar procedures need to be followed to those in operation at school to ensure that the child does not come into contact with the food.

If the child has been prescribed AAls, at least one person trained in administering the device must accompany the school party. From the child's perspective, it is not

advisable for a parent/ carer to accompany them on school trips. This should only happen as a last resort. It is a school's responsibility to have a member of staff present who can support the child.

Sports events

For sports events, it's advisable to ensure the PE teacher is fully aware of the situation and notifies the schools to be visited that a member of the team has an allergy when arranging the fixtures. Should another school feel they are not equipped to cater for the allergic child you could arrange (as a last resort) for the child to take their own food.

Managing insect sting allergy

Insect sting (including bee and wasp) allergy causes a lot of anxiety and needs careful management. Children need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered.

Adults supervising activities must ensure that suitable medication, including AAls, is always on hand for the management of anaphylaxis.

Useful resources

<https://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/>

<https://www.anaphylaxis.org.uk/schools/schools-allergywise/>

<https://www.anaphylaxis.org.uk/healthcare-professionals/allergywise-for-healthcare-professionals/>

<https://www.allergyuk.org/living-with-an-allergy/at-school/>

Allergy management checklist

- Does the child have an Individual Healthcare Plan [Page 2](#)
 - Has your school purchased spare pens? [Page 7](#)
 - Does each child have a completed and signed Allergy Action Plan? [Page 7](#)
 - Have ALL school staff been trained in allergy and anaphylaxis? [Page 8](#)
 - Does the school allergy policy include where and how to store AAIs? [Page 9](#)
 - Is there a schedule to check the expiry dates on spare AAIs and each child's AAI? [Page 9](#)
 - Does the allergy policy cover catering for children with allergies? [Page 9](#)
 - Does the allergy policy include pupil allergy awareness? [Pages 10/11](#)
 - Has the school completed an allergy risk assessment? [Page 11](#)
 - Does the allergy policy include risk assessment of extra curricula activities? [Page 12](#)
 - Does the allergy policy cover safeguarding children with allergies, including bullying? [Page 8](#)
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Support

Allergy UK Helpline:

Providing support, advice and information for those living with allergic disease
Monday - Friday, 9am-5pm
Call: 01322 619898
Email: info@allergyuk.org
www.allergyuk.org

Anaphylaxis UK Helpline:

Creating a brighter future for people with serious allergies Monday - Friday, 9am-5pm
Call: 01252 542029
Email: info@anaphylaxis.org.uk
www.anaphylaxis.org.uk



ⁱ This guide has been developed in consultation with parents and teachers and will be reviewed to include ongoing feedback on an annual basis.

ⁱⁱ <https://www.judiciary.uk/publications/karanbir-cheema/>

ⁱⁱⁱ <https://www.judiciary.uk/publications/mohammad-ashraf/>

^{iv} Muraro et al. The Management of the Allergic Child at School. *Allergy* 2010 June 1;65(6):681-9