Train up a child in the way they should go, and when they are old, they will not depart from it.
Proverbs 22 v 6.

Wharton CofE Primary School

Allergy Policy

ALLERGY MANAGEMENT

Policy adopted by Wharton CofE Primary School **September 2024**

Approved by Governing body **……**

Review Date: **September 2026**

This policy has been updated to comply with the **DfE Statutory Guidance on Supporting Pupils with Medical Conditions and Allergies (June 2026)** and must be published publicly on the school website.

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Author /s	Sam Ditchfield
Review Frequency	Annually
Date approved by governors	June 2026
Date of next review	June 2027
Purpose	To minimize the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.
Links with other policies	Supporting Pupils In School with a Medical Condition and Administering Medication Health, Safety and Wellbeing

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1. Introduction

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.

Definition: *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.

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 not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

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This policy sets out how Wharton CofE Primary School will support pupils with allergies, to ensurethey are safe and are not disadvantaged in any way whilst taking part in school life.

2. Governance and Oversight

- **Senior Leadership Accountability:** The school has appointed a **Designated Allergy Lead** within the Senior Leadership Team (SLT) to oversee everyday compliance, training logs, and risk assessments.
- **Governing Body Monitoring:** The Governing Body holds clear oversight of arrangements, ensuring that policy implementation is regularly reviewed, and staff training matrixes are maintained up to date.

3. Role and Responsibilities

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 severe 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. Schools 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.

Staff Responsibilities

- **Universal Training Standard:** Rather than restricting emergency responses to specific first-aid trained personnel, **all staff** (including teaching, administrative, supply, and wrap-around care staff) must be trained to recognize anaphylaxis symptoms and administer an Adrenaline Auto-Injector (AAI).
- **Expanded Awareness Scope:** Allergy and risk-mitigation awareness is extended beyond the classroom to include caretakers, cleaners, lunchtime supervisors, and school transport staff.
- **Induction Requirement:** Allergy awareness training is now a compulsory module within the induction process for all new permanent and supply staff.

- Staff must be aware of the pupils in school who have known allergies as an allergic reaction that 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.
- The Admin Assistant will ensure that the up-to-date Allergy Action Plan is kept withthe pupil's medication.

- It is the parent's responsibility to ensure all medication in in date however the Admin Assistant will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry.
- The Admin Assistant keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.
  THERE ARE CURRENTLY NO CHILDREN IN SCHOOL WITH ANAPHYLAXIS

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.

4. **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.

Allergy Action Plans / Individual Healthcare Plans (IHPs) (Updated Section)

- **Statutory Status:** For any child identified with a known allergy requiring active management, a completed clinical Allergy Action Plan (such as the BSACI template) will formally serve as their **Statutory Allergy Management Plan / IHP**.
- **Holistic IHP Inclusion:** Individual Healthcare Plans must now look beyond basic medical details to evaluate and record:
  - The impact of the allergy on the pupil's general mental wellbeing and learning.
  - Catch-up arrangements for any condition-related absences.
  - Specific, tailored inclusion requirements for educational trips and extracurricular activities.
- **Mid-Year Transition Protocols:** If a child transitions into the school mid-year or receives a new diagnosis, the formal allergy support structures and IHPs must be implemented **promptly** without delays. Staffing or training gaps must never be used as a reason to delay a child's full participation or attendance

Wharton CofE Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

BSACIAllergyActionPlan-form.pdf
BSACI-AllergyActionPlan-2018-Jext-form.pd
BSACI-AllergyActionPlan-2018-EpiPen-form.

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

5. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

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 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. 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

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.

ACTION:

- 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/carer as soon as possible

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

6. Supply, storage and care of medication

For younger children (primary school age) or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

- The pupil's medication storage box should contain:
- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

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

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors 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 complete responsibility for their emergency kit under the responsibility 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 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 should be given to ambulance paramedics on arrival.

7. ‘Spare’ adrenaline auto injectors in school

Wharton CofE Primary School store pens in a rigid box, mounted on the wall at the front of the school outside the front office and is accessible and known to all staff.

The Bursar in conjunction with Kitt medical as our AAI provider, is responsible for checking the spare medication is in date on amonthly basis.

Written parental permission for use of the spare AAIs 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.

Emergency Treatment and Management of Anaphylaxis

- **The 5-Minute Accessibility Rule:** Spare and prescribed AAIs **must not be locked away** under any circumstances (e.g., in a locked cabinet requiring a keyholder). They must be positioned securely at room temperature, known to all staff, and accessible **within a maximum of five minutes** from any location on the school site.
- **Emergency Use Without Prior Consent:** In the event of an unforeseeable emergency—including situations involving a pupil not previously identified as having an allergy or lacking a pre-signed consent form—staff are trained and authorized to **act immediately on clinical need** using the school’s spare AAI without hesitation.

‘Spare’ Adrenaline Auto-Injectors (AAIs) in School

- **Mandatory Stocking:** In strict compliance with the 2026 DfE statutory mandate, the school maintains emergency "spare" adrenaline auto-injectors on site.
- **Compliance Checks:** The Admin Assistant tracks the supply via a rigorous training and equipment matrix, checking medication on a monthly basis to ensure it is in date, stored appropriately, and replaced immediately upon expiry or use.

8. Staff Training

The School Business Manager is responsible for coordinating all staff training.

Staff who have completed the 3-day first aid at work training and the EYFS Paediatric Training will cover anaphylaxis training as part of their course. Staff will complete online anaphylaxis awareness training at the start of every new academic year if necessary. Training is also available on an ad-hoc basis for any new members of staff.

Wharton CofE Primary School is committed to providing a safe, inclusive, and medically responsive environment for all pupils. In accordance with the latest statutory regulations regarding allergy management and anaphylaxis in schools, we operate under a strict **whole-school training and readiness model**.

- **Supported Care for Known Allergies:** All school staff receive regular, comprehensive training to support children with identified allergies. This includes the correct implementation of Individual Healthcare Plans (IHPs), allergen avoidance strategies, and the swift administration of prescribed adrenaline auto-injectors (AAIs).
- **Emergency Response for Unknown Allergies:** Recognising that a severe allergic reaction can occur for the first time at school, our staff are also fully trained to recognise and treat anaphylaxis in pupils with **no prior history or known diagnosis** of an allergy.

Emergency Medication Provision: In line with national guidelines, the school maintains a stock of "spare" emergency adrenaline auto-injectors. These are held in a secure, central location and can be deployed by trained staff to save a child's life in the event of an emergency, regardless of whether they have a pre-existing medical diagnosis.

Our priority is the safety of every child. By ensuring 100% of our staff are vigilant and trained, we guarantee a swift, decisive response to any severe allergic emergency.

9. Inclusion and safeguarding

Wharton CofE 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 achievetheir academic potential.

10. Catering

Catering & Mealtime Environment

- **Dual-Identification Risk Management:** To prevent catering errors, the school and its catering providers must utilize **at least two independent identification methods** to verify a pupil's allergen profile before serving food (e.g., matching a photo register/catering card system against the child).
- **Social Inclusion (No Segregation):** Pupils with food allergies must not be isolated or forced to sit at separate "allergy tables" away from their peers. The school implements a culture of a supervised, allergy-aware mealtime environment characterized by strict "no food-sharing" rules, clear labelling, and trained lunchtime supervision so that children can eat safely alongside classmates.

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 menu is available for parents to view in advance on the school website **www.wharton.cheshire.sch.uk**

Parents are responsible for checking the menu and, where appropriate,annotating their child's menu where food is to be avoided.

Parents/carers are encouraged to meet with the School Office and if necessary the Catering Manager to discuss their child's needs.

The following procedures are in place to ensure that catering staff can accurately identify, and serve, pupils with allergies.

- Pupil Allergy Cards are produced for all children with food allergies. These cards include a photograph of the child. Copies are held by the breakfast/after school club teams, In each Classroom and by the catering team.

- Each day the Catering Manager cross references the meals chosen against the allergen information held for individual children. Where there is any uncertainty about a particular dish or food, the school will telephone the parents for clarification.

- Where the child is having a school packed lunch, this is prepared in advance of service and clearly labelled with the child's name and class. The contents of the lunch are checked by two members of staff and the dinner register is initialed by both staff to confirm this has been done.

- The member of staff serving the main meal is responsible for serving the children who have a food allergy. Two members of the Catering Team (e.g. the Catering Assistant and the Catering Manager) check the information on the dinner register/allergen list andensure the correct meal/food is served. They then both initial the dinner register to confirm this.

For children with a severe allergy the Health Care Plan may include the requirementthat the table is cleaned with an approved solution immediately before they sit downfor dinner. Place mats may also be used to identify the child's place at the table.

- Children are not permitted to share food

For other food served during the day, e.g. at Breakfast/After School Club or snack time, staff will follow procedures by identifying those children with food allergies and ensuring they do not consume foods to which they are allergic.

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 canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering 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 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). *(Wharton CofE Primary school is not able to accept cakes, biscuits, or other similar foods into school for distribution to children. Should parents wish to send 'treats' in for sharing (e.g. fora child's birthday), these should be in small, sealed packets (e.g. mini sweet bags). The children are not permitted to open or eat these in school, they will be sent home for consumption)*
- Foods containing nuts are discouraged from being brought in to school.
- 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*. (At Wharton CofE Primary School, where cooking and food tasting activities are taking place in class, the class teachers will, as part of their lesson planning, identify any children with food allergies and manage the lesson appropriately. Where there is any uncertainty about a particular dish or food, the school will telephone the parents for clarification).*

11. 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 may 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. 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 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.

12. Allergy awareness

Wharton CofE Primary School supports the approach advocated by The Anaphylaxis Campaign and Allergy 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 advocateinstead 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 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.

Incident Reporting and "Near-Miss" Culture

In line with the updated DfE mandate to foster a transparent learning culture, Wharton CofE Primary School treats near-misses with the same severity as actual medical incidents:

- **What is Recorded:** Any scenario where an individual almost received an incorrect food item/medication, or where an emergency device was delayed or not instantly accessible, must be documented in a formal log.
- **Reporting Framework:** A formal report detailing what, when, where, why the event happened, the staff response, and the immediate outcome will be generated.
- **Distribution and Learning:** A copy of the incident or near-miss report will be provided directly to the parents/carers and shared with the Governing Body. These logs must be systematically reviewed by senior leaders to adjust risk assessments, eliminate systematic vulnerabilities, and prevent future harm.

13. Useful Links

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

• AllergyWise training for schools - https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/

• AllergyWise training for Healthcare Professionals https://www.anaphylaxis.org.uk/information-training/allergywise-training/forhealthcare-

professionals/

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

• Whole school allergy and awareness management (Allergy UK)
https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement

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

Official guidance relating to supporting pupils with medical needs in schools:
http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf

Education for Health http://www.educationforhealth.org

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

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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