St Andrew's CEVA Primary School

Allergies Policy

Person responsible for policy	Val Griffiths/Jade Matthes
Policy approved by governors	July 2026
Policy to be reviewed	July 2027

Amendments

Date	Change	Actioned By

St. Andrew's Church of England Primary School is committed to providing a thriving Christian environment through the I ASPIRE values. These reflect the Christian ethos of our school and ensure that everyone feels safe, valued and supported so that all individuals can reach their highest goals and are encouraged to engage in lifelong learning. Our vision statement *"With God all things are possible"* (Matthew 19:26) is at the core of our values and is used to inspire everyone to be open to all possibilities and have a positive attitude and outlook to life. Spiritual, moral and emotional development are central to the life of our school.

Contents

Statement of Intent p3

Equalities Statement p3

Context p3

Principles p4

Allergy Management Checklist p4

Practical Steps p5

Supply, storage and care of medication p10

Catering p11

Allergy awareness and nut bans p12

Risk assessment p12

Training p12

Allergies and bullying p13

Appendix I - First Aid for Anaphylaxis poster

Appendix II - Epipen AAI and Jext AAI Instructions

Appendix III - Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector

Appendix IV - Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector

Appendix V - Information on Allergies

Appendix VI - Other Support and Resources

Appendix VII - Top 14 Allergens poster

Appendix VIII – Individual Healthcare Plan Template

Appendix IX – Allergy Action Plan Template

Statement of intent

This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Equalities statement

Our school is clear about the need to actively support pupils with medical conditions to participate in school life.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Context

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% 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. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

Schools have a legal duty to support pupils with medical conditions, including allergy.

Principles

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep pupil/students safe.
- To ensure pupils/students from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering provider/team to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school.
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a pupil awareness programme through PHSE and other curriculum areas.

Allergy management checklist

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

Practical steps (see also Appx I and Appx II)

In order to put these principles into practice we will:

Governors

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees.
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils/students with allergies
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose

Headteacher

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Ensure the curriculum contains age-appropriate content so all pupils/students can learn about allergies and how everyone can support those who have them
- Create links at strategic level with Healthcare professionals and Catering providers and ensure at operational level that links are robust
- Ensure that up-to-date allergy information for pupils/students is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff
- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil/student joining in year
- Where the pupil/student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil/student in establishing IHPs.
- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil/student

- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or off-site extra curricula activities for pupils/students who have allergies
- Ensure records of pupils/students medically prescribed an AAI and its use are kept correctly
- Ensure pupil/student documentation and in date medication is kept correctly and safely
- Ensure best practice in the labelling of foodstuffs and their contents
- Report to the Board of Governors/Trustees regarding the management of allergies within the school

Member(s) of Staff responsible for medical needs

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Report to the Head regarding pupils with allergies
- Lead on the training of staff regarding allergy medical needs and their identification and management
- Work closely with in-house and sub-contracted Catering Managers in assisting in the support of pupils/students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitor where there is a school 'tuck shop' or home baked items are brought into school
- Liaise with parents/carers of pupils/students with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Wherever possible use an AAP for pupils with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.
- If an additional written IHP is not required, ensure that the AAP is viewed and treated with the same level of seriousness.
- Ensure all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received.
- Where an AAP has not been received for a pupil with recognised allergies, or if the medication information is not clear, liaise with GP/school nursing team, to obtain an up to date copy and/ or clarification.
- Ensure medication is stored in a rigid box and clearly labelled with the pupils/student's name and a photograph (older students should carry their AAIs and medication with them)

- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil/student's IHP and/or AAP
- Ensure that any other staff involved with those pupils/students requiring the use of an AAI are also adequately trained and competent
- Ensure all school trips, excursions or off-site extra curricula activities for pupils/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies
- Ensure the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils/students or external sources and are of the correct dosage
- Arrange for the correct disposal of out-of-date AAIs
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate
- Record all emergency uses of AAIs or reports of suspected emergencies
- Ensure that, if a pupil/student notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency
- Raise awareness about allergies and anaphylaxis amongst their pupils/students in the classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst pupils/students living with allergies
- Help all pupils understand which foods are safe for those with allergies and how they can support other pupils/students with specific dietary needs to stay safe
- Highlight the need for anti-bullying of pupils with the condition
- Be aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all pupils/students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

Parents/Carers

- Notify the school of the pupil/student's allergies.
- Inform the school of any changes as soon as known
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.

- If you require it, meet with the Catering Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering Manager)
- Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Head and/or Member of Staff responsible for medical needs, the pupil/student's doctor and the pupil (if age appropriate) after a reaction has occurred

Pupils with allergies (as age appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAIs on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger children or those 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 suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action 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 School SENCO/First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

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 can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/ local authority (delete as appropriate).

The sharps bin is kept in the following room: The Medical Room

Spare AAIs

Schools can now legally purchase and store spare Adrenaline Auto-Injectors (AAIs For children at risk of anaphylaxis). Immediate access to an AAI can be life-saving. While it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies.

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 menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at: https://www.kingswoodcatering.co.uk/

Children with allergies are identified on entering the kitchen to collect their meal choices.

Parents/carers are encouraged to contact Kingswood Catering to discuss their child's needs.

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.
- 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 SENDCO
- 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.

Allergy awareness and nut bans

The School supports the approach advocated by many allergy charities 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 & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk assessment

The 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.

Training

Allergy training should include a practical session (trainer AAIs 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 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

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.

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

Other useful websites include:

- NSPCC
- National Bullying Helpline
- Family Lives
- Kidscape
- Anti-Bullying Alliance
- Young Minds
- Childline
- Bully Busters

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Allergy School

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**

3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.

4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

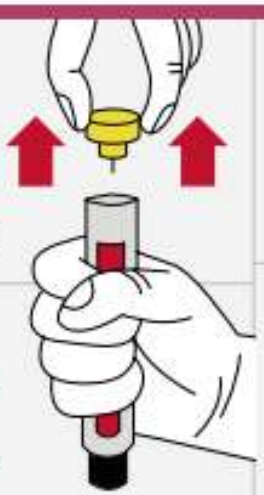
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**



2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**

3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.

4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower · Include · Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed

Mild Reaction

- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose

- Check correct dose as on pharmacy label

Contact Parent / Carer

- Notify them that their child has had an allergic reaction
- Supervise child continually

- If child vomits within 30 minutes of being given first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours

- Dosage as directed on pharmacy label

If condition worsens move to Severe Reaction

Severe Reaction

- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty

ensure child sits upright

Where Feeling faint or drowsy,

lie down with legs raised

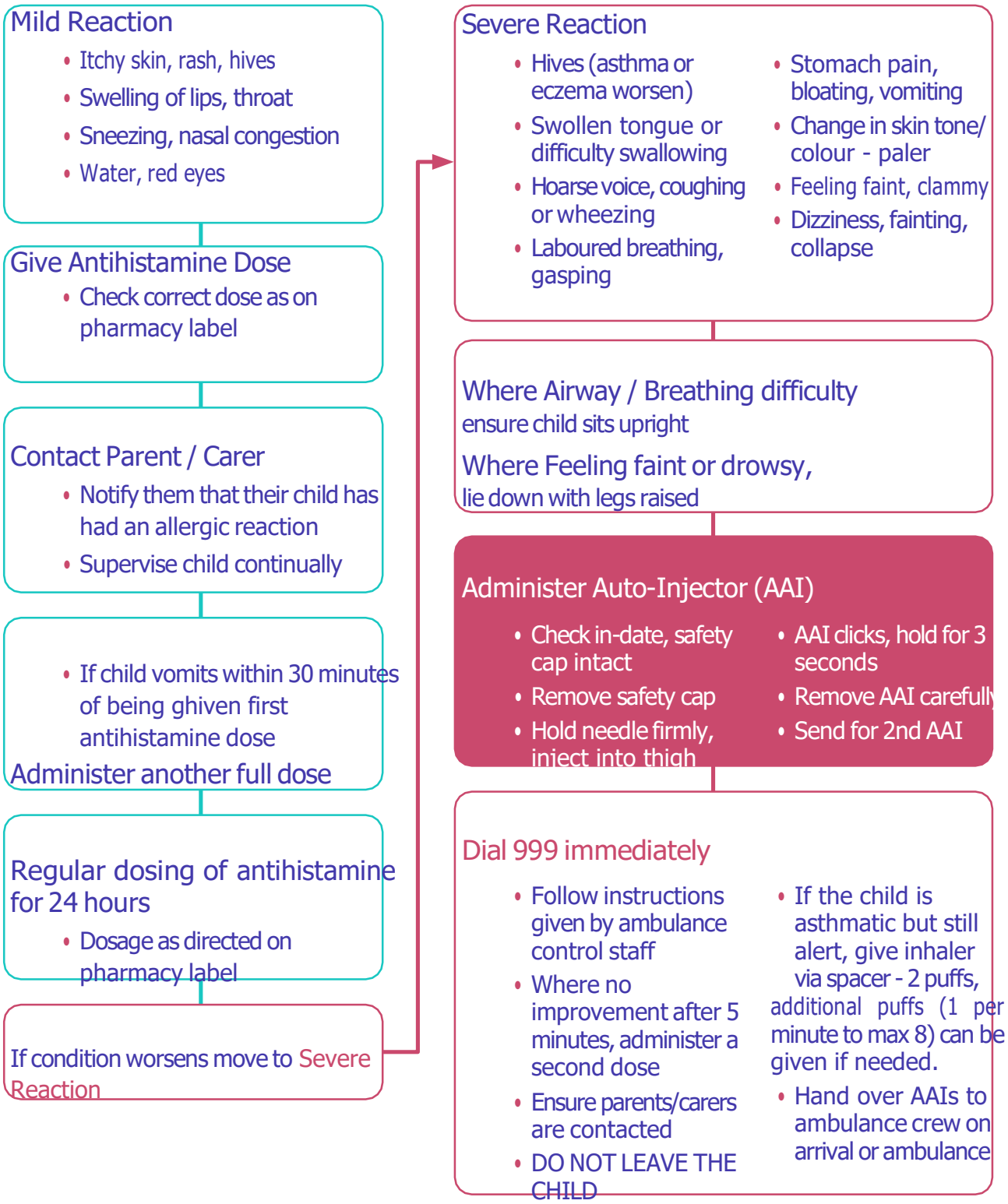
Dial 999 immediately

- Follow instructions given by ambulance control staff
- Inform ambulance control if you have spare in-date Adrenaline Auto-Injectors at the School
- Ensure parents/carers are contacted
- DO NOT LEAVE THE CHILD
- If the child is asthmatic but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given if needed.

Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VI

Other support and resources

- Allergy Guidance for Schools - https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- Example menus for early years settings in England - Part I Guidance - Example menus for early years settings in England: part 1 (publishing.service.gov.uk) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - https://allergytraining.food.gov.uk/
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

Wales: https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

Scotland: https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/

Northern Ireland: https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs

- FSA reporting tool for allergies - https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool
- 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

Wales: https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf

- Training for Schools - https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/
- Transitioning to Secondary School - https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/ whole-school-allergy-awareness-and management

Appendix VII

Appendix VIII

Individual Healthcare Plan for allergy **Medication needed while in school**	
Name:	
Non-prescription medication: Name of medication: *Is this emergency medication?* Location of medication: How will this be accessed?	
Parental consent:	**Date**:
Prescription medication: Name of medication: *Is this emergency medication?* Location of medication: How will this be accessed?	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

Individual Healthcare Plan for allergy **Medication needed while in school**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: Location of any other care plans: Staff responsible for delivering / supporting delivery of the care plan: Healthcare professional involved with this plan (their role and the date issued).	
Next review due	**Date**:

Appendix IX

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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

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

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

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

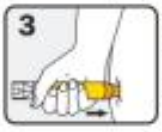
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

© BSACI 10/2024

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....