Allergy Policy

Policy Last Reviewed	July 2026
Next Review Due	July 2027

This policy should be read in conjunction with the school's Wider medical conditions policy as required by the Supporting Children in Schools with Medical Conditions statutory guidance from the DFE

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 Georgian Gardens School will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

This policy should be read in conjunction with the school's Wider medical conditions policy as required by the Supporting Children in Schools with the Medical Conditions Policy.

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of this policy are:- **Donna Martin, Lead First Aider, and Amie Bowers, Headteacher. Our named Governor for allergies is Yvonne Kidd.**

1. Purpose of the policy

- To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity.
- To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the Lead First Aider of any allergies using the medical form included in the induction pack. They will then complete a detailed Health Care Plan with the parent. Health Care Plans are created for allergies, not intolerances, where prescribed medication would be needed to reduce symptoms. Unlike a food allergy, a food intolerance is not caused by your immune system overreacting to certain types of food, which means you cannot have a serious allergic reaction. The Health Care Plan should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents need to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school if their child requires an Allergy Auto-Injector (AAI). If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.

- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on an annual basis. For any new members of staff or staff who have missed the training, an alternative will be provided.
- Staff must be aware of the children in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. The trip first aider will check that all children with medical conditions, including allergies, have the necessary medication held by the first aider. Children who do not have their required medication will not be able to attend the excursion.
  Staff will use the **'School Trip Medical Protocol'** document to ensure steps are followed (see appendix 1). This must be ticked off and the form signed by the Class Teacher and Teaching Assistant prior to the trip.
- School's lead First Aider will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School's lead First Aider will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry.
- School's lead First Aider keeps a register of children who have been prescribed an Adrenaline Auto-Injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

• Children 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.
• Children who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Awareness

Georgian Gardens School is an allergy aware school. We do all we can to minimise the risk to children with allergies whilst appreciating that we cannot be completely confident that all food items brought in are allergen free or that another child has not consumed or touched that allergen before coming into school.

This approach is advocated by Anaphylaxis UK. They do not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

The most serious risk in our school is nut allergies which can cause life threatening anaphylactic reactions to some of our children. As a result, we are a nut free school due to our current cohort of children.

Risk Assessment regarding nut allergies

- Staff will be alert to any obvious signs of nuts being brought in, but they will not inspect all food brought into school.

- If staff do notice a pupil has brought in food that contains nuts or nut products these items will be removed

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 AAI. Georgian Gardens 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.

5. 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. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If the casualty becomes unresponsive, then open the airway and check breathing. Be prepared to begin 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 children must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment. Give used adrenaline auto-injectors to the paramedic.

6. Supply, storage and care of medication

For all children who need an AAI, there is one anaphylaxis kit which is kept safely, close to the child, not locked away and accessible to all staff. Another anaphylaxis kit in the medical room on top of the cupboards so they are easily accessible to adults. Medication is stored in a suitable container and clearly labelled with the pupil's name.

The pupil's medication storage container should contain:

- An AAI i.e. EpiPen® or Jext® or Emerade® (2nd AAI held in the medical room)
- An up-to-date allergy action plan
- Asthma inhaler (if included on allergy action plan) in a separate named container.

Antihistamine as tablets or syrup (if included on allergy action plan) is held in the medical room in a locked cupboard, as well as in the child's box.

Asthma inhalers (if included on allergy action plan) are stored in their own labelled container which travels around school with the pupil.

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

7. 'Spare' adrenaline auto-injectors in school

Georgian Gardens School has purchased spare AAIs 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 in specially designed 'Anaphylaxis Kitt' in the Medical Room.

The key for the 'kitt' is on the wall next to it, along with step by step instructions on ABC and administering the pens. There is an additional key hanging on the side of the cupboards.

Georgian Gardens School holds 2 spare pens for each age range, including adults.

The Lead First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

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.

8. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's policy are **Donna Martin, Lead First Aider, and Amie Bowers, Headteacher.**

All staff will complete online anaphylaxis training on an annual basis. Training is also available on an ad-hoc basis for any new members of staff or staff who have missed the training, when available from the school nurse or by an alternative provider.

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
- Knowing where to find the school's spare auto-injectors
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing where AAIs are stored, 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
- The school holds training pens in the office for staff to practise with following the school nurse's training.

9. Inclusion and Safeguarding

Georgian Gardens 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.

10. 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 menu from the hot school meals provider is available for parents to view in advance and if parents want more information about allergens and ingredients they can contact the hot school meals provider directly via our school website.

It is the parent's responsibility to inform the hot school meals provider if their child has a food allergy when they register their account. The hot school meals provider uses an iPad system which shows them the name, photograph and any allergies listed for that child when they reach the counter to collect their food. The hot school meals provider are responsible for keeping this system up to date. In addition to this, school dining hall staff will give children a lanyard with details of their allergy listed. The Lead First Aider is responsible for updating the lanyards and the dining hall staff for ensuring the children wear them.

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

• Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.

• Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

• Food should not be given to 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.

11. Lunch Times

At lunch times, children with a food allergy or intolerance, wear a yellow lanyard with their name, class, list of allergens and medication needs printed on it. This is for both hot meals and packed lunches. Children with a severe allergy have a red star on their lanyard to highlight the need for additional caution around food. Lanyards are kept on a hook in each classroom and are given to the children prior to them having any contact with food.

In the hall, children with a specific allergy will only be served by the hot school meals provider's staff. The meal and pudding will be served on a separate tray with cutlery and drinks will be given by the hot school meals provider. The food is checked by two members of the hot school meals provider staff and a form is signed before the tray is given to the pupil.

Staff supervising lunch time in classrooms will follow the checklist, stated in appendix 2.

12. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that the staff group leaders of all children with medical conditions, including allergies, carry the children's medication. Staff will use the **'School Trip Medical Protocol'** document to ensure steps are followed (see appendix 1). This must be ticked off and the form signed by the Class Teacher and Teaching Assistant prior to the trip.

Children unable to produce their required medication will not be able to attend the trip.

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

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight

school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Children with allergies 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.

13. Change of staff members

In the event of a supply teacher, who does not know our school, covering a class, office staff will greet the supply teacher with a copy of the severe medical needs sheet (photos and medical needs detailed, including seizures, diabetes, asthma and other severe medical needs). They will also receive an allergy/dietary list, including an adrenaline auto-injector list. This will inform them who has an AAI in school

Other members of staff covering around the school will find a medical needs photo list displayed on the back of the classroom internal door and instructions of where to locate the AAI boxes and health care plans.

Children who go to breakfast club and after school club in the infant school will have their AAI boxes collected by the adults collecting the children after school. They will stay in the dining hall until after breakfast club the following morning when they will be delivered back to the classroom. Children in the junior school are responsible for bringing their own boxes to and from clubs. These are checked in by the staff member in charge of club attendance.

14. Useful Links

Anaphylaxis UK Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

AllergyWise for Schools (including certificate) online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

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

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

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

Appendix 1

School Trip Medical Protocol

All boxes must be ticked and the form signed by the TA and class teacher prior to the trip.

Hand this completed form to the office with the trip form on leaving school.

Procedure	Tick
Consent forms signed (online) by all parents and passed on by the office. Check for medical notes. Name children who need medication on the risk assessment.	
Individual Health Care Plan and asthma forms to be taken from green folder.	
Auto injectors (Epipen / Jext) to be taken (**2** per child). (These are kept in class and the first aid room in a named container). **Staff member to call 999 and then parents directly if the autoinjector is used.** **Phone school to notify Headteacher.**	
Inhaler to be taken (1 per child).	
Other medication as required, (in consultation with parents). Medication must be supplied in its original container, clearly labelled with the child's name, medication name, dosage, and expiry date.	
Travel First Aid Kit / Sick bucket (1 per coach) to take. (DM responsible for ensuring they are fully stocked).	
All medication given must be **logged** on the return to school.	
In the event of a medical emergency call 999 and the parents directly. **Then phone school to notify Headteacher.**	
Only those trained in the use of autoinjectors may administer them.	

Signed by: TA…… (Date)……

Teacher……(Date)……

Appendix 2

Checklist for staff supervising lunch

1. Check allergens for the class you are supervising.
2. Be aware of children with auto-injectors and where they are.
3. Check that all lunchboxes, on the same table and in close proximity to the child with the allergy, do not contain the allergen. If a child is sat on a table with another who has something in their lunchbox that the child is allergic to, move the child to a different table.
4. Ensure that if a child has an allergy, the table they are sat at is sprayed and cleaned before they start eating.