Non- Statutory Policy	
Agreed by	Head
Website	Y
Email	Y

Allergy Management at School Policy

Date approved	14th July 2026
Approved by and position	Lisa Mathie – Head Teacher
Review Date	Summer 2027

Policy Updates

Date	Update
July 2026	Draft policy taken from the Benedict Blythe Foundation Addition of the Risk Associated with Food-Based Play Appendix

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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, Gluten, Soya, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Battling Brook 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

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform office administration staff/SENCO/First Aid Link person of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school. The Allergy Action Plan must be developed in collaboration with a healthcare professional e.g.GP/allergy specialist.

- Parents are responsible for ensuring 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 i.e. change of dosage) This must be noted on a new and updated Allergy Action Plan provided by a healthcare professional e.g.GP/allergy specialist.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils 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 have a completed and signed off form by First Aid Link person/Business Manager.
- 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 First Aid Link 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 is in-date; however, the First Aid Link will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The First Aid Link keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAIs and emergency treatment given.

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.

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 auto injector.

Battling Brook 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/Allergy Specialist) and provide this to the school.

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. 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, their 2nd AAI.
- If no signs of life commence CPR.
- Battling Brook Primary has a defibrillator located in the school hall which will be taken to the location of the child.
- 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

Any child prescribed with AAIs and allergy action plan will have their medication stored in a green medical box located in their classroom own medication, which is **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 syrup or tablets (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 First Aid Link 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 to be given to ambulance paramedics on arrival.

6. 'Spare' adrenaline auto-injectors in school

Battling Brook Primary School has purchased spare AAIs for emergency use in children who are at risk of anaphylaxis, if their own devices are not available or not working. Battling Brook Primary School holds:

- 2 spare AAIs which are located in the school hall;
- x1 0.15mg Jext Jnr® & x1 0.30mg EpiPen®.

These are stored in an Anaphylaxis Access Box in the school hall, and are accessible to all staff. Each AAI is labelled with the relevant names of the children.

The First Aid Link is responsible for checking the spare medication is in date on a half termly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Individual Health Care 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 (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Lisa Mathie – Head Teacher
Laura Lyons – Business Manager
Kimberley Lees - SENCo
Yvonne Langlands – First Aid Link

All staff will complete online National College Anaphylaxis Training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Managing allergy action plans and ensuring these are up to date
- Battling Brook Primary School has trainer devices to allow staff to familiarise themselves with the devices

8. Inclusion and safeguarding

Battling Brook 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.

From September 2026 the school menu will be available for parents to view via the swift kitchen app and on the school website at https://www.bbrook.leics.sch.uk/

It is the parents responsibility to inform the Catering Provider if their child has food allergies, forms for doing so are available from the office.

The school kitchen will have a list of pupils with allergies, a photograph (if parents have given permission) and a copy of their medical dietary menu.

Parents/carers will be required to complete a form and provide medical documentation to the caterers in order for their dietician team to create an individual medical dietary menu to be available to support their child's dietary 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 selecting their lunch choice.
- Children with food allergies who have a hot dinner when in the dining hall will wear a lanyard as a visual alert to staff
- 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.
- Staff are required to complete a food activity form detailing ingredients and identifying any children with food allergies. This is checked and signed off by the First Aid Link prior to the commencement of the activity.

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 pupils 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 a child with allergies 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/ venue 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.
- 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.

11. Allergy awareness and nut bans

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

12. Risk Assessment

Battling Brook 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.

13. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer schools-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-with an-allergy/at-school/
- 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 pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/atta chment_ 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/atta chment_ 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 A

Risk Associated with Food-Based Play

The school recognises that the use of food items in play, sensory activities, craft projects, science investigations, celebrations, and curriculum activities can create a significant risk for
pupils with allergies.

Food used for play can:

- Contain known allergens.
- Lead to accidental ingestion.
- Cause skin contact reactions.
- Result in cross-contamination of equipment, surfaces, and hands.
- Create airborne exposure risks in some circumstances.

Common allergens that may be present in food-based play materials include:

- Peanuts and peanut products
- Tree nuts (e.g. almonds, hazelnuts, walnuts, cashews, pistachios, pecans, Brazil nuts, macadamia nuts)
- Milk and dairy products
- Eggs
- Wheat and other cereals containing gluten (including flour, pasta, breadcrumbs, cereals and dough products)
- Soya (soy)
- Sesame seeds and sesame products
- Fish
- Crustaceans (e.g. prawns, crab, lobster)
- Molluscs (e.g. mussels, oysters, squid)
- Mustard
- Celery
- Lupin (often found in some flours and baked products)
- Sulphur dioxide and sulphites (used as preservatives in some dried fruits and processed foods)

Particular caution should be exercised when using:

- Flour-based play dough or salt dough
- Pasta, cereals, rice, oats and grains in sensory trays
- Dried beans, lentils, pulses and seeds
- Baking ingredients
- Chocolate, confectionery and food treats
- Bird seed mixes used in outdoor activities
- Empty food packaging used in role-play areas
- Natural materials that may contain nut shells or seed products

Staff must check the allergy needs of all participating pupils before any activity involving food or food-derived products and consider suitable non-food alternatives wherever possible. Where a pupil has a known allergy, food-based activities must not proceed unless an appropriate risk assessment has been completed and control measures are in place.

Examples of activities requiring assessment include:

- Sensory trays containing cereals, pasta, flour, oats, rice, or pulses.
- Baking and cooking activities.
- Play dough containing food ingredients.
- Food collage or craft activities.
- Tasting sessions.
- Cultural celebrations involving food.

Where a significant allergy risk exists, non-food alternatives must be used.