Worsthorne Primary School

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Allergy Safety Policy

1. Policy Statement

Worsthorne Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including those with allergies. We recognise that allergic reactions can range from mild symptoms to life-threatening anaphylaxis and that effective prevention, identification and response are essential to safeguarding children.

This policy has been developed in line with the principles of **Benedict's Law**, which aims to improve allergy safety in schools through clear procedures, staff training, emergency preparedness and strong communication with families.

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 severe reaction called anaphylaxis.

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

2. Aims

The school aims to:

- Protect pupils with diagnosed allergies.
- Minimise the risk of exposure to known allergens.
- Ensure all staff understand allergy management and emergency procedures.
- Promote inclusion so pupils with allergies can participate fully in school life.

- Ensure prompt and effective responses to allergic reactions and anaphylaxis.
- Work closely with parents, healthcare professionals and pupils.

3. Roles and Responsibilities

Governing Body

The Governing Body will:

- Ensure the school has an effective Allergy Safety Policy.
- Monitor the implementation of allergy procedures.
- Support the allocation of appropriate resources.

Parents/Carers

Parents and carers are expected to:

- On entry to the school, it is the parent's responsibility to inform reception staff of any allergies via the data capture form. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Inform the school of any diagnosed allergies.
- Parents are to supply a copy of their child's Allergy Action Plan 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. School nurse/GP/allergy specialist.
- Provide up-to-date medical information.
- Supply prescribed medication where required.
- Inform the school of any changes in medical needs.

Headteacher

The Headteacher will:

- Ensure the policy is implemented consistently.
- Ensure appropriate staff training is completed.
- Support monitoring and review procedures.

Allergy Lead

The designated Allergy Lead will:

- Maintain the school's allergy register.
- Coordinate staff training.
- Ensure healthcare plans are up to date.
- Monitor storage and expiry dates of emergency medication.
- Investigate allergy incidents and near misses.
- Liaise with parents and external professionals.

Staff

All staff will:

- All Staff will complete anaphylaxis training. Training will be provided for all staff on a yearly basis and on an ad-hoc basis, In September, for any new members of staff.
- Staff (regular or cover classes) must be aware of the pupils in their care 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. Allergies are communicated with class via a list which clearly identifies pupil, photo and allergy, in the green medical box
- 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 may not be able to attend the excursion.
- The Headteacher and Office Manager 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 headteacher and office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Office keeps a central register of pupils who have been prescribed an adrenaline auto injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The Headteacher ensures that any reaction or near miss is recorded and reported internally. It will then be reviewed and reported as RIDDOR where necessary.

Pupils

Pupils will be supported to:

- Understand their allergies at an age-appropriate level.
- Report symptoms immediately.
- Avoid sharing food and drinks.

4. Allergy Register

The school will maintain a confidential allergy register which includes:

- Pupil name and class.
- Known allergens.
- Severity of allergy.
- Medication requirements.
- Emergency contact information.
- Healthcare plan details.

Relevant staff will have access to this information.

5. Individual Healthcare Plans/ Allergy Action Plans

All pupils with significant allergies will have an Individual Healthcare Plan (IHP).

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. British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

The plan will include:

- Known allergens.
- Symptoms of allergic reactions.
- Emergency procedures.
- Medication requirements.
- Contact details.
- Reasonable adjustments and risk reduction measures.

Plans will be reviewed annually or sooner if needs change.

6. Staff Training

The school will provide annual allergy awareness and anaphylaxis training for all staff, including:

- Teaching staff.
- Teaching assistants.
- Midday supervisors.
- Administrative staff.
- Site staff.
- Breakfast and after-school club staff.

Training will cover:

- Recognising allergic reactions.
- Recognising anaphylaxis.
- Administration of Adrenaline Auto-Injectors (AAIs).
- Emergency response procedures.
- Risk reduction strategies.

7. Medication

The school will:

- Store pupil medication safely and accessibly.
- Ensure medication accompanies pupils on educational visits.
- Maintain spare emergency adrenaline auto-injectors where permitted.
- Monitor expiry dates regularly.

8. Preventing Exposure to Allergens

The school will take reasonable precautions to minimise risk by:

- Sharing allergy information with relevant staff.
- Carefully considering allergens during curriculum activities.
- Reviewing ingredients for food-based activities.
- Promoting strict handwashing routines.
- Discouraging food sharing.
- Completing risk assessments for trips and visits.
- Working with catering providers to support allergy management.

The school cannot guarantee an allergen-free environment but will take proportionate steps to reduce risk.

9. Educational Visits and Extracurricular Activities

Pupils with allergies will be fully included in educational visits and activities wherever possible.

Risk assessments will consider:

- Food arrangements.
- Access to medication.
- Emergency procedures.
- Staff knowledge of pupil needs.

Medication and healthcare plans will accompany pupils when necessary.

10. Emergency Procedures

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 severe 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 no signs of life commence CPR.

• Call parent/carer as soon as possible. Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

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 so it is easily identifiable.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, 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 Headteacher 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.

Older children and medication

Older children ,whenever possible, assume responsibility for their emergency kit under the guidance 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 can be given to ambulance paramedics on arrival.

'Spare' adrenaline auto-injectors in school

Worsthorne Primary has purchased spare AAIs for emergency use for any children who are at risk of anaphylaxis or are experiencing anaphylaxis for the first time. These are stored in an emergency grab bag in the corridor by the office (locked door to the corridor). This bag is clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff. The Headteacher 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. It will also be included in the data capture form moving forward for all incoming students.

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's menu is available for parents to view on the school website.

The Office/Headteacher will inform the Catering Manager of any pupils with food allergies, and this will be circulated throughout the catering team. These are displayed within the kitchen area to ensure all staff have the information available. Any changes to this information will be picked up by the office/ HT and shared directly with the catering team.

Parents/carers are encouraged to meet with the HT to discuss their child's needs. Should you also wish to speak with the catering company directly, please contact the school office, who will help to arrange this.

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 served from the school dinner hall, parents should check the appropriateness of the foods by speaking with the HT, office or reviewing menus provided on the school website.

• The pupil should be taught to also check with catering staff, before selecting their lunch choice. For younger pupils, adults will support in checking this with kitchen 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. For further information, parents/carers are encouraged to liaise with the HT.

• 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

Worsthorne 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.

11. Recording Incidents and Near Misses

All allergic reactions and near misses will be:

- Recorded on the school's incident reporting system.
- Reviewed by the Allergy Lead and Headteacher.
- Used to improve procedures and reduce future risk.

12. Anti-Bullying and Inclusion

The school will not tolerate bullying related to allergies.

Staff will challenge:

- Teasing about allergies.
- Intimidation involving allergens.
- Exclusion from activities due to medical conditions.

The school will actively promote understanding and inclusion for pupils with allergies.

13. Monitoring and Review

This policy will be:

- Reviewed annually.
- Reviewed following any significant allergy incident.
- Updated in line with changes to legislation and Department for Education guidance.

Date of policy	September 2026
Person Responsible	Sarah Nicholls
To be reviewed	Annually
Review Date	September 2027