



CHRIST THE SAVIOUR C.E. PRIMARY SCHOOL



Each of you should use whatever gift you have received to serve others, as faithful stewards of
God's grace in its various forms

1 Peter 4:10

Allergy Safety Policy

Policy ratified and adopted by the Full Governing Body	September 2026
Policy due for review	Summer 2027

School Vision:

Rooted in our Christian foundation, we are an inclusive, aspirational community loving and serving God. We seek to recognise and develop our unique gifts in accordance with the biblical principles of wisdom and love, preparing children to be educated citizens in a global world.

Key Contacts

Role	Name	Email
Designated Safeguarding Lead	Katie Tramoni	tramoni@cts-school.org
Welfare Team	Karen Halliwell Joan Ashoo	halliwell@cts-school.org ashoo@cts-school.org
Designated Governors	Dr Kate Dharmarajah - medical advisor David MacMorran - Safeguarding link Governor	dharmarajah@cts-school.org macmorran@cts-school.org

Introduction

This policy has been updated in response to emerging national guidance on allergy safety and reflects current best practice in ensuring emergency medication is quickly accessible throughout the school day. Allergy is an immune response to a normally harmless substance. Some allergic reactions can be severe and may result in anaphylaxis requiring immediate treatment. This policy sets out how we will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way, whilst taking part in school life.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside our Child Protection and Safeguarding policy, our Asthma policy and our Medical conditions policy.

As a split site school we have a dedicated medical room on each site where pupil medication is stored. For many years, we have purchased additional adrenaline devices which are stored in locations around the school on both sites to ensure emergency devices are available within minutes wherever a pupil is located on the school site.

Roles and responsibilities

1. **Designated Allergy Lead**, alongside our additional welfare staff due to our split site school

The Designated Allergy Lead is Karen Halliwell who is based at our Broadway Site. Joan Ashoo is our medical support at the Grove Site and has responsibility for the below points for children at the Grove although Karen Halliwell is the named lead with overall responsibility. They both report to the Headteacher Mrs Tramoni.

They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergies.
- Taking decisions on allergy management /awareness across the school (lead: Karen Halliwell)
- Advocating and practising allergy awareness across the school

- Being the main point of contact for staff, pupils and parents with concerns or questions about allergy management and awareness within school. (Grove Site: Joan Ashoo, Broadway Site Karen Halliwell)
- Ensuring allergy information is recorded, up-to-date and communicated to all staff.
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens (check the school has the correct number of AAI's and the locations are correct) and ensuring staff know where they are located. (Grove Site: Joan Ashoo, Broadway Site Karen Halliwell)
- Keeping a record of any allergic reactions or near-misses on our Safeguarding recording system CPOMS and ensuring an investigation is held as to the cause and put in place any learnings and it is used to continually improve safety procedures. (Grove Site: Joan Ashoo, Broadway Site Karen Halliwell)
- Regularly reviewing and updating the Allergy Safety Policy
- Ensuring there is an Allergy Safety Drill annually (to ensure staff know where the nearest AAI is located).

2. All welfare staff (including admin team if medical staff are absent)

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this involves liaising with the Admissions Team for new joiners)
- Supporting the Designated Allergy Lead on how this information is circulated to all school staff, including the Catering Team, site staff and staff running clubs.
- Ensuring the information from families is up-to-date, and reviewed at least annually.
- Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the welfare team should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Keeping an Allergy and Anaphylaxis register to include AAI's prescribed to pupils and School Spare Pens, including brand, dose and expiry date.
- The location of spare pens should also be documented. Regularly checking spare pens as to expiry date and replacing as needed.
- Providing on-site AAI training for staff and pupils and refresher training as required eg.before school residentials.

3. Admissions Team

The admissions team is likely to be the first to learn of a pupil /staff allergy.

They should work with the Designated Allergy Lead and school welfare team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity
- There is a clear structure in place to communicate this information to the relevant parties

4. All staff

All staff, including teaching staff, support staff, catering, site staff, specialist staff and those running clubs must:

- Know which pupils have emergency medication needs (a list of pupils with Asthma and AAI's can be found in the staffroom, in the kitchens (AAI's), in the medical rooms and on the protected teacher drive in the medical folder as well as printed in each staffroom)

- Understand and put into practice the Allergy Safety Policy and related procedures and ask for support if needed
- Consider the risk to pupils with allergies posed by any activities and assess whether the use of any allergen in activity is necessary and/or appropriate.
- Ensure pupils always have access to their medication or know to always tell an adult. They may carry it independently depending on the age of the pupil and their individual plan.
- Consider the safety, inclusion and wellbeing of pupils with allergies at all times
- Report missing, damaged or used medication immediately

5. Parents

- On entry to the school, it is the parents responsibility to inform the school 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. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a health care professional.
- 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 and the Allergy Action Plan will be kept updated accordingly.
- We seek support from parents to help their child understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. speaking with the catering team and for them not eat foods they are allergic to.

6. Pupils

All pupils at the school will:

- Be taught about allergies and the importance of allergy awareness understanding that they should never share food
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency

7. Pupils with allergies

Will:

- Never accept food from others and only eat what is provided by trusted adults
- Know and recognize the names and visual look of their allergens (if developmentally appropriate)
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate and agreed by their parent, carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose
- Understand how and when to use their AAI

- Talk to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raise concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Children with allergies will wear an agreed coloured lanyard at lunch times: **Orange = nuts only** / **Purple = multiple allergies**

Individual Healthcare Plans and Allergy Action Plans

The school will ensure pupils with allergies have an Individual Healthcare Plan (IHP). Any Allergy Action Plan or Asthma Action Plans issued by a healthcare professional will be attached to or referenced within the IHP. Our Individual Health Plans are located on the teacher portal in the medical folder/ IHP documents.

Emergency Treatment and Management of Anaphylaxis

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.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. The pupil must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Emergency Medication

The school aims to ensure swift access to medication when needed. The school recognises that pupils move between classrooms, playgrounds, specialist teaching rooms, clubs, childcare provision and educational visits. Medication arrangements must therefore extend beyond the classroom and ensure rapid access during all activities.

Auto adrenaline medication is kept in the medical room at the Grove and Broadway Site. Additional AAI's are also kept in the following locations:

Grove Site- welfare room, kitchen, lunch hall

Broadway Site - welfare room, kitchen, lunch hall

These are monitored weekly by Joan Ashoo at Grove and Karen Halliwell at the Broadway Site

Supporting children with allergies at lunchtime

At the beginning of the academic year our medical staff will complete a risk stratification exercise for all children

whose parents have identified them as having a food allergy or intolerance.

Any adult on duty when supervising lunch in the lunch hall should be aware of the pupils with allergies in that class and should be vigilant when overseeing pupils eating their lunch:

- a. Children should remain in their seats for the duration of the lunch sitting unless they need to go to the toilet
- b. Children should not share food (there are never any exceptions to this rule).
- c. Staff should regularly scan the pupils to look out for any reactions to food.
- d. Staff should praise pupils for good eating habits and good table manners.

Grove Site: Purple lanyards should be worn by children who have a severe allergy who hold Auto Adrenaline Injectors (AAI) in school for their allergy.

Broadway Site: Purple lanyards should be worn by children who have multiple severe allergies who hold Auto Adrenaline Injectors (AAI) in school for their allergy.

Orange lanyards (Broadway only) are worn by children who have a severe allergy to nuts only. As our lunch offer does not contain nuts these children can be served by any of the lunchtime staff and they can join the queue with their classmates. They wear their orange lanyard to alert staff to their nut only allergy and staff will have an awareness that there could be nuts in packed lunches.

Children will wear their lanyards at all times when eating whether or not they are school lunches, packed lunches or at snack time . The lanyards will list the child's name and allergy and will be used as a prevention from life threatening food allergies. The child must be encouraged to also voice their allergies to the staff. **Children who wear a purple lanyard will be served by Sharon or Joe or a member of their team who has been delegated responsibility for serving children with allergies.** Class teachers should be aware of seating plans for children with allergies and this should be shared with other staff who teach the class. **No children can share lunch at any time. Children who are being unsafe with food e.g throwing food should be asked to leave the lunch hall and a member of SLT should be informed.**

Any signs of an allergic reaction should be acted on immediately and the medical staff should be **available for emergencies at all times**, even during lunch times.

Yellow Lanyards

On the Grove site Yellow lanyards will be worn by children with a mild allergy or dietary need. For example a child who is vegetarian **and is unable to articulate this themselves**, or a child with a gluten free diet. In the summer term, Year 2 children will be encouraged to become more independent in expressing their dietary needs and we will therefore reduce their usage prior to their transition to Year 3.

On the Broadway site yellow lanyards will be worn at lunch times by individual pupils if needed. For example Year 3 children with any additional needs or children who may find it hard to express their dietary needs independently.

It is important that children with allergies are encouraged to voice what they can and cannot eat. Lanyards should not stop adults encouraging pupils to articulate what they would like to eat for their meal to support age-appropriate independence.

Both the yellow, orange and the purple lanyards will be kept in the classrooms and will be placed on the child prior to eating. Children should not wear lanyards in the playground for health and safety reasons. These should be collected by lunchtime staff and returned to the correct teacher at the end of lunch play. All staff should ensure pupils are not wearing their lanyards whilst playing.

Wellbeing and Inclusion

We recognise that living with asthma or allergies, particularly where there is a risk of anaphylaxis, can affect a pupil's confidence, emotional wellbeing and sense of belonging. The school is committed to ensuring that pupils with medical conditions participate fully in all aspects of school life and are not disadvantaged because of their medical needs.

When planning support arrangements, the school seeks to balance:

- Immediate access to emergency medication
- Pupil wellbeing
- Inclusion and participation

Staff will promote a culture of understanding and respect, helping pupils to recognise the importance of medical equipment, respond appropriately when a peer is unwell, and support an inclusive environment. Any bullying, teasing, exclusion or unsafe behaviour relating to a pupil's medical condition will be addressed promptly through the school's behaviour and anti-bullying procedures.

The school recognises that individual pupils may require different approaches. Reasonable adjustments may be made to support younger pupils, pupils with SEND, or pupils experiencing anxiety relating to their medical condition, providing emergency medication remains immediately accessible. Appropriate support will be offered following any allergic reaction, medical incident or near miss.

Identification and Record Keeping

The school maintains an accurate and up-to-date register of pupils with known allergies, including details of allergens, prescribed medication, Individual Healthcare Plans (IHPs) and any Allergy or Asthma Action Plans.

Information is gathered through admission forms, annual data collection, parental updates, healthcare professionals and transition arrangements with previous settings. Staff are expected to notify the designated allergy lead of any newly identified or suspected allergies so that appropriate assessment and support arrangements can be put in place. The school will also take reasonable steps to identify staff and regular visitors who may have significant allergies requiring emergency support while on site.

Information Sharing

The school will ensure that relevant allergy information is shared with staff on a strict need-to-know basis so that children and young people can be supported safely at all times. Information may be shared with teachers, support staff, breakfast club staff, lunchtime supervisors, sunset club staff, office staff, supply staff, external club providers, peripatetic teachers, and trip leaders where necessary for a pupil's safety.

Full Individual Healthcare Plans and Action Plans will be stored securely and managed in accordance with UK GDPR requirements. Staff will receive sufficient information to respond effectively in an emergency while respecting the dignity, privacy and confidentiality of pupils with allergies.

Publication, Awareness and Communication

This Allergy Safety Policy will be published on the school's website and will be available to parents, carers, staff and governors on request. All staff will be made aware of the policy through induction and annual allergy awareness training.

The school will promote allergy awareness amongst pupils in an age-appropriate manner, encouraging understanding, inclusion and safe behaviours such as not sharing food. Where appropriate and agreed with parents, peers may also be helped to understand how to seek adult assistance if a friend with an allergy becomes unwell. The school promotes allergy awareness amongst pupils in an age-appropriate manner. Through assemblies, classroom discussion and curriculum opportunities, pupils are taught:

- how to seek adult help if a person appears unwell
- the signs and symptoms of allergic reactions and asthma attacks
- that medical equipment belongs only to the named pupil and should never be touched
- the importance of not sharing food
- how to support inclusion and understanding of pupils with medical conditions

Whole-school allergy and medical awareness assemblies will be delivered at least termly and whenever significant changes to procedures are introduced.

Non-Food Allergens and Curriculum Activities

The school recognises that allergies may arise from a wide range of allergens, including food, insects, animals, pollen, latex, medications and other environmental or contact allergens. When planning curriculum activities, educational visits and enrichment experiences, staff will consider potential allergen risks and implement reasonable control measures where required. Particular consideration will be given to activities involving food preparation, science investigations, arts and crafts materials, sensory resources, gardening, visits to farms or animal settings, and the use of plants or natural materials.

Individual risk assessments and healthcare plans will be followed to ensure pupils with allergies can participate safely and inclusively wherever possible.

Catering and Food Provision

Our school chefs work regularly with parents to support pupils with food allergies. Where required, an individual special diet menu is developed and agreed between parents, our chefs and the school.

Up-to-date information about pupils' food allergies is shared with catering staff and reviewed regularly to ensure accuracy. Allergen information is available for all food provided by the school. Meals for pupils with food allergies are prepared separately where required and served from a designated counter to reduce the risk of cross-contamination.

Pupils with significant food allergies are supported by a named lunch supervisor or teaching assistant who oversees their meal arrangements and provides appropriate supervision. When planning activities involving food, including cooking, celebrations and special events, staff will consider allergen risks and follow any relevant Individual Healthcare Plans, Allergy Action Plans and risk assessments to ensure pupils can participate safely and inclusively. Any curriculum planning involving food (e.g. preparing food in DT lessons, sampling food in RE) **must always** include collaboration with the medical staff on the relevant site.

Visits and Educational Visits

The school is committed to ensuring that pupils with allergies are able to participate fully in educational visits, sporting events and residential trips. Appropriate risk assessments will be completed and any relevant Individual Healthcare Plans and Allergy Action Plans will be shared with staff involved in the visit. Emergency medication will remain immediately accessible throughout the visit, either carried by the pupil if this is their usual practice or by the supervising adult, depending on age, activity and individual risk assessment. For day visits, pupils who normally carry their own emergency medication in school will be expected to carry it during the visit. The Group Leader will check that all required medication, including adrenaline auto-injectors (AAIs) and inhalers where applicable, is present and immediately accessible before departure and throughout the visit.

For residential visits, emergency medication will be held by the Group Leader or another designated member of staff to ensure it is accessible at all times, including overnight. A school "spare" AAI will also be taken and held by the member of staff leading the visit. Prior to any visit, our welfare staff will ensure that all required medication accompanies the pupil and that relevant healthcare information, Individual Healthcare Plans and Allergy Action Plans are provided to the staff responsible for the visit.

All staff accompanying children on off-site trips are trained in the recognition and management of anaphylaxis. For this reason, children with allergies will be assigned to a group led by a staff member, not a volunteer. Staff will ensure that emergency medication remains readily accessible and is never stored in luggage, coaches or other locations where it could not be accessed quickly in an emergency.

Extended School Provision

Before-school provision, after-school clubs and our EYFS sunset childcare must follow the school's emergency medication procedures and receive appropriate allergy awareness and emergency response training.

Reporting and Learning from Incidents and Near Misses

All allergic reactions, administration of emergency medication, accidental exposure to allergens and allergy-related near misses will be recorded using the school's established reporting procedures on CPOMS.

Significant incidents will be reviewed by the designated allergy lead to identify contributory factors and any improvements required to procedures, training, supervision or risk assessments. Lessons learned from incidents and near misses will be shared with relevant staff and considered during policy reviews to strengthen allergy safety arrangements and reduce future risks. Parents will be informed of incidents involving their child as soon as reasonably practicable.

Examples include:

- medication not immediately available
- Child served an allergen or allergen spilled on child's plate
- expired medication
- incorrect handover

These should be recorded and reviewed to improve procedures.

This policy will be reviewed annually and sooner following any serious incident, significant near miss, or change in statutory guidance.

WHAT IS AN ALLERGY?

The NHS guidelines state that “An allergy is where your body reacts to something that's normally harmless like food, pollen, dust, insect bites or animals. The symptoms can be mild, but for some people they can be very serious”.

DEFINITIONS

ANAPHYLAXIS:

Anaphylaxis is a severe allergic reaction that can be life- threatening and must be treated as a medical emergency. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by

- food
- insect venom (such as a wasp or bee sting)
- latex and medication.

ALLERGEN:

A normally harmless substance that, for some people, triggers an allergic reaction. People can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

In the UK, there are 14 allergens listed in food allergen labelling regulations that are recognised as the most common ingredients that cause food allergies and intolerances. Food businesses must provide information about any of the 14 allergens when they are used as ingredients in the food and drink they provide.

These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR (AAI) :

Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto- injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen.

There are two brands licensed for use in the UK: EpiPen <http://www.epipen.co.uk/> & Jext Pen <http://www.jext.co.uk/>.

For the purposes of this Policy we will refer to them as AAI's.

ALLERGY ACTION PLAN:

This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

<https://www.bsaci.org/resources/allergy-action-plans/>

INDIVIDUAL HEALTHCARE PLAN:

A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and where appropriate individual pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT:

A detailed document outlining an activity i.e. food tasting, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

INFORMATION AND DOCUMENTATION

Register of pupils with an allergy

- The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed AAI's as well as pupils with an allergy where no adrenaline pens have been prescribed. Each pupil with an allergy has an Individual Healthcare Plan.

The information on this plan includes:

- Personal details of the child and contact details of NOK
- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions - their last Anaphylaxis and treatment plan from their treating specialist /Dr/Nurse
- Detail of the medication the pupil has been prescribed including dose this should include AAI's, antihistamine & inhalers
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A current clear photograph of each pupil
- A copy of their Allergy Action Plan.
- <https://www.bsaci.org/resources/allergy-action-plans/>

ASSESSING RISK

Allergens can crop up in unexpected places. All staff, including visiting staff will need to consider allergies in all activity planning and include it in risk assessments.

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebration days.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary the activity must be adapted appropriately.

FOOD, INCLUDING MEALTIMES & SNACKS

CATERING IN SCHOOL

Christ The Saviour School is committed to providing a safe meal for all students, including those with food allergies.

Schools and catering providers operate under strict guidelines to safely manage food allergies. UK school caterers must legally provide safe food for pupils with allergies and list the 'Top 14' allergens for all served items. Parents can submit a medical diet request form to the school, they are well to speak with our catering staff to arrange an adapted menu. We offer coloured lanyards for identification and have strict cross-contamination protocols.

<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff.
- The school has robust procedures in place to identify pupils with food allergies, there is a visually photographed summary sheet which is shared with all staff including kitchen and breakfast club staff. Another list is kept in the welfare room and each class teacher will be informed of any pupils with allergies at the start of term or as needed
- At the start of term school staff support kitchen staff in monitoring allergies by standing at the kitchen hatch and identifying children and we will agree on a designated kitchen staff to serve lunches to these children.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request.
- Food packaged to go will comply with PPDS legislation, following Natasha's Law
<https://www.narf.org.uk/what-is-natashas-law> requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by our School Catering team managers.

Foods containing "May Contain" labelling can be used in school however staff need to follow guidance on this and carry out relevant risk assessments. "Please be advised that food prepared here may contain or come into contact with common allergens, such as dairy, eggs, wheat, soybeans, tree nuts, peanuts, fish, shellfish, or wheat. While we take steps to minimize the risk of cross-contamination, we cannot guarantee that any of our products are completely safe for customers with severe allergies. Please notify our staff about your specific dietary needs before ordering."

Food provided at breakfast club and after school club will follow these procedures

<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

FOOD BROUGHT INTO SCHOOL

We ask for food items not to be brought into school apart from to be consumed as a school packed lunch or mid morning fruit snack.

FOOD BANS OR RESTRICTIONS

Please remind all children that we are an Allergy Awareness School and that we do not allow nuts in school. This includes items such as peanut butter sandwiches, nutella sandwiches, snack bars with nuts in, this list is not limited to these items but this is just an example. All food coming onto school premises or taken on a school trip should be checked to ensure all nut types are not an ingredient in another product. Catering staff will check the label on foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread and sauces. Welfare and admin will check products being ordered for special occasions.

Our children are educated to never share food and there is no exception to this rule, they are asked to remain in their seats for lunch and eat their lunch correctly without "throwing food" and to be aware of their friends with severe allergies.

FOOD HYGIENE FOR PUPILS

- Pupils will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled.

SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will be made aware of the children pupils with allergies and their medication details shared.
- Allergies will be considered on the risk assessment and catering provision put in place if food items are needed.
- Consult with the parents if the trip requires an overnight stay such as a residential trip.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches. If you have a pupil with an allergy to a food outside the “main 14” you should have a clear system in place to ensure they always receive a safe meal.

INSECT STINGS

All pupils with a known insect venom allergy should:

- Should NEVER walk around in bare feet or wear sandals when in school and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics
- Keep food and drink covered

Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately. Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the Headteacher. The Facilities /site Manager at Christ the Saviour School will monitor the grounds for wasp or bee nests. The Headteacher is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

ANIMALS

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact i.e. zoo trips. School trips that include visits to animals will be carefully risk assessed

ALLERGIC RHINITIS/ HAYFEVER

The term ‘seasonal allergies’ refers to common outdoor allergies, including hay fever and insect bites. Precautions regarding the prevention of seasonal allergies include:

- Pupils will be encouraged to wash their hands and not rub their eyes after playing outside. If eye drops are required a prescription chart will be completed by their parents and medication labelled correctly may be left in school.

13. Auto Adrenaline Injectors

https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

Storage of Auto Adrenaline Injectors

- Pupils prescribed with AAI's will have easy access to two, in-date pens at all times
- AAI's are stored centrally, all staff know where they are located (staff room in main building and in kitchen in early years building) and have easy access if needed. They are clearly labelled with the child's name on with the action plan.
- Spot checks will be made to ensure AAI's are where they should be and in date
- AAI's must not be kept locked away
- AAI's should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Used AAI's will go with the treating first aid team and out of date AAI's will be sent home to parents to dispose of.

Spare School AAI's

This school has — spare AAI's to be used in accordance with government guidance.

The AAI's are clearly signposted and are stored in the welfare room.

The Allergy Lead is responsible for:

- Deciding how many spare pens are required for the school
- Dosage of AAI will be based on child's weight <https://www.anaphylaxis.org.uk/some-patients-getting-wrong-dose-adrenaline/>
- Which brand(s) to buy - Schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare AAI's which can be obtained from a local pharmacy or first aid provider.
- Distribution around the site and clear signage

Auto Adrenaline Injector on school trips

Children with a prescribed AAI should take two of their own AAI's on educational visits. In practice many children travel with just one AAI (unless severely allergic) and if staff need to use the first they would dial 999 at the point of use to allow LAS to reach them swiftly.

AAI's will be kept close to the pupils at all times - to be agreed where they will be stored if on a school coach

- AAI's will be protected from extreme temperature
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction

RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan /IHP and a member of staff will instigate the school's Emergency Response Plan.

If anaphylaxis is suspected the AAI will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.

- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency anyone will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare school AAI will be used.

If anaphylaxis is suspected but the pupil does not have a prescribed AAI or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare AAI's are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.

The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.

Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
- Where AAI's are kept (both individual prescribed and school spare AAI's) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

15.2 The school will carry out an anaphylaxis drill annually. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

Spare AAI for use of SSUK and external letting agents - the spare AAI will be stored in the lunch hall

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. See Asthma Policy for further information.

Appendix 2

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS Symptoms include:

- Swollen lips, face or eyes / sneezing
- Itchy or tingling mouth

- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Ask the pupil to rest on the bed
- Stay with pupil & continue to assess the situation
- Locate AAI's
- Wash hands/ offer water / give oral antihistamine
- Make a note of the time
- Ask for parent or guardian to be contacted
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called ANAPHYLAXIS “ana-fill-axis”

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency and staff should call for help immediately and ask for a defibrillator to be available.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Difficult or noisy breathing
- Wheeze or cough

B – Breathing

- Persistent cough / sneezing ++++
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

C - Circulation

Persistent dizziness

Pale or floppy

Sleepy

Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for Anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause them to worsen)
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary - a defibrillator on site should be available.
10. Hand over used devices to paramedics and remember to get replacements.
11. For more information see the Government's Guidance for the use of adrenaline auto- injectors in schools.