Fairfield Primary School

Allergy Management at School Policy

Approved by[1]	
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Signed:	
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REVIEW SHEET

Each entry in the table below summarises the changes to this policy and procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	September 2026

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POLICY STATEMENT

Purpose

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

This Policy will be reviewed annually in line with the Supporting Pupils in Schools with Medical Conditions Policy and statutory guidance.

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
- fish
- latex
- insect venom
- pollen
- animal dander

This Policy sets out how Fairfield 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. Roles and Responsibilities

2.1 Parent Responsibilities

On entry to the school, it is the parent's responsibility to inform the admin staff of any known 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/children's Allergy Action Plan (BSACI plans preferred) 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.

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.

2.2 Staff Responsibilities

All staff will complete anaphylaxis training. Training is provided for all staff on a annual 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 be supervised with due caution.

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.

Administrators will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

The school keeps a 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.

2.3 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.

Fairfield 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's/carer's responsibility to complete the Allergy Action Plan with help from a health care professional (e.g. GP/School Nurse/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; or
- 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?

- opens up the airways;
- stops swelling; and
- raises 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 THE CHILD FLAT WITH LEGS RAISED –** they can be propped up if struggling to breathe but this could 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.**
- 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.

5. Supply, Storage and Care of Medication

For each pupil there will be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen/Jext/Emerade
- An up-to-date Allergy Action Plan
- Antihistamine as tablets or syrup (if included in the 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 Administrators 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.

5.1 Storage

AAIs will be stored at room temperature, protected from direct sunlight and temperature extremes.

AAIs will be stored in the Main Office at Key Stage 2 (for pupils in Key Stage 2) and in individual classrooms for pupils in EYFS and Key Stage 1.

5.2 Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs will be given to ambulance paramedics on arrival for safe disposal or can be disposed of in pre-ordered sharps bins. Sharps bins can be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the main entrance store cupboard (secure- Admin controlled).

6. 'Spare' adrenaline auto-injectors in school

Fairfield Primary School has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis,** when their own devices are not available or not working (e.g. because they are out of date).

These are stored **in wall mounted containers**, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen' and **accessible and known to all staff.**

Fairfield Primary School holds 8 spare pens which are kept in the following locations:

- Key stage 2 main office
- School field pavilion.

At each location, there are 2 spare 150mcg pens (children dose) and 2 spare 300mcg (adult dose). The different pens are clearly labelled in separate wall mounted containers.

Administrators are 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.

7. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's Anaphylaxis Policy are **Mr J. Gale, Mrs. C. Parker and Mrs. C. Evans.**

All staff will complete online training via the National College and in-person training via Steve Wilson Associates.

Training will include:

- understanding 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 and knowing who is responsible for what;
- managing Allergy Action Plans and ensuring they are up to date; and
- a practical session using trainer devices.

8. Inclusion and Safeguarding

Fairfield 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

School caterers must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on LunchShop.

The school will inform the catering manager of pupils with food allergies.

The school has a system in place for ensuring that catering staff can easily identify pupils with allergies. Administrators are responsible for ensuring that the details are kept up-to-date and the catering manager is regularly informed of changes. Photographic lists of pupils and their allergies are located at each lunch serving

station and in Wraparound Care. Arbor also contains the medical information for each child alongside their photograph and emergency contact details.

Parents/carers are encouraged to meet with a school leader to discuss their child's needs.

The school adheres to the following Department for 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.
- Parents should check the allergy advice before selecting their child's lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parent/carers are encouraged to liaise directly with the school.
- Food should not be given to primary age food-allergic children without parental engagement and permission.
- Use of food in lessons, science experiments, DT and special events, such as school fayres and cultural events, needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children.

10. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies at all times. Trip leaders will liaise with parents to ensure that all pupils with medical conditions, including allergies, have the required medication available. Parents who are unable to produce the required medication for their child/children may need to be informed that their child will not be able to attend the trip. It is therefore the parents/carers responsibility to ensure all required medication is available.

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 will be planned to ensure full inclusion.

Overnight residentials 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 residentials should be briefed early on that a child with known allergies will be attending and will need appropriate food options, if provided by the venue. If not provided by the venue, trip leaders will liaise with the appropriate restaurants and parents to ensure meal options can be provided to support inclusion. Staff do not take school EpiPens on trips.

10.1 Sporting Excursions

Children with allergies should have every opportunity to attend sports trips. The school will ensure that the PE lead is fully aware of the allergies known for that child. If the trip is to another school, 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.

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 dietary arrangements which are required.

11. Allergy Awareness and Nut Bans

Fairfield Primary School supports the approach advocated by Anaphylaxis UK towards nut bans in schools and is a nut free school. The school has an awareness that nuts are only one of many allergens that could affect pupils and that there is no complete guarantee that a truly allergen free environment can be maintained for a child living with a food allergy. However, the school encourages a culture of allergy awareness, vigilance and education.

A 'whole school awareness of allergies' is the preferred approach as it ensures that teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupil's allergens, the signs and symptoms, how to deal with allergic reactions and to ensure that policies and procedures are in place to minimise risk as much as possible.

12. Risk Assessment

Fairfield Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and those who have been newly diagnosed, to help identify any gaps in our systems and process for keeping children with allergies 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/attachment_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/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: Fairfield Primary School - Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
Setting/School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):

I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:

Signatures:

Setting Manager/Head teacher: Date

Parents/Carers Date

Child/Young Person Date

What is this child/young person allergic to?

Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐

Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐

Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?

If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES ☐ NO ☐** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES ☐ NO ☐**