

The Lanes Primary School



Pupil Allergy Policy

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This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

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):- Wheat, Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how The Lanes 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 the SENCO/school office staff and teachers 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 (BSACI - British Society for Allergy & Clinical Immunology) plans preferred - link to files here - <https://www.bsaci.org/resources/allergy-action-plans/>) 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. Healthcare Professional/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.
- Parents are requested to inform the school if a child has had to be injected with an AAI (Adrenaline Auto Injector) and ensure the child's teacher is aware of when this was given and the context.

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 - an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution. Details of the children will be recorded in the Inclusion folder which is kept in the classroom.
- Staff leading school visits will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication or it will be assigned to a named adult. If pupils are unable to provide their required medication they will not be able to attend the visit.
- The class teacher 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 school office staff/class teacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The SENCO/school office staff keep 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. The list will be on display in the staffroom, the office, in the dining room and recorded as part of the child's personal information on Bromcom.

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 autoinjector.

The Lanes Primary School uses 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/Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management Allergic Reactions (SEE FLOW CHART – APPENDIX 1)

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.
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- The child will generally respond to antihistamine medicines given by mouth. These are stored in the emergency Anaphylaxis kit in the office at both sites.
 - The child does not normally need to be sent home from school, or require urgent medical attention.
 - Although most mild reactions resolve, occasionally they can worsen and develop into anaphylaxis: anyone having a mild-moderate (non-anaphylaxis) reaction should be monitored for any progression in symptoms.
 - Younger children may find it difficult to explain how they feel during a reaction.

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.

There can also be co-factors involved with bringing on Anaphylaxis for example, eating and exercise. The symptoms above should be considered and any child who may have been exposed to an allergen should be observed closely. For some allergens there can also be a delayed reaction, for example Wheat. Close observation must take place in the event of suspected exposure.

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, sit them down and 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. AAI's should be given into the muscle in the outer thigh. Be mindful of thick clothing – avoid seams. 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. This should be administered in the **opposite thigh to the first one.**
- 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.
- A child should be monitored for a few days after an event as anaphylaxis may return.

Incidents will be recorded on the school reporting system, CPOMs and Jo Gosling and Annie Olson will be tagged into the log. Jo Gosling will add this to IAM Compliant (school compliance management software).

5. Supply, storage and care of medication

Any child who requires an AAI will have an anaphylaxis kit stored in the classroom. The school also has a spare anaphylaxis kit stored in the office at both sites and accessible to all staff.

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

- One AAI - EpiPen®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup
- 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 school office staff/class teacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

In the event of an AAI being out of date and needed, it still may be administered but it may not be as effective.

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 can be given to ambulance paramedics on arrival or can be disposed of in sharps bin. The sharps bin is kept in the first aid room.

6. 'Spare' adrenaline auto-injectors in school

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

These are stored in a red box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, in the office at both sites, accessible and known to all staff.

School holds 2 spare pens which are kept in the following location/s:- 1 in the office at the Cator Lane site and 1 in the office at the Meadow Lane site.

Epipen Junior (0.15mg) at Meadow Lane

Epipen (0.3 milligrams) at Cator Lane

The School office 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. See flowchart in Appendix one for actions.

7. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Jo Gosling – office@thelanes.notts.sch.uk

Annie Olson – aolson@thelanes.notts.sch.uk

All staff will complete online anaphylaxis training annually. Training is also available on an ad-hoc basis for any new members of staff. Training will be a certified CPD course sourced from the National College online learning platform.

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, knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices.

8. Inclusion and safeguarding

The Lanes 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.

The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at <https://the-lanes-primary-school.secure-primariesite.net/school-dinner-menu-free-school-meals/>

The SENCO/school office staff will inform the Cook of pupils with food allergies. The cook will be provided with a photo of the child and details of their allergies. The Cook will then contact parents to meet and discuss a suitable menu.

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 purchasing food or selecting their 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 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 Catering Manager.
- Food should not be given to food-allergic children without parental engagement and permission (e.g. curriculum enrichment activities, celebration events).
- 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.

10. School visits

Any children with known allergies will have an individual Risk Assessment in place and all leaders on the school visit will be informed. For residential visits all risk assessments are quality assured by the Local Authority. For day visits the Risk Assessments are quality assured by the EVC (Education Visit Coordinator) and the Headteacher.

Staff leading school visits will ensure they carry all relevant emergency supplies. Visit leaders will check that all pupils with medical conditions, including allergies, carry their medication. Parents/carer/pupils unable to produce their required medication will not be able to attend the visit.

All the activities on the school visit will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips are an integral part of the school curriculum. Careful planning and a meeting for parents with the lead member of staff planning the visit will be arranged to discuss allergies and potential risks. A risk assessment will be put in place in consultation with the parents/carers. Staff at the venue for an overnight school visit will be briefed and the risk assessment shared. Decisions will be made about the supply of appropriate food and food handling. This will be recorded on the risk assessment.

11. Sporting Excursions

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The 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 AAI will accompany the team. If another venue feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food. A risk assessment will be in place for these children and shared with the staff at the venue.

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.

12. Allergy awareness and nut bans

The Lanes Primary School supports the approach advocated by Anaphylaxis UK towards managing the exposure to nuts. We prioritise the safety and wellbeing of all our students, including those with food allergies. While we recognise the importance of creating a safe environment, a blanket ban on nuts is not recommended as it may not be feasible within a school setting, especially in terms of ensuring the safety of allergic children.

We acknowledge that cross-contamination with nuts and other allergens can occur in many food products. To ensure the safety of our students with nut allergies, The Lanes Primary School kindly requests that parents and carers refrain from sending food items into school that contain high nut content, including pure nuts (e.g. almonds, cashews, peanuts). This recommendation is in place to minimise the risk of allergic reactions and to safeguard the health and wellbeing of all our children.

Where food items may contain traces of nuts or have been prepared in an environment where nuts may be present, we ask that alternatives are sought. Where this is not possible, food should be labelled explaining that it may contain nuts. Where children have access to these foods beyond the school day, for example during external events, parents/carers must work with their child on selecting appropriate food items.

This is communicated in our induction information for new parents, our school prospectus, on our school website and reinforced with the children throughout the year. This extends to events beyond the school day, for example PTA events. During their regular meeting with the school, the PTA will be reminded and key adaptations reviewed.

The school understands that 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.

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 14 allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

The midday supervisors monitor children who have a packed lunch, any child with a product containing a high-risk item (packaged nuts or products containing nuts) will be asked not to eat the product and it will be taken to the office for safe-keeping. Parents will then be contacted to remind them of the school policy regarding nut products. The child may collect the food item from the office at the end of the day.

12. Risk Assessment

The Lanes 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/saferschools-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-withan-allergy/at-school/>

BSACI Allergy Action Plans - <https://www.bsaci.org/professionalresources/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>

Mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact
- If vomited, can repeat dose

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS

Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)



2. Use Adrenaline autoinjector **without delay**

3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.