



Pupil Allergy Policy

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Persons responsible	Allergy Lead
Governor committee	S&C

Contents

1. Aims	2
2. Legislation and guidance	2
3. Roles and responsibilities	2
4. Assessing risk	5
5. Managing risk	5
6. Procedures for handling an allergic reaction	7
7. Adrenaline auto-injectors (AAIs)	8
8. Training	10
9. Links to other policies	10
10. Appendices	10

1. Aims

Stocks Green is committed to ensuring that all children with medical conditions, including allergies, 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.

This policy aims to:

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

2. Legislation and guidance

This policy is based on the Department for Education's guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

Key Role	Name and Position
Allergy Lead	Mr Peter Hipkiss, Headteacher
Teaching Assistant with lead responsibility for medical needs	Mrs Nicola Greensmith
Office staff with responsibility for medical needs	Mrs Michelle Ashbrook Mrs Gilly Francis

3.1 Allergy lead

The Allergy Lead is responsible for:

- Promoting and maintaining allergy awareness across our school community
- Ensuring that the Allergy/Anaphylaxis Risk Assessment Form is completed in conjunction with the relevant pupils parents/carers at the start of the academic year, at any change in the pupils condition and is reviewed annually
- Ensuring that the collation of allergy and special dietary information for all relevant pupils is carried out by the relevant members of staff and is up to date
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an allergy action plan completed by a medical professional
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an additional allergy/anaphylaxis risk assessment
- Ensuring that the Teaching Assistant with lead responsibility for medical needs keeps stock of the school's adrenaline auto-injectors (AAIs) (see Section 7.3)
- Regularly reviewing and updating the allergy policy

3.2 Teaching Assistant with lead responsibility for medical needs

The Teaching Assistant with lead responsibility for medical needs is responsible for:

- Completing the Allergy/Anaphylaxis Risk Assessment Form in conjunction with the relevant pupils parents/carers at the start of the academic year, at any change in the pupils condition and reviewing it with parents annually
- Coordinating the paperwork and information from families
- Coordinating medication with families
- Checking spare AAIs are in date
- Ensuring that processes are in place and actioned by staff
- Any other appropriate tasks delegated by the allergy lead

3.3 Office staff with responsibility for medical needs

The office staff with responsibility for medical needs is responsible for:

- Collating medical needs information, including information on known allergies and anaphylaxis from parents regarding pupils when they join the school
- Facilitating a meeting between the parents and Teaching Assistant with lead responsibility for medical needs
- Alerting the allergy lead that a new pupil with allergies has joined the school
- Adding all relevant records to the school's MIS (management information system)
- Updating the allergy list in the emergency grab bag when a new pupil with allergies joins the school or records need updating as a result of a anaphylaxis review meeting
- Updating the paper copy of the allergy information in the office when a new pupil with allergies joins the school or records need updating as a result of a anaphylaxis review meeting

- Ensuring that the school's spare emergency AAls are collected and taken out with the school in the event of a fire, fire drill or emergency evacuation of the site
- Complete the roles outlined in 3.2 in the absence of the Teaching Assistant with lead responsibility for medical needs
- Any other appropriate tasks delegated by the allergy lead

3.4 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- At Stocks Green, most teaching and support staff are fully trained in administering AAls and have agreed to do so in the event of an emergency. An up to date list of all trained staff is kept on the noticeboard in the school office.

3.5 Designated members of staff

In addition to 3.3 Teaching and support staff, at Stocks Green we have 'Designated members of staff' who will also be responsible for helping to administer AAls in the event of an emergency.

- Designated members of staff are members of staff who have volunteered and been trained to help pupils with AAls in an emergency. A list of who these members of staff are is kept on the noticeboard in the school office.

3.6 Parents/Carers

All parents/carers are responsible for:

- Being aware of our school's allergy policy
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's medical needs and dietary requirements

In addition to the responsibilities above, parents/carers of children with allergies should:

- Provide the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, complete the Allergy/Anaphylaxis Risk Assessment Form in conjunction with the Teaching Assistant with lead responsibility for medical needs at the start of the academic year, at any change in their child's condition and at the annual review
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner if expired/damaged
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when an adult might need to use their adrenaline auto-injector on them
- Ensuring that if they bring additional AAls into school with them that they are handed to the class teacher or teaching assistant and not left in their bags. Staff members will then ensure that these are stored in a cupboard within the classroom clearly marked with a green medical sign.

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Understanding that food brought into the school cannot be shared

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- Interactions with the reading dog that comes into school

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a service dog.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before eating
- Sharing of food is not allowed
- Pupils have their own named water bottles and lunch boxes

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies. The responsibility for this is delegated to Nourish who are the school's catering contractor sourced through Kent County Council.

- School menus are available for parents/carers to view with allergens highlighted
- Where changes are made to school menus, we will make sure these are communicated to parents/carers
- A pupil list with photos of pupils with allergies is available to the catering staff in the kitchen team and is easily accessible
- Catering staff are able to identify pupils with allergies
- If a member of catering staff is absent from the kitchen team, a member of the Stocks Green mid-day supervisor team will facilitate pupils getting their lunches to provide additional support with identifying pupils with allergies

- Allergy lead ensure catering staff confirm that they have received appropriate training and are able to identify pupils with allergies
- Allergy lead to ensure catering staff confirm that they follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce a completely allergen-free school. However, Stocks Green is a 'nut-free' school. As such, pupils and all staff are told to avoid certain high-risk foods to reduce the chances of someone experiencing an allergic reaction to known allergens such as nuts, peanuts or sesame seeds. The restricted foods include:

- Packaged nuts (any variety)
- Cereal, granola or chocolate bars containing nuts, peanuts or sesame seeds
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds
- If a pupil brings these foods into school, the food will be confiscated and parents/carers will be informed. We will also request the pupil and staff member who confiscated the food to wash their hands to avoid putting pupils with allergies at risk through later contact

5.4 Insect bites/stings

To reduce the risk of insect bites or stings, certain measures are put in place. However, it is recognised that this is not always possible, especially in the summer months, and in particular if pupils eat outside.

When outdoors:

- Shoes should always be worn
- Food and drink should be covered, as far as is practical

5.5 Animals

- Permission will be sought from parents/carers before pupils engage with animals
- Pupils with known animal allergies will not interact with animals
- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

5.6 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Pupils with allergies will be specifically identified and considered as part of the pre-visit risk assessment
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

5.7 External Clubs/Activities

- Pupils with allergies attending extra-curricular activities or external clubs will be responsible for taking any AAI that they bring with them into school to the club

- Parents/carers are responsible for informing the office staff with responsibility for medical needs which external club/activity their child with allergies will attend
- The office staff with responsibility for medical needs will provide each external club/activity provider, where appropriate, with a pupil list with photos of pupils with allergies and the location of their AAls within the school

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAls

- The school maintains a register of pupils who have been prescribed AAls or where a doctor has provided a written Allergy Action plan recommending AAls to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
 - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
 - A photograph of each pupil to allow a visual check to be made
- The register is kept on the school's online platform Arbor. A physical copy is also kept in the classroom in a medical folder as well as in the school office and emergency grab bag and can be checked quickly by any member of staff as part of initiating an emergency response.

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Designated members of staff are trained in the administration of AAls – see section 7
- If a pupil with a known allergy has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
 - If an AAI needs to be administered, a designated member of staff will use the pupil's own AAI, or if it is not available, a school one of the correct dosage. It will only be administered by a designated member of staff trained in this procedure.
 - Send a red card for support to the school office or nearest classroom
 - Ensure that a designated member of staff stay with the pupil at all times
 - Administer the pupils own AAI without delay. Record the time the AAI was administered
 - Lie them down –raise their legs, and if they're struggling to breathe, raise their shoulders or sit them up slowly. Do not stand the person up. This could lower their blood pressure drastically, causing their heart to stop.
 - One staff member is to call 999 for an ambulance and say that you think a pupil is having an anaphylactic reaction
 - When dialing 999, give clear and precise directions to the emergency operator, including the postcode of your location.
 - If the pupil's symptoms do not improve within 5 minutes, administer the second AAI in the other thigh. Record the time the second AAI was administered
 - If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
 - Send someone outside to direct the ambulance/paramedics when they arrive.

- Tell the paramedics: – if the child is known to have an allergy; – what might have caused this reaction e.g. recent food; – the time the AAI does(s) was given.
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.
 - Send a red card for support to the school office or nearest classroom
 - Ensure that a member of staff stays with the pupil at all times
 - One staff member is to call 999 for an ambulance and say that you think a pupil is having an anaphylactic reaction
 - Follow advice from the emergency services as to whether administration of a spare AAI is appropriate.
 - Call parents to make them aware
 - Lie them down –raise their legs, and if they're struggling to breathe, raise their shoulders or sit them up slowly
 - If they have been stung by an insect, try to remove the sting if it's still in the skin
 - Do not allow them to stand or walk at any time, even if they feel better
- If a pupil needs to be taken to hospital, a member of staff will stay with the pupil until the parents/carers arrives, or will accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

6.3 Recording use of the AAI and informing parents/carers

Use of any AAI device should be recorded. This should include:

- Where and when the reaction took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- The pupil's allergy risk assessment must be updated in conjunction with their parents/carers at the earliest opportunity after use of AAI.
- If no allergy risk assessment existed for the pupil prior to the reaction and subsequent administration of AAI, one must be completed by the TA with lead medical responsibility and the child's parents/carers at the earliest opportunity.

7. Adrenaline auto-injectors (AAIs)

Stocks Green 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).

Written parental permission for use of the spare AAI is included in the pupil's allergy /anaphylaxis risk assessment.

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.

7.1 Purchasing of spare AAI

The allergy lead is responsible for buying AAI and ensuring they are stored according to the guidance.

- AAI are sourced by writing to local pharmacies in the area

- The school keeps four AAls. These are in the doses relevant to the pupils in the school and the different age groups represented. Their instructions will be followed in the event they need to be administered.
- The school stocks 2 each of EpiPen 0.3mg and EpiPen junior 0.15mg.

7.2 Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- Accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed
- Pupil's AAls that are kept in school are located in the classes' medical cabinets, which remain unlocked at all times
- If pupils bring AAls into school with them each day, these are stored in a cupboard in their classroom with a green medical sign clearly displayed on it

Spare AAls will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion. These are stored in an orange colour pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff. One set of spare AAls is kept in the medical cabinet in the office. The other is kept in the emergency grab bag in the office for rapid evacuation procedures.

7.3 Maintenance (of spare AAls)

The Teaching Assistant with lead medical responsibility is responsible for checking monthly that:

- The AAls are present and in date
- Replacement AAls are obtained when the expiry date is near

7.4 Disposal

AAls can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAls off school premises

- A member of staff trained to administer AAls in an emergency will be present on school trips and off-site events
- The leader of the school trip will ensure that any pupil with an AAI is in a group with an appropriately trained member of staff who can administer AAls in an emergency situation
- The member of staff who supports the group of a pupil with an AAI will carry the AAI on them at all times and ensure that it is never more than 5 minutes away from the pupil who may require it
- The school will take a spare AAI on a school trip, if the parent is only able to supply one AAI to take with the pupil
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7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls

- Instructions for the use of AAI's
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAI's have been administered

These are stored in an orange colour pack, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where AAI's are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies

Training will be carried out bi-annually by the allergy lead or a relevant NHS professional. Training also forms part of the school's first aid training, which takes place every three years. This means that staff repeat training twice in every three year period.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Healthcare Policy

10. Appendices

Appendix 1 – Recognition and management of an allergic reaction/anaphylaxis

Appendix 2 – How to administer an Epi Pen

Appendix 3 – Allergy/Anaphylaxis Risk Assessment

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

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 according to the child's allergy treatment plan
- Phone parent/emergency contact



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

AIRWAY:

Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue



BREATHING:

Difficult or noisy breathing
Wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs 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 to request ambulance and say ANAPHYLAXIS



***** 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 further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

How to administer an Epi Pen adrenaline auto injector

Key things to remember:

- If you suspect someone is having a severe allergic reaction, give adrenaline WITHOUT DELAY – if available.
- Anaphylaxis can come on very quickly. As soon as you suspect anaphylaxis you must use one of your adrenaline auto-injectors (AAI) without delay.
- Don't wait to see how bad it is, or whether it will get worse. If in doubt, use the AAI.
- The AAI should be given into the muscle in the outer thigh. It can be given through clothes if necessary, avoiding bulky pockets or seams.
- Lie the person flat with legs raised, if breathing is difficult allow to sit with legs raised. Do not stand the person up.
- Dial 999 for an ambulance and state anaphylaxis (ana-fil-axis) to get medical help as soon as possible.
- Give clear and precise directions, including the postcode of where you are.
- Make a note of the time you the AAI was administered.
- If symptoms do not improve within 5 minutes, administer the second AAI in the other thigh.
- REMEMBER – Whilst you are waiting for the ambulance, stay where you are and do not allow the person to stand up, or sit in a chair, even if they are feeling better.

Allergy/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:	Key Worker/Teacher/Tutor:
Phase: Primary/Secondary:	
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: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">Setting Manager/Head teacher:</div> <div style="width: 35%;">Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">Parents/Carers</div> <div style="width: 35%;">Date</div> </div>	
I give permission for the schools spare AAls to be used on my child in the event of an emergency, such as when their own devices are not available or not working <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">Parents/Carers</div> <div style="width: 35%;">Date</div> </div>	
What is this child/young person allergic to?	

Allergen exposure risks to be considered Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>
Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the child prescribed adrenaline auto-injectors (AAIs)? YES <input type="checkbox"/> NO <input type="checkbox"/>
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?):
Engaging with animals (such as the reading dog)
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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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?
<p style="text-align: center;">Outcome of Risk Assessment</p> <p>New Allergy Action Plan/Individual Healthcare Plan required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES <input type="checkbox"/> NO <input type="checkbox"/></p>