Allergy Policy

Reviewed March 2026

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 and Animal Dander.

This policy sets out how Penpol School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and responsibilities

Parent Responsibilities:

• On entry to the school, it is the parent's responsibility to inform reception staff/ SENDCO 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 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.

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 and will meet with parents the July before the child is due to begin in their class in September. This allows for an individual discussion to be held for future risk assessments and knowledge when organising activities involving food. Any food-related activities must be supervised with due caution and a risk assessment completed listing the precautions being taken for the individual children.
• 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.
• Office assistant Val Aspinall, 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 in in date however the Office assistant Val Aspinall, will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
• Office assistant Val Aspinall 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.

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.
• Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Allergy Action Plans – bsaci Allergy Action Plan

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.
It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

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
• 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?

• It opens up the airways
• It stops swelling
• It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:
• Keep the child where they are, call for help and do not leave them unattended.
• LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
• USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
• CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
• If no improvement after 5 minutes, administer second AAI.
• If no signs of life commence CPR.
• Call parent/carer as soon as possible. Whilst you are waiting for the ambulance, keep the child where they are.
Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should 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® or Jext® or Emerade®
• An up-to-date allergy action plan
• Antihistamine as tablets or syrup (if included on allergy action plan)
• Spoon if required
• Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the **office assistant Val Aspinal,** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

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

Used AAIs can be given to ambulance paramedics on arrival.

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 container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff

Office assistant **Val Aspinall and Jen Jones,** 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.

Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-
Jen Jones
Val Aspinal
Training is also available on an ad-hoc basis for any new members of staff. 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

Inclusion and safeguarding

Penpol 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.

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 advance and if children have an allergy a from is completed by the parent (this is always on the website). They also have the option to be emailed a specially agreed menu.
Office assistant, **Clare Broadbridge**, will inform the Catering Manager of pupils with food allergies. The kitchen will have a list of the names of children with allergies as well as highlighted on the daily lunch list. These children are also identified with a purple lanyard when entering the lunch hall.

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.
• Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
• Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events, camps) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

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.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.
Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip will be arranged.
Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

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 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.
If another school 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.
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.

Allergy awareness and nut bans

Penpol School supports the approach advocated by Anaphylaxis UK. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools.
This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy.
They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk Assessment

Penpol 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.

. 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

- Whole school allergy and awareness management –

https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement