Christ Church CE Primary

Allergy Policy

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Christ Church CE Primary School
Allergy Policy 2026

Christ Church CE Primary School is a Christian community founded on the core values of Friendship, Thankfulness, Peace, Trust, Forgiveness, Compassion and Hope.

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy Action Plans
4. Emergency Treatment and Management of Anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans

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.

Common UK Allergens include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform us of any allergies.
- 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 healthcare professional where possible.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents must keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All education staff, those having regular face-to-face contact with pupils, those involved in food preparation of any kind (including snack handling and food related activities) and staff who have colleagues with a known allergy, will regularly complete allergy awareness and anaphylaxis training and food hygiene level 1 certification.
- Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Staff must familiarise themselves with their school's allergy register. The Health & Safety Administrator – Amanda Howard, with responsibility for medical needs must keep this up to date and inform staff promptly of any update.
- Staff must ensure that any food-related activities are supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies and medication for pupils. Pupils without their required medication will not be able to attend.
- The SENCO and Safeguarding Leads 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 H&S Administrator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The SENCO and Safeguarding Leads will keep a register of pupils who have medical conditions, including allergies and those prescribed an adrenaline auto-injector (AAI). They are responsible for informing the school office of any updates that need to be made on a pupils record on the MIS system and on the school's confidential pupil health record document.
- The SENCO and Safeguarding Leads will keep a record of use of any AAI(s) and emergency treatment given. Incidents of AAI and emergency treatment will also be added to CPOMS.
- It is the staff members' responsibility to inform the SENCO and the Safeguarding Leads and their line manager of their own allergies and share their allergy action plan.

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 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.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come 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 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.**
- If there is no improvement after five minutes, administer a 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 pupils with an allergy action plan requiring an EpiPen there should be an anaphylaxis kit which is kept safe, 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 member of the SEND team with responsibility for medical needs 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.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. The individual's AAI is stored in the classroom in the 'ORANGE bag'.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to ambulance paramedics on arrival or disposed of in the sharps bin.

6. Spare adrenaline auto-injectors in school

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

We hold two spare pens which are kept in the school office. These are stored in a clear container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

The SENCO and the Safeguarding Leads are responsible for checking that the spare medication is in date on a termly 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 SENCO and the Safeguarding Leads are responsible for coordinating staff anaphylaxis training. All staff regularly complete allergy awareness and anaphylaxis training. 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

8. Inclusion and safeguarding

We are 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.

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 on the school website and Parentapp. Listed ingredients, included highlighted allergens, can be found displayed outside the school kitchen and on our school website. Any menu changes are communicated to parents as soon as is practically possible.

The H & S Administrator informs the Chef of pupils with food allergies. (This information is shared by emailing the Chef with an up-to-date copy of the school's allergy register).

Parents/carers of children with diagnosed food allergies are encouraged to meet with the Chef to discuss their child's needs.

The School adheres to the following Department of Health guidance recommendations:

- Bottles 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.
- Pupils should be taught to also check with catering staff before selecting their lunch choice.
- Lanyards should be worn at lunchtimes by all children with a diagnosed food allergy.
- Food should be served on orange plates for all children with a diagnosed food allergy.
- All staff supervising children at lunchtimes should have knowledge of the updated pupil health information document and remain vigilant.
- Where food is provided by the school, staff are 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. school fairs, 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 trips

Staff leading school trips will ensure they carry all relevant emergency supplies and medication for pupils. Pupils without their required medication will not be able to attend.

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 planned to ensure inclusion.

Staff at the venue for an overnight school trip should be briefed early on that a child with allergies is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Children with allergies will have equal opportunity to attend sports excursions. The school will ensure that the P.E. teachers are fully aware of the situation. The school/site being visited will be notified that a member of the team has an allergy when arranging the fixture/event. A member of staff trained in administering adrenaline will accompany the team.

11. Allergy awareness and nut bans

We support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any 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.

To minimise the risk, home baked produce are not to be brought into school to be shared amongst pupils and we ask that cakes for sales etc. are purchased from a shop and sent into school with the ingredients label clearly visible. This is checked by a member of staff before giving out to pupils. Lollipops of any kind are not permitted.