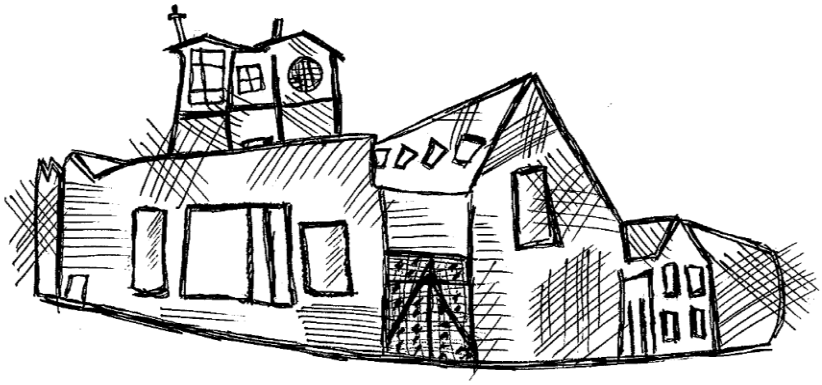
Grange Primary School



Allergy Policy

September 2026

Belong Believe Achieve

Contents

1. Aims

This policy aims to:

- Set out Grange's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how Grange 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 (DfE)'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.

3.1 Allergy leads

The nominated allergy leads is David Bucknall (SENCo) and Rebecca Benjamins (headteacher)

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Along with the support form the office staff and school business manager, the allergy leads will record and collate allergy and special dietary information for all relevant pupils
- 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 allergy risk assessment
- Checking spare AAIs are in date
- Ensuring

- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School nurse/medical officer

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Any other appropriate tasks delegated by the allergy lead

3.3 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
- Ensure all resources do not contain any ingredients which could trigger an allergic reaction
- Ensuring all medication for the pupils they teach are kept in the classroom and is in date

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Ensuring their child(children) attend all appropriate medical appointments
- Providing 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, 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
- Carefully considering the food they provide to their child 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 condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose

- Avoid any ingredients which they could be allergic to
- Understanding how and when to use their adrenaline auto-injector

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Ensuring that any ingredients they consume do not conflict with any peers' allergies

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

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

5. Managing risk

5.1 Hygiene procedures

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

5.2 Reducing Risk of allergic reactions

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing.
- 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 food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats)..
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- 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 depending on the allergies of particular children and their age. In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.

- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency.

5.3 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will inform the catering team of any allergies of children and keep the records updated
- The catering team will record daily what any child with an allergy eats
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.4 Food restrictions

Grange School is a nut-free school and therefore we do not allow the consumption of any of the following whilst on the school site, this includes :

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- 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, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.6 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals where possible including any animals which may be brought in with visitors or on school trips

5.7 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care

- Regular check-ins with their [class teacher/form tutor/etc
- When needed, follow ups with the school nurse

5.8 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
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs 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)
    - Any child with an allergy will have an individual health care plan (appendix B) created and this is kept on the school's shared drive. These will be reviewed and updated regularly by the Allergy leads.
    - Children with allergies will wear a yellow lanyard when eating in the lunch hall which will display their food allergies to help everyone be aware of their allergies
    - 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 and kept on the school central system and in the school's kitchen
- The register is kept via the school's computing system and each class will be given a list for any child in their class. This 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
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil 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 member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the procedures laid out by the NHS which can be found on this link: treatment of anaphylaxis by following these procedures:

1) If someone is experiencing any of the following symptoms, it should be treated as a medical emergency, first identify if there is a reaction by identifying any of the following (in addition see Appendix A):

-**AIRWAY**– swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing

- **BREATHING**– sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough

- **CIRCULATION**– dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse

2) **Get in Position:** If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs. If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.

3) Call 999 and tell the operator '**anaphylaxis'**

4) **Administer adrenaline and** make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.

- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or 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

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy leads are responsible for buying AAIs and ensuring they are stored according to the guidance.

- Emergency AAI's are stored in the school's main office whilst children's individual ones are kept with the class's Medical bag in their classroom
- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- These are **not** locked away, but accessible and available for use at all times or llocated more than 5 minutes away from where they may be needed

7.2 Maintenance (of spare AAIs)

The school's office staff and Business Manager are responsible for checking monthly that each child's:

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

7.3 Disposal

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

7.4 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site event. Otherwise these will be carried by a member of staff along with the first aid kit.

7.5 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- 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 AAIs have been administered

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)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out every two years and will be organised by the headteacher. Staff will also cover allergic reaction training as part of he annual children's first aid training.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Accessibility policy

Appendix A

The correct use of your Adrenaline Auto-Injector (AAI)

Recognise the signs of anaphylaxis

A AIRWAYS → **Swelling in the throat, tongue or upper airways.**
(Tightening of the throat, hoarse voice, difficulty swallowing).

B BREATHING → **Sudden onset wheezing, breathing difficulty, noisy breathing.**

C CIRCULATION → **Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.**

Don't delay

If you have any signs of anaphylaxis, use your AAI immediately. If in doubt, use it. Don't delay. Then dial 999 straight away.

What to do in an emergency

Use your AAI without delay.

Immediately dial 999
say anaphylaxis. *("ana-fill-axis")*

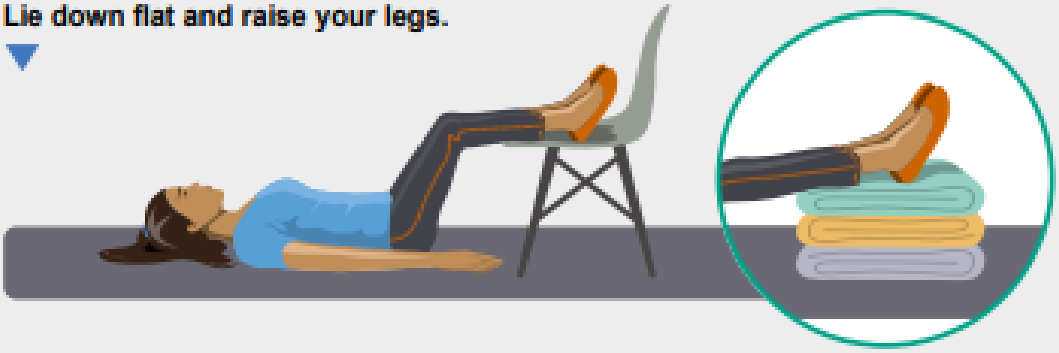
If you are not already lying down, then do so. *(see positioning below)*

Use your second AAI if you haven't improved after 5 minutes.

Correct positioning

Correct positioning

Lie down flat and raise your legs.



If pregnant, lie down on left side.

Don't stand up. Stay lying down even if you are feeling better.

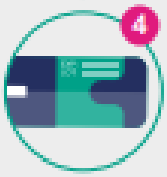
Prop yourself up if you are struggling to breathe but don't change position suddenly. Lie down again as soon as you can.

Be prepared

1. There are 3 different types of AAI. Know how to use yours.

2. Follow the instructions.

3. Always carry 2 in-date AAIs with you.



4. Check the expiry dates regularly and replace AAIs before they expire.

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

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

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**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C 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** (eg. EpiPen®) (Dose: . mg)
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 further adrenaline dose** using a second autoinjectilable 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.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

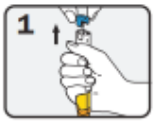
Signed:

Print name:

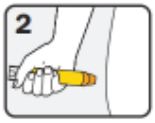
Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

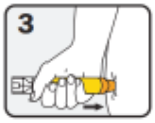
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Appendix B Health Care Plan Template

Grange Primary School
Webb Street, London SE1 4RP
Grow with Grange.

Individual Health Care Plan

Child's Name	
Date of Birth	
Medical Diagnosis	
Date of Plan	
Review Date	

Medical needs Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

1st Medication Name:

Dosage and how it is administered:

Where is medication stored at school:

Expiry date for Medication:

2nd Medication Name:

Dosage and how it is administered:

Where is medication stored at school:

Expiry date for Medication:

Dietary requirements	
Activities needed	
SEND	
Name of Parent carer Relationship to child	
Address Telephone number	

Grange Primary School
Webb Street, London SE1 4RP
Grow with Grange.

Describe what an emergency looks like and action plan if it were to happen	
Other notes	
List staff trained (or if all staff write all staff)	