Gateshead Schools Model Allergy Policy

Author/s:	Claire Spencer
Review frequency:	Annually
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Purpose ***This policy is designed to be incorporated into/annexed to the school's wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance. This model policy has been produced by BSACI, Allergy UK and Anaphylaxis UK and approved by the Department for Education.***	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies:	Medical Policy Inclusion Statement SEND Policy

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Michelle Tate
Claire Spencer

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
12. Risk assessment
13. Useful links

Change Record

Date	Controller	Version	Changes
June 2026	Lorraine Dixon	Issue 1	New document.
Sept. 2026	Lorraine Dixon	Issue 1.1	Clarification of use of spare adrenaline auto-injectors in exceptional circumstances.

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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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 protein. However, most people will react to a 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 **Highfield Community 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 reception staff/ School Nurse/SENCO/First Aider *(delete or substitute as appropriate)* 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 allergen and 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 (regular or cover classes) 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. Any food-related activities must be supervised with due caution.

- 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. Pupils unable to produce their required medication will not be able to attend the excursion.**
- Business Manager/First Aiders/Medical lead/ SLT *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 Business Manager/First Aiders/Medical lead/SLT will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- /First Aiders/Medical lead/SLT 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.
  Business Manager/First Aiders/Medical lead/SLT ensures that any reaction or near misses is recorded and reported internally.

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 this.

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 auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

4. 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 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 severe 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 re-occur after treatment.

In exceptional circumstances, for any child or adult presenting with an unexpected anaphylactic reaction, even without prior consent or diagnosis, a spare adrenaline auto-injector can be used.

Regulation 238 of the Human Medicines Regulations, 2012, allows anyone to administer adrenalin in an emergency to save a life, even without formal training. This life-saving exemption ensures that nobody is denied emergency treatment in a situation that could not have been anticipated.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for their condition.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is **kept within 5 minutes of them**, 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®.
- 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 School Nurse/SENCO/First Aider *(delete or substitute as appropriate)* 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.

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 a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a **clinical waste contractor/specialist collection service.** The sharps bin is kept in the **Hygiene** room.

6. 'Spare' adrenaline auto-injectors in school

Highfield Community Primary School has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

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

Highfield Community Primary School holds **two** (one for children and one for adults) spare pens which are kept in the following location/s:-

In the school office
On top of filing cabinet by the door

The Business Manager/First Aiders/Medical lead/SLT is 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.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Claire Spencer
Michelle Tate
Dan Irving

All staff will complete Natasha's Law, Allergy School Allergen and anaphylaxis training[2]annually and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergies.
- 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.

Highfield Community Primary School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and safeguarding

Highfield Community 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's menu is available for parents to view **termly** in advance with all allergens highlighted on the organisation website at **https://www.highfieldprimarygateshead.co.uk** and Arbor. **In addition the full matrix is available in the individual school kitchens.**

The parents will inform the school of pupils with food allergies, school will issue parents with a medical diet application for and medical diet form. The parent will return the completed medical application form and medical diet form to school supported with relevant copy of a medical note from a qualified medical professional such as a GP, dietitian, NHS nurse or other NHS professionals (private laboratory results and homeopathic diagnosis will not be accepted).

School will forward the completed forms, along with medical evidence to the School Catering team at **SchoolCateringAllergens@gateshead.gov.uk**

If a special menu is required for the pupils this will be developed by the School Catering team and forwarded to school to pass onto parents to make a selection for a three-week menu that will be followed throughout the year. The selected menu is returned to the catering team by school at **SchoolCateringAllergens@gateshead.gov.uk.** The selected menu will be transferred to the medical diet menu template. The kitchen will then be provided with the medical form with current picture of the pupil attached and a copy of the selected menu, these will be kept in the allergen folder in the kitchen for reference.

Pupils wear a purple lanyard that has their name, picture and allergen identified. All food is served on a purple tray, cup bowls.Child's information and photo is displayed in the kitchen for all staff.

Parents/carers can be directed to the School Catering Team to discuss their child needs if they wish.

All medical diet forms for pupils must be updated annually by parents and a new up to date picture added prior to the new academic year, any special diets will then be created.

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.
- If food is purchased from tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- 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) 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. Visit 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.

It is strongly advised that spare adrenaline auto-injectors are carried during schools trips to cover the exceptional circumstance that someone has an anaphylactic reaction for the first time or in case of issues with the person's own auto-injector.

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 should 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
Allergic children 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.

Provision of Packed Lunches from the School Kitchen
Where packed lunches are required from the kitchen for school trips, these must be ordered at least 48 hours in advance by completing the packed lunch request form from the kitchen. This will ensure all pupils with allergens are catered for and their packed lunch is clearly labelled and kept separate.

10. Allergy awareness and nut bans

Highfield Community Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. 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.

A wide variety of educational resources are available through Natasha's Foundation Allergy School, including a curriculum map, lesson plans, assembly packs, posters, additional resources and videos.

11. Risk Assessment

Highfield Community 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.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

12. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- Allergy UK - https://www.allergyuk.org
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/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

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

Footnotes:

1 It is strongly recommended that all staff complete allergy and anaphylaxis training to ensure that any member of staff can react quickly and accurately when a child has a reaction. When the training is limited to one or only a few members of staff, children with allergies are left in a potentially life-threatening situation if that member of staff is absence or deployed elsewhere.