

Cop Lane C.E. Primary School Whole School Allergy Policy Spring 2025

A welcoming Christian community, committed to one another, giving our very best at all times.

Our Distinctive Christian Vision

Our church school is a welcoming and caring Christian family where everyone is valued and supported so that they can flourish. We aim to instil a lifelong of learning and nurture everyone's individual talents. Through Jesus Christ, our aspirations, hopes and dreams can be achieved.

'I can do all things through Christ who strengthens me'. Philippians 4:13

Aims

This policy aims to:

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

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

Role and Responsibilities

We take a whole-school approach to allergy awareness.

The nominated allergy lead is Mrs Gail Barnes.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating 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
- Keeping stock of the school's adrenaline auto-injectors (AAIs) and checking they are in date.
- Regularly reviewing and updating the allergy policy

School nurse

The school nurse is responsible for:

- Supporting the school with the paperwork and information from families
- Supporting the school with the coordination of medication with families
- Providing advice to the school/ training
- Any other appropriate tasks delegated by the allergy lead

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

Designated Members of Staff

All permanent staff hold a valid 'First Aid at Work' certificate. As part of this training, allergies and the use of AAls are covered. In addition the following staff are paediatric first aid trained:

Level 2 – Gail Barnes

Level 3 – Ruth Bourne, Lesley Turner, Fiona Bradley and Fiona Chippendale

Parents

Parents are responsible for:

- Being aware of our school's allergy policy
- 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 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 condition

Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Having an understanding how and when to use their adrenaline auto-injector

Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

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.

Managing risk

Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)

Catering

The school buys into Lancashire County Council's catering service. The school shares allergy information and photos of children with allergies with the catering service. If there are any updates to any children, these are shared with the catering team promptly. Furthermore, the catering service have implemented their own measures such as different coloured trays for children with allergies, intolerances and dietary requirements. As a result, catering staff should be able to identify pupils with allergy and be able to provide them with safe meals. In addition:

- Catering staff receive appropriate training provided by Lancashire County Council's Catering Service
- School menus are available for parents to view with ingredients clearly labelled
- Where changes are made to school menus, the catering team will make sure these continue to meet any special dietary needs of pupils
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Some product ingredient lists contain precautionary allergen labelling e.g. 'may contain'. It is down to individual preference whether pupils consume products labelled as 'may contain'.

Lancashire County Council Catering Service's 'Primary Policy for the provision of special diets and communication of allergens' can be found here: <https://www.lancashire.gov.uk/catering/food-solutions/special-diets/primary-school-allergen-and-special-diet-policy/>

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- 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.

Insect bites/ stings

Insect sting allergy causes a lot of anxiety and needs careful management. Adults supervising activities must ensure that suitable medication, including AAI, is always on hand for the management of anaphylaxis. When outdoors:

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

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

Support for mental health

Pupils with allergies will have additional support if needed through:

- Pastoral care
- Regular check-ins with their class teacher/ teaching assistant

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.

Register of pupils with AAI

The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI 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 in the staff room and can be checked quickly by any member of staff as part of initiating an emergency response. In the classrooms where children have AAI, information is on the wall about that child. All children with an AAI will have them in the classroom and will take them outside with them on the playground/ hall for lunch.

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
- All staff are trained in the administration of AAI's.
- 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 designated member of staff member will use the pupil's own AAI, or if it is not available, a school one. It will only be administered by a member of staff trained in this procedure
- 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. This will be the NHS advice on treating anaphylaxis: <https://www.nhs.uk/conditions/anaphylaxis/>
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent 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 informed

Adrenaline auto-injectors

Purchasing of spare AAI's

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

The spare AAI's are sourced from a local pharmacy. The school has a spare EpiPen and EpiPen junior (for children with a body weight between 7.5 and 25kg), which are stored in the school office.

Storage of prescribed and spare AAI's

The allergy lead will make sure all AAI's 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
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAI's will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

Maintenance (of spare AAI's)

Fiona Bradley and Gail Barnes are responsible for checking monthly that:

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

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

Use of AAIs off school premises

- Pupils at risk of anaphylaxis will have a designated member of staff who will carry their AAIs on school trips and off-site events

Training

The school is committed to raising awareness of allergies and has taken part in national initiatives such as 'Allergy Awareness Week'. 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 AAIs 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 by the allergy lead/ school nurse/ First Aid training provider.

This policy was adopted by the Governing Body in Spring 2025.

It will be reviewed again in Spring 2026 or sooner if required.

Signed:  Date: 29.04.25

Appendix 1 – Personal Plan Templates for different AAI Brands

BSACI
Improving Allergy Care
through education and empowerment

ALLERGY ACTION PLAN

RCPCI
Royal College of Paediatrics and Child Health
Member of the Royal Society of Paediatrics and Child Health

anaphylaxis UK
anaphylaxisUK.org

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 <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	B BREATHING <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	C CONSCIOUSNESS <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
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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 autoinjectable 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 when 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 AAI in schools.

Signed: _____

Print name: _____

Date: _____

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

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How to give EpiPen®

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

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

3 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 medication has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____

Date: _____

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. Jext®) (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 autoinjectable 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 AAI 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 Jext®



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext®. Massage injection site for 10 seconds

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 shared 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 in the post, and NOT in the baggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

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. Emerade®) (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 autoinjectable 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 'space' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools

Signed: _____

Print name: _____

Date: _____

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

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How to give Emerade®



REMOVE NEEDLE SHIELD



PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

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 'space' 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 2 – Generic plan for individuals assessed as not needing AAI



ALLERGY ACTION PLAN

This child has the following allergies:

Name:

DOB:



Photo

● 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 <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	B BREATHING <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	C CONSCIOUSNESS <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
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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**   Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- 4** Commence CPR if there are no signs of life
- 5** Stay with child until ambulance arrives, do **NOT** stand child up
- 6** Phone parent/emergency contact

*** IF IN DOUBT, GIVE ADRENALINE ***

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

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

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 AAI in schools

Signed:

Print name:

Date:

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

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Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer


This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

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" adrenaline autoinjector in the event of the above named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name:

Hospital/Clinic:



Date: