



**STOUR VALE
ACADEMY
TRUST**

PUPIL ALLERGY POLICY

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1. Aims

This policy is intended 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.

2. 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](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Naomi Watkins, lead first aider.

They are responsible for:

- promoting and maintaining allergy awareness across our school community;
- recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself is delegated to a school administrator, who collects the information from parents and liaises with medical professionals.
- 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);
- regularly reviewing and updating the allergy policy.

3.2 Medical Officer

The Medical Officer (Alison Barratt) is responsible for:

- coordinating the paperwork and information from families;
- coordinating medication with families;

- checking spare AAls are in date;
- 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.

3.4 Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will be responsible for helping to administer AAls. These are members of staff who have volunteered and been trained to help pupils with AAls in an emergency. The designated members of staff all qualified paediatric first aiders (see displayed lists across school)

3.5 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.

3.6 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).

3.7 Pupils without allergies

These pupils are responsible for:

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

Older pupils might also be expected to support their peers and staff in the case of an emergency.

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 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.
- School menus are available for parents 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.
- Catering staff keep in contact with food suppliers as ingredients may change.

5.3 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.

5.4 Insect bites/stings

When outdoors:

- shoes should always be worn;
- food and drink should be covered.

5.5 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.

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

5.7 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).
- The medical needs of all pupils will be included in the risk assessment for each trip.

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

- 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);
 - 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 by designated member(s) of staff and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

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.
- Designated members of staff are trained in the administration of AAIs – see section 7.
- 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 will use the pupil's own AAI, or if it is not available, a school one. It will only be administered by a designated 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 NHS Guidance states:
 - Symptoms of anaphylaxis happen very quickly.
 - They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.
 - Symptoms include:
 - swelling of your throat and tongue
 - difficulty breathing or breathing very fast
 - difficulty swallowing, tightness in your throat or a hoarse voice
 - wheezing, coughing or noisy breathing
 - feeling tired or confused
 - feeling faint, dizzy or fainting
 - skin that feels cold to the touch
 - blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
 - You may also have a rash that's swollen, raised or itchy.
 - Call 999 if:
 - The pupils lips, mouth, throat or tongue suddenly become swollen.
 - The pupils is breathing very fast or struggling to breathe (they may become very wheezy or feel like they are choking or gasping for air.
 - The pupils throat feels tight or they are struggling to swallow.
 - The pupils skin, tongue or lips turn blue, grey or pale (if they have black or brown skin, this may be easier to see on the palms of their hands or soles of their feet).
 - The pupil suddenly become very confused, drowsy or dizzy, someone faints and cannot be woken up.
 - a Pupil is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face).

- You or the person who's unwell may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

Follow these steps if you think someone you're with is having an anaphylactic reaction:

- Call 999 for an ambulance and say that you think you're having an anaphylactic reaction.
 - If advised by the operator use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector. If possible, a trained member of staff should administer this.
 - Lie the person down – you can raise their legs, and if they are struggling to breathe, raise their shoulders or sit up slowly.
 - If they have been stung by an insect, try to remove the sting if it's still in the skin.
 - If their symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.
 - Do not stand or walk at any time, even if you feel better.
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- 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.

7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), set out your school's procedures for AAIs, covering these areas:

The expectation for Stour Vale member schools is where there are pupils with prescribed AAIs within a setting the school must purchase and keep emergency AAIs.

7.1 Purchasing of spare AAIs

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

- AAIs will be purchased via Selle medical LTD
- 2 AAI is required.
- Brand Epi-Pen AAI (POM)
- 6 years and under 0.15mg.
- 6 years and over 0.3mg.

7.2 Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls 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 AAls will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

See pages 12 and 13 of the guidance.

7.3 Maintenance (of spare AAls)

Naomi Watkins and Alison Barratt are responsible for checking monthly that:

- the AAls are present and in date;
- replacement AAls are obtained when the expiry date is near.

7.4 Disposal

AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions. for example, in a sharps bin for collection by the local council.

See page 13 of the guidance.

7.5 Use of AAls off school premises

- Pupils at risk of anaphylaxis who can administer their own AAls should carry their own AAI with them on school trips and off-site events.
- A member of staff trained to administer AAls in an emergency should be present on school trips and off-site events.
- Emergency epipens are taken on trips by a nominated first aider, if there is a child with an allergy attending the trip
- Each child has a spare epipen, in addition to the emergency ones

7.6 Emergency anaphylaxis kit

it is good practice for schools to hold spare AAls as part of an emergency anaphylaxis kit.

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls
- Instructions for the use of AAls
- 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 AAI 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);
- where AAI 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.
- All staff to complete the Educare – Understanding Anaphylaxis online course annually
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- As a minimum, all first aiders to complete separate in-person EpiPen 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
- Data protection policy