



ALLERGY AND ANAPHYLAXIS POLICY

Rationale

Children and young people with medical conditions, including allergies, have the same right to education as their peers and should be able to attend regularly, be safe, feel welcome and enjoy their life in school.

DfE 2026

1. Policy Aims

This policy outlines the School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, students, parents and carers, service providers and visitors to the School.

2. Statutory Requirements

The Department for Education (DfE) makes clear that supporting students with medical conditions, including allergies, is a statutory responsibility of schools. This responsibility sits within a wider commitment to inclusion, safeguarding and equality, ensuring that no student is disadvantaged, excluded or placed at risk due to a medical need.

Allergies, particularly those that may lead to anaphylaxis, present a significant and potentially life-threatening risk. Schools must therefore adopt a proactive and systematic approach to prevention, identification and response. The 2026 DfE guidance strengthens expectations on schools to ensure that arrangements are robust, clearly communicated and consistently implemented across all aspects of school life.

In line with this guidance, schools are expected to have:

- A clear, published policy for supporting students with medical conditions, alongside a dedicated allergy safety policy, setting out roles, responsibilities and procedures;
- Effective systems for identifying students with allergies and assessing and reducing risk across the site, including during trips, activities and food provision;
- Individual Healthcare Plans (IHPs), or equivalent care plans, for students whose allergies require active management, ensuring that needs are clearly documented and understood by staff;
- Appropriate staff training, including recognising the signs and symptoms of allergic reactions and anaphylaxis, and responding effectively in an emergency, including the use of adrenaline auto-injectors;
- Access to emergency medication, including spare adrenaline auto-injectors where appropriate, and clear procedures for their use;

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- Robust processes for recording, reporting and reviewing incidents and near misses, enabling the School to learn lessons and continually improve practice.

This policy sets out how the School will meet its statutory duties and best practice expectations in relation to allergy management. It aims to ensure that all students with allergies are:

- Safe and supported across the site
- Able to access all aspects of education, including trips and extracurricular activities
- Treated with understanding and respect, with their medical needs fully recognised

Through the implementation of this policy, the School seeks to provide reassurance to students, parents and carers that allergy risks are managed effectively and that student safety and wellbeing always remain paramount.

3. Roles and Responsibilities

The School takes a whole-school approach to allergy management.

3.1 Trustees

The Trustees are responsible for:

- Seeking assurance that appropriate policies and procedures are in place to safeguard students.
- Reviewing and approving this policy in accordance with the School's policy review schedule.

3.2 Head Teacher

The Head Teacher is responsible for:

- Ensuring compliance with this policy.
- Ensuring appropriate arrangements are in place for the management of allergies and anaphylaxis.
- Receiving assurance that delegated responsibilities under this policy are being discharged effectively.

3.3 Designated Allergy Lead

The Designated Allergy Lead is the Facilities and Estates Manager, who is also the Health and Safety Co-ordinator. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students and staff with an allergy;
- Taking decisions on allergy management across the School;
- Championing and practising allergy awareness across the School;
- Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, students and parents have a good awareness of the Allergy and Anaphylaxis Policy, and other related procedures;

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- Reviewing the stock of spare adrenaline pens;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and lessons learned are shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead (supported by the School Nurse) will check procedures and report to SLT.

Investigations and incident reporting will be led by the Designated Allergy Lead . Any incident involving a student, member of staff or visitor that requires medical intervention will be recorded.

For minor medical incidents (sprains, cuts, grazes, insect bites etc.), details of the injury and any medicine issued are recorded by the First Aider in the Medical Room records.

- For more serious incidents which require either time off work or school, or a recommendation or requirement to attend A&E or a GP surgery, parents are automatically contacted and an Incident Investigation is initiated. The investigation will collate information from the injured person(s) and any witnesses, either supervising staff or other students, and look to identify the root cause of the incident and how to prevent any recurrence. The Incident Investigation form will include any recommendations to prevent or mitigate a similar incident happening. Incident Investigations are reported to both the Trustees and the Health and Safety Committee at scheduled meetings throughout the year. The use of an autoinjector (whether the person's own or from the School's supply) will be classified as a serious incident. If the School used one of our stock auto injectors, the School Nurse would inform our supplier (KIT Medical) who immediately replace the used injector.

3.4 School Nurse

The School Nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs;
- Ensuring the information from families is up-to-date and reviewed annually;
- Coordinating medication with families and ensuring medication is in date. Whilst it's the responsibility of parents/carers to ensure medication is up to date, the School Nurse also has systems in place to check this and notify parents/carers when they see the expiry dates are approaching in respect of medicines held by the School;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to students and the stock of spare adrenaline pens, including brand, dose and expiry date;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and students and refresher training as required e.g. before school trips.

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3.5 School Admissions Team

The admissions team is likely to be the first to learn of a student or visitor's allergy. They should work with the Designated Allergy Lead and School Nurse to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision, via the Student Support Team and the School Nurse

3.6 All Staff

All school staff are responsible for:

- Championing and practising allergy awareness across the School;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of students and staff with allergies and what they are allergic to. Information is available through EdGen and a Serious Medical Need List is available on the staff home page;
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring students always have access to their medication;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year).
- Considering the safety, inclusion and wellbeing of students with allergies at all times. Preventing and responding to allergy-related bullying, in line with the anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse; and
- Ensuring that students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

3.7 All Parents and Carers

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students with allergies;
- Providing the School Office with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the office of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks or for fundraising events; The School currently asks all members of the community to not bring any type of nuts or sesame products onto the site;

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- Ensuring that dietary preferences or lifestyle choices are not reported to the School as allergies or intolerances; and
- Encouraging their child to be allergy aware.

3.8 Parents and Carers of Children with Allergies

The parents and carers of children with allergies should:

- Work with the School to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the School or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

3.9 All Students

All students should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how to support their peers and recognise allergy-related bullying;
- Learn how to recognise an allergic reaction and how to seek help in an emergency; and
- Students bringing in food from home will check the ingredients and adhere to the food restrictions put in place by the School (no nuts or sesame).

3.10 Students with Allergies

Students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;

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- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Ensuring they have their medication with them on the journey to and from school.

4. Definition of Allergy

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

Further key terms are defined in Appendix 1.

5. Information and Documentation

5.1 Register of Students with an Allergy

The School has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each student with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- Signs and symptoms of their allergic reactions;
- Detail of the medication the student has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A copy of their Allergy Action Plan where provided.

6. Assessing Risk

Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals onto the site;
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all students; and

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- Planning special events, such as cultural days and celebrations. Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. Food, including Mealtimes & Snacks

7.1 Catering in School

The School is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

Due diligence is carried out with regard to allergen management when appointing catering staff.

All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.

Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.

A key part of our strategy is the student information being accessible at till pay points. This will prevent a sale taking place to a student with recorded allergies about an item which may contain that ingredient.

The catering team will endeavour to get to know the students with allergies and what their allergies are, supported by school staff.

The catering team will endeavour to provide varied meal options to students and staff with allergies.

The School has robust procedures in place to identify students with food allergies including photos of students with allergies.

Food containing the main 14 allergens (see Appendix 2) will be clearly labelled. Other ingredient information will be available on request;

- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to students with dietary needs by visual messaging on the daily menu board(s) and by catering staff at food outlets;
- Our outsourced caterers will not stock any food items with Precautionary Allergen Labelling or 'May Contain' labelling;
- Our outsourced caterers will not stock any food items with nuts as an ingredient. Food items like hummus are freshly made on-site to avoid sesame oil content.

7.2 Food Brought into School

This School is an 'Allergen Aware School'. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

We try to restrict all types of nuts and sesame as much as possible on the site.

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All food coming onto school premises or taken on a school trip should be checked to ensure nuts and sesame are not an ingredient in another product. Common foods that contain nuts or sesame include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.3 Food Hygiene for Students

Students are encouraged to:

- wash their hands before and after eating;
- keep their food to themselves and not share or swap food with others;
- clearly label water bottles and packed lunches.

8. Educational Visits and Sports Fixtures

- Staff leading the trip will have a register of students with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents and students where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction;

9. Other Allergies and Conditions

9.1 Insect Stings

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The Estates Team will monitor the grounds for wasp or bee nests. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the School grounds and avoid them.

9.2 Animals

It's normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A student with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Anyone in contact with an animal will wash their hands after contact.

9.3 Allergic Rhinitis/Hay Fever

Students and carers are responsible for alerting the school via the School Office and the School Nurse to any hay fever/pollen/dust mite allergies. Students are responsible for managing their own medication and managing their condition.

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The School has an additional supply of antihistamines in case a student develops symptoms or has forgotten their medication. Consent is needed from a parent or carer before this can be administered.

9.4 Asthma

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

10. Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Students may experience anxiety and depression and may be more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the premises or a school trip;
- Students with allergies may require additional pastoral support;
- Affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the anti-bullying policy.

11. Adrenaline Pens

11.1 Storage of adrenaline pens

- Students prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Students prescribed with adrenaline pens will be responsible for carrying them. An Allergy Action Plan will be stored with the adrenaline pens. Students are responsible for having their adrenaline pens on them to and from school;
- Adrenaline pens must not be kept locked away;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

11.2 Spare Adrenaline Pens

This School has 3 Anaphylaxis "Kitts" containing spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are:

- In the Medical Room
- In the Main Canteen
- In the IBarn next to Costa Coffee

The Designated Allergy Lead and School Nurse are responsible for:

- Deciding how many spare pens are required;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand to buy;
- Distribution around the site and clear signage.

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11.3 Adrenaline Pens on Off-site Activities

No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.

Adrenaline pens will be always kept close to the student e.g. not stored in the hold of the coach when travelling or left in changing rooms.

Adrenaline pens will be protected from extreme temperatures.

Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction.

See the [Government Guidance on Adrenaline Pens in Schools](#) for further information

12. Responding to an Allergic Reaction/Anaphylaxis

See Appendix 3: Recognising and responding to an allergic reaction

If a student has an allergic reaction:

- Treat the student in accordance with their Allergy Action Plan;
- Instigate the School's procedures for Recognising and Responding to an Allergic Reaction (see Appendix 3);
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the affected person where they are. Lie them down with their legs raised and bring medication to them;
- Use student's own prescribed medication if immediately available;
- Student can administer the adrenaline pen themselves if able to or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the student's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, lie them down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the student until a paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or carer arrives.

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13. Training

The School is committed to providing annual allergy awareness training for all staff.

This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis. Staff will be given the opportunity to practise with a training adrenaline auto-injector;
- How the School manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

The School will carry out an anaphylaxis drill once a year. This includes an exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

14. Information Sharing and Data Protection

Allergy and medical information will be processed in accordance with data protection legislation and shared only with those who need it to support health, safety and wellbeing.

15. Reporting Allergic Reactions

The School will log allergic reaction incidents and near-misses via the Incident/Near Miss Report Form available on TGS Staff Home Page. Incidents will be investigated, discussed and lessons learned. Updates will be provided to the Trustees' audit & risk committee for monitoring.

Related Policies

Diversity and Inclusion Policy

Supporting Students with Medical Needs Policy

Anti-Bullying Policy

Health & Safety Policy

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APPENDIX 1 Allergy Terminology and Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the School and acting as the main point of contact for students, parents and staff.

NEFFY: Neffy (also known as EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual student's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. All students with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the site.

SPARE ADRENALINE PENS: The School has Emergency Allergy Medication boxes called "Kitts" that contain spare adrenaline pens. These should be used as a back-up, in case students' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

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Appendix 2: Allergen Awareness

ALLERGEN AWARENESS

THE FOOD INFORMATION REGULATIONS 2014 REQUIRE ALL FOOD BUSINESSES TO PROVIDE INFORMATION AND STATE IF ANY OF THE 14 REGULATED ALLERGENS ARE PRESENT IN THE FOOD & DRINK THEY SELL OR PROVIDE. THIS INFORMATION CAN BE GIVEN ON MENUS, LABELS, DISPLAY BOARDS OR VERBALLY.

THE 14 MAJOR ALLERGENS ARE:

(as required by UK Food Information Regulations 2014)



CELERY

Includes stalks, leaves, seeds, and celeriac (root). Found in celery salt, soups, salads, stock cubes, and meat products.



MOLLUSCS

Includes mussels, clams, squid, snails, oysters, and octopus. Found in seafood dishes, sauces, stews, and paella.



CEREALS CONTAINING GLUTEN

Includes wheat, rye, barley, and oats. Found in flour-containing foods like bread, pasta, cakes, sauces, and breadcrumbs.



MUSTARD

Includes mustard seeds, powder, and liquid. Found in sauces, marinades, salad dressings, curries, and processed meats.



CRUSTACEANS

Includes crab, lobster, prawns, and shrimp. Common in seafood dishes, Thai/Asian curries, salads, and soups.



TREE NUTS

Includes almonds, cashews, walnuts, hazelnuts, Brazil nuts, pecans, pistachios, macadamias. Found in nut butters, desserts, sauces, and baked goods.



EGGS

Found in cakes, pasta, mayonnaise, mousse, meat products, pastries, quiches, and as a glaze or coating.



PEANUTS

A legume, not a tree nut. Found in peanut butter, biscuits, satay sauce, snacks, peanut oil, and flour.



FISH

Includes all types (e.g. salmon, tuna, cod). Found in fish sauces, relishes, salad dressings, and Worcestershire sauce.



SESAME SEEDS

Found in breads (e.g., burger buns), hummus, tahini, Asian dishes, crackers, and baked goods.



LUPIN

A legume found in lupin flour and seeds. Used in bread, pastries, pasta, and some vegan/vegetarian products.



SOYA

Found in soy sauce, tofu, edamame, soy milk, miso, and many processed vegetarian/vegan foods.



MILK

Found in dairy products (butter, cheese, yogurt, cream) and in sauces, cakes, soups, and glazed or powdered foods.



SULPHUR DIOXIDE / SULPHITES

A preservative used in dried fruits (raisins, apricots), processed meats, soft drinks, wine, and some vegetables. Can trigger asthma symptoms.

www.food.gov.uk

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MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with student
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or carer
- Continue to monitor the student

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

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RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- 5. Persistent dizziness
- 6. Pale or floppy
- 7. Sleepy
- 8. Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

- Take the medication to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
- Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
- Call the student's emergency contact.
- If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
- Start CPR if necessary.
- Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools](#).

Allergy and Anaphylaxis Policy

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Appendix 4 Student Summary

Allergen Awareness

Some students and staff have allergies. Allergic reactions can sometimes be serious and may become life-threatening.

All members of the community can help to keep each other safe by:

- Being respectful of other people's allergies.
- Not bringing food into school if it has been restricted for safety reasons.
- Not sharing food, drinks or medication with others.
- Following instructions from staff during lessons, trips and activities involving food.
- Telling a member of staff immediately if someone appears to be having an allergic reaction.
- Never bullying, teasing or excluding someone because of an allergy or medical condition.

If Someone Has an Allergic Reaction

- Stay calm.
- Get help from a member of staff immediately.
- Do not leave the person alone.
- Follow staff instructions.

Looking After Yourself

If you have an allergy, you should:

- Know where your medication is kept and carry it if agreed with the School.
- Tell a member of staff if you feel unwell or think you may have been exposed to an allergen.
- Take your allergy seriously and follow your Individual Healthcare Plan.

Remember: if you think someone is having a serious allergic reaction, tell a member of staff straight away. Acting quickly can save a life.

Allergy and Anaphylaxis Policy

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Appendix 5 Staff Summary

Allergy & Anaphylaxis: Staff Quick Reference Guide

Allergic reactions can escalate rapidly. Early recognition, prompt action and immediately following emergency procedures can save lives.

If a Student Has an Allergy

- Be aware of students in your care who have diagnosed allergies.
- Take all reports of allergic symptoms seriously.
- Do not allow a student known to be experiencing symptoms of an allergic reaction to be left unattended.

Recognising an Allergic Reaction

Symptoms may include:

- Itching, rash or hives.
- Swelling of the lips, tongue, face or eyes.
- Abdominal pain, nausea or vomiting.
- Difficulty swallowing, wheezing or breathing difficulties.
- Dizziness, collapse or loss of consciousness.

Suspected Anaphylaxis: **ACT IMMEDIATELY**

Follow the School's emergency response procedures without delay.

1. Send for immediate assistance.
2. Administer an adrenaline auto-injector (AAI) if symptoms indicate anaphylaxis and you are trained to do so.
3. Call 999 and state that anaphylaxis is suspected.
4. Inform the School Nurse (or other designated first aider if unavailable).
5. Stay with the student until medical assistance arrives.
6. If symptoms do not improve and a second AAI is available, administer it in accordance with training.

When in doubt, treat as an emergency and seek urgent medical assistance.

Adrenaline Auto-Injectors (AAIs)

- Emergency AAIs are available within School.
- Staff will receive appropriate training in recognising anaphylaxis and administering AAIs.
- Check the student's Individual Healthcare Plan where available.
- Record and report all use of an AAI in accordance with School procedures.

School Visits, Trips and Fixtures

- Ensure allergy information is reviewed as part of planning.
- Check that required medication accompanies the student. It is the trip leader's responsibility to check individuals have AAIs with them.
- Follow the student's Individual Healthcare Plan and emergency procedures.

Food and Drinks

- Do not share food with students or encourage students to share food.
- Be alert during activities involving food.
- Follow any specific control measures identified for individual students.

Staff Responsibilities

- Attend allergy and anaphylaxis training when required.
- Follow Individual Healthcare Plans and School procedures.

Allergy and Anaphylaxis Policy

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- Report concerns, near misses and incidents promptly.
- Seek advice from the School Nurse or Allergy Lead if unsure.