SOUTH FARNHAM SCHOOL

The Continual Pursuit of Excellence

ALLERGY SAFETY POLICY

REVIEW DATE:	SUMMER 2026
NEXT REVIE	SUMMER 2027

Contents

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1. 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

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Designated Allergy lead

The designated allergy lead is Sarah Pearce and Emily Pearson.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Ensuring there is a record and collection of 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 'Individual Health Care for Allergy' (completed by school) and 'Allergy Action Plan' (completed by a medical practitioner). See Appendix B for proformas
    - All staff receive an appropriate level of allergy training
    - They have attended Designated Allergy Lead 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
    - All staff have taken part in statutory Allergy Training – Certificate in Allergy and Anaphylaxis Awareness (Allergy and Anaphylaxis) via the National College Platform.
    - Recognising the range of signs and symptoms of severe allergic reactions
    - Recognising when emergency action is necessary
    - Administering AAIs according to the manufacturer's instructions
    - Making appropriate records of allergic reactions
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

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
- Have gained their certificate in Allergy and Anaphylaxis Awareness (Allergy and Anaphylaxis) via the National College Platform.
- 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 Parents/carers

Parents/carers 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 child as packed lunches and snacks, and trying to limit the number of allergens included

- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- 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

3.6 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

In order to prevent contamination::

- Pupils are reminded to regularly wash their hands
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Primary and Infant Sites Catering

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

- Catering staff (Edwards & Ward) receive appropriate training and can identify pupils with allergies (5.21)
- School menus are available for parents/carers to view with ingredients clearly labelled. Full ingredient breakdown is available on request.

- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.21 School Procedure for identifying pupils with allergies

We operate a plastic band system for identifying pupils with an allergy for their lunches. These bands are handed to the pupil prior to lunch and they are then handed over to the kitchen staff providing the meal. In the kitchens were are visual aids to remind staff of those pupils with allergies.

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

Procedures for preventing and dealing with insect bites/sting.

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 can experience bullying and may also suffer from anxiety and depression relating to their allergy. Consider what procedures you can put in place to support their mental

health and wellbeing, in line with your school's behaviour policy and any other measures you have in place to prevent bullying.

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).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

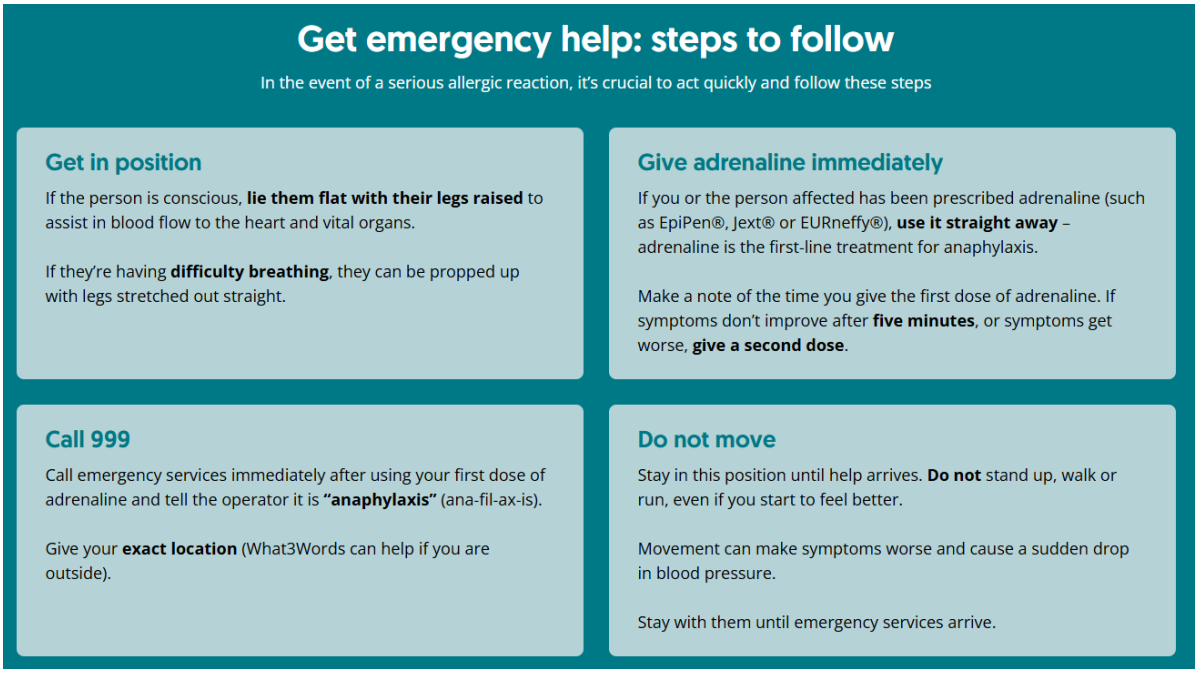
- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
    - 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 (parental consent required)
- The register is kept [in an easily accessible location] and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

- If a pupil experiencing any of the following symptoms, it should be treated as a **medical emergency**
- Airway – swelling in the throat, tongue or upper airways, horse voice, difficulty swallowing
- Breathing – sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
- Circulation – dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse

- Following any of the symptoms above, staff will follow Anaphylaxis' UK Guidance:



- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, below are [school name] procedures for AAIs, covering these areas:

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 sourced from an online pharmacy (Teleta Pharma | Quality Aesthetic and Cosmetic Wellbeing Supplier)
- The quantity of AAIs required:
  - **Infant School with Nursery** - EpiPen Jr 0.15mg x 2, Epipen 0.3mg x1
  - **Primary School with Nursery** - EpiPen Jr 0.15mg x 2, Epipen 0.3mg x1
  - **Primary School *without* Nursery** - EpiPen Jr 0.15mg x 1, Epipen 0.3mg x1
  - **Junior School** - Epipen 0.3mg x2
  - **Secondary Schools**- Epipen 0.3mg x 2
- SFET schools will purchase Epipens 0.15 and 0.3 centrally and distribute to schools each June.
- The dosage required (based on Resuscitation Council UK's age-based criteria)
  - **Under 6 years:** usually **150 microgram** devices
  - **Age 6–12 years:** usually **300 microgram** devices

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs 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(Appendix A) 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 AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Sarah Pearce, Emily Pearson are responsible for ensuring there is a checking monthly that:

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

7.4 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 (in a sharps bin for collection by the local council).

7.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- School will conduct a risk assessment for any pupil at risk of anaphylaxis taking pat in a school trip off school premises.

- It will be decided on a case-by-case basis by the Designated Allergy Lead whether it may be appropriate to take spare AAI(s) obtained for emergency use on a trip.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

The school maintains a central management log for all spare adrenaline auto-injectors. The log records the type, dose, batch number, expiry date, storage location (Appendix A), monthly checks, replacement actions, and any administration of AAIs in an emergency.

The log is updated following each scheduled check and immediately following any use, removal, or replacement of an AAI. Responsibility for maintaining the log sits with the allergy lead and designated support staff.

8. Training

The school is committed to training all staff in allergy response.

This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Annual training will be carried out for all staff utilising a training module by National College Allergy Training – Certificate in Allergy and Anaphylaxis Awareness (Allergy and Anaphylaxis) and updates will be given by the allergy lead throughout the academic year

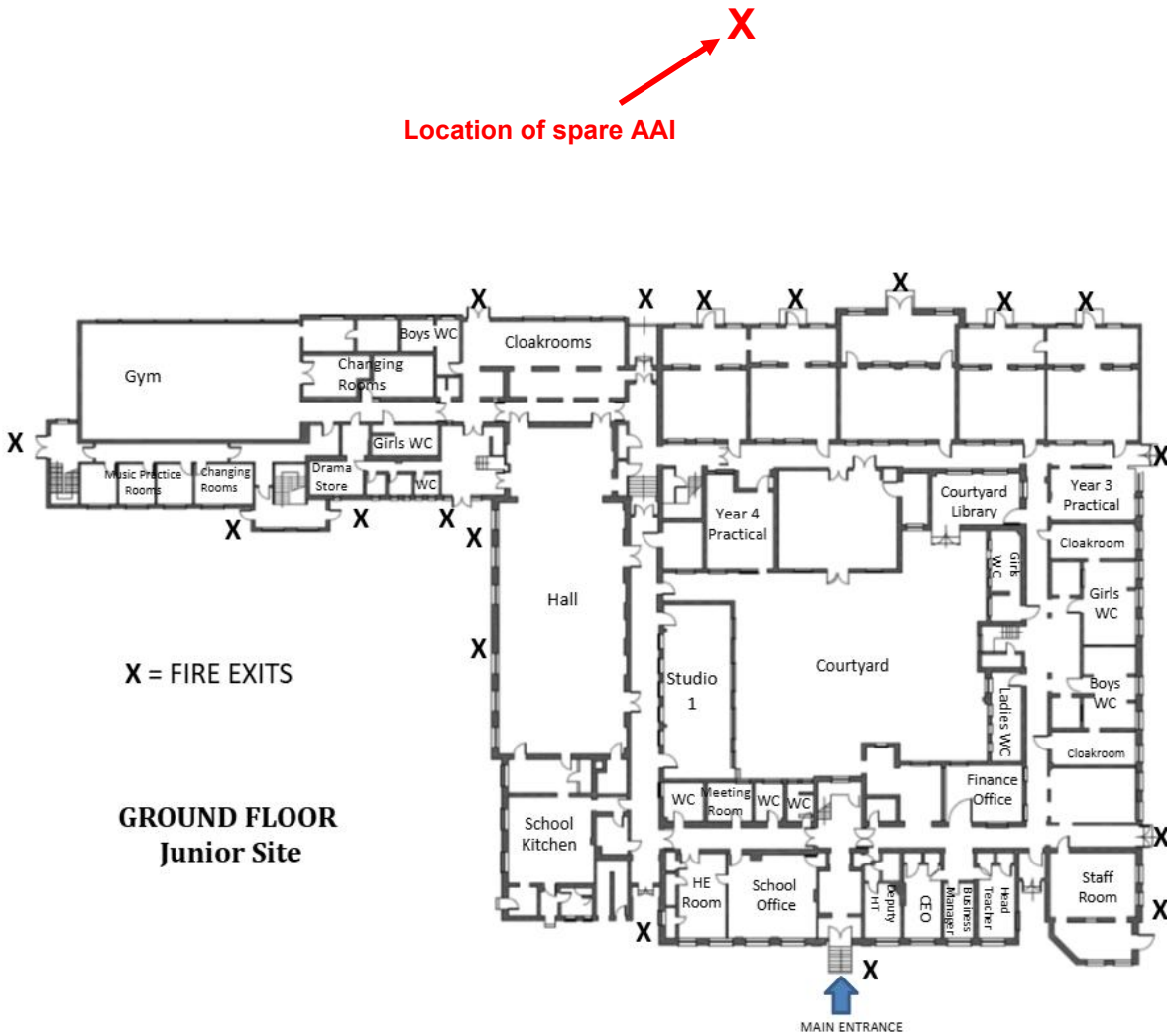
9. Links to other policies

This policy links to the following policies and procedures:

- SFET Health Safety and Welfare Policy
- SFET First Aid Policy
- SFET Pupils with Medical Needs Policy

Appendix A- Location of Spare AAI Map

Appendix B- Individual Healthcare Plan for Allergy



Individual Healthcare Plan for Allergy

Name of Child:		Photo	
Class:			
DOB:			
Specific allergy and known allergens/triggers:			
Is the Allergy diagnosed or suspected:			
Emergency Contact Numbers:			
Created by:		**Date Created:**	
Background Information / Area of Concern *(including information shared by medical professionals):*			
Is the child able to recognise symptoms and alert an adult independently?			
Preventative measures in place *(inc food arrangements when applicable):*			
Emergency Symptoms of Condition:			
Impact it can have on child *(inc health, learning/ attendance, Emotional wellbeing, SEND where relevant):*			
Medication and arrangements *(i.e can the child self-manage?):*	**Arrangements:**		

Medication			
Name	**Dose**	**Storage**	**How and When?**

Trip arrangements:			
Action During an Episode *(inc who to contact):*			
Day-to-Day Care:			
Allergy/Anaphylaxis Action Plan attached *(circle):*	**YES**	**No** *(if no, explain why below:)*	
Staff Involved:		**Review Date:**	

To be shared with all staff; copy to be kept in classroom, staffroom and in the office; copy to be given with verbal briefing to all adults with responsibility for the child.

Plan to be reviewed following serious incident, near miss, medical change or new clinical advice

Parental consent:

Signed …….. Date…….

Parent/Guardian

Signed …….. Date…….

Parent/Guardian

Part 2: Allergy Action Plan (to be completed digitally – screenshot provided below)

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person 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/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

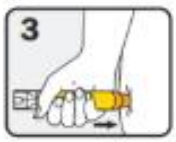
Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

How to give EpiPen®

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

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



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

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a 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 medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date: