



ALLERGENS POLICY

Last Reviewed: July 2025

Document Control			
Review period	24 Months	Next review	July 2027
Owner	CFOO	Approver	Audit & Risk Committee

This document applies to all schools and operations of the Galileo Multi Academy Trust:
www.galileotrust.co.uk

This document has been adapted from BSACI/Anaphylaxis/UK-Allergy UK's 'Model policy for allergy management at school - Allergy guidelines for your school's medical conditions policy'. This is available on the BSACI website via the following link: <https://www.bsaci.org/wp-content/uploads/2024/01/Model-Policy-for-allergy-at-management-at-school-v2.1-090124.pdf>)

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

- John Dooris Head Teacher
- Fiona Shaw Trust Administrator

Contents

1. Introduction.....	4
2. Role and responsibilities	4
3. Allergy Action Plans	5
4. Emergency Treatment and Management of Anaphylaxis	6
5. Supply, storage and care of medication.....	7
6. ‘Spare’ adrenaline auto-injectors in school.....	7
7. Staff Training	8
8. Inclusion and safeguarding	8
9. Catering.....	8
10. School trips.....	9
11. Allergy Awareness and allergen bans	10
12. Risk Assessment.....	10
13. Useful Links	10
Appendix 2.0: Template Allergy Register	12
Appendix 3.0: Allergy Lead Role description	13
Appendix 4.0: Beat Anaphylaxis School simulation exercise ideas:.....	14
Appendix 5.0: Support with engaging the community to raise awareness around allergies and foster positive attitudes regarding an inclusive approach to allergen awareness in everyday life	15

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, and Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how _____ School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

2.1 Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (*BSACI plans preferred*) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist. In the absence of an Allergy Plan, parents should inform school to produce an Individual Health Care Plan.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

2.2 Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution. All members of staff are required to review and familiarise themselves with the medical information.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- Where children with known allergies are participating in school excursions, the risk assessments must include this information.
- School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication. In the absence of an Allergy Plan, parents should inform school to produce an Individual Health Care Plan.
- It is the parent's responsibility to ensure all medication is in date however the School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- All staff are to promote hand washing before and after eating.
- Snack time foods are monitored by staff and are peanut, nut free and other allergens depending on the children attending. All staff should know the procedures at snack and lunchtime to ensure the safety of children with allergies.
- However, staff cannot guarantee that foods will not contain traces of nuts.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- We provide specific AAI use training.
- We may ask Parents/carers for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication should be easily accessible, especially at times of high risk.
- Staff should liaise with Parents/carers about snacks and any food-related activities.

2.3 Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

New Marske Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Actions:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**
- If no improvement after 5 minutes, administer second AAI
- If no signs of life commence CPR
- Call parent/carer as soon as possible

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan)

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

5.1 Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

5.2 Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (*delete as appropriate*). The sharps bin is kept in the office kitchen room.

6. 'Spare' adrenaline auto-injectors in school

New Marske Primary School has been supplied with spare ARC Medical Kits with **AAls for emergency use in children who are risk of anaphylaxis**, but who's own devices are not available or not working (e.g. because they are out of date).

These are stored in clear container in the office kitchen within the medical supplies section, clearly labelled 'Emergency

Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

New Marske Primary holds 2 spare pens which are kept in the following location/s:

- Office Kitchen
- School Office

The Trust Administrator is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAI is included in the pupil's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

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

- John Dooris Head Teacher
- Fiona Shaw Trust Administrator

All staff will complete online the Beat Anaphylaxis-Friendly Schools e-Learning training module at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff. This is available on the e-Learning for Health Platform via the following link: [NHSE elfh Hub https://portal.e-lfh.org.uk/](https://portal.e-lfh.org.uk/)

Training explores:

- The common allergens and triggers of allergy
- The signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

New Marske Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. All school meals are nut free, however, as with most foods, it is not possible to guarantee that traces of nuts may not be found.

The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at [New Marske Primary School](#) .

The School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) will inform the Catering Manager/Cook/Chef (*delete or substitute as appropriate*) of pupils with food allergies.

(Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date)

Parents/carers are encouraged to meet with the Catering Manager/Cook/Chef (*delete or substitute as appropriate*) to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first, careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. 1

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy Awareness and allergen bans

New Marske Primary School supports the approach advocated by Beat Anaphylaxis and Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

New Marske Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

An example of this can be found via the following link:

[Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template](#)

13. Useful Links

Beat Anaphylaxis - <https://www.beatanaphylaxis.co.uk/resources/schools-and-early-years/>

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

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/>

BSACI Allergy Action Plans -

<https://www.bsaci.org/professionalhttps://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Allergy UK - <https://www.allergyuk.org>

- Resources for managing allergies at school - <https://www.allergyuk.org/living-withhttps://www.allergyuk.org/living-with-an-allergy/at-school/an-allergy/at-school/>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools -
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)
<https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)
<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834><https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Appendix 2.0: Template Allergy Register

[illegible]

Appendix 3.0: Allergy Lead Role description

The allergy lead in a school is responsible for managing allergies and ensuring the safety of all children with allergies. This member of staff will establish and maintain the school's allergy policy, ensuring that all staff are trained to respond appropriately to allergic reactions.

Key responsibilities:

- ☐ **Develop and maintain policy:**
Create a clear and concise policy that outlines how to manage allergies in school (please review Appendix 1.0, our template allergy policy)
- ☐ **Communicate policy:**
Ensure that all staff, pupils and parents/carers are aware of the school's allergy policy
- ☐ **Review and update policy:**
Regularly review the policy and update it based on new information or changes in pupil's needs (we suggest this should be done every 3-years)
- ☐ **Train staff:**
Ensure that all staff are trained on how to respond to allergic reactions. Build knowledge and skills through targeted training and education
- ☐ **Coordinate care with parents/carers:**
Work with parents/carers to update and maintain Allergy Management Plans and ensure that pupils with allergies have in date prescribed allergy rescue medications in school
- ☐ **Ensure emergency supplies:**
Ensure that emergency allergy supplies such as spare adrenaline auto-injectors are available and easily accessible

Appendix 4.0: Beat Anaphylaxis School simulation exercise ideas:

Example Scenario:

Holly is in year 4 and is known to have a Milk allergy. Whilst having Lunch in the dining hall her friend offers her a bourbon biscuit from her packed lunch, Holly has eaten bourbon biscuit before however, this brand does contain milk.

- She begins to feel unwell
- She starts to develop hives around her mouth
- Her bottom lip begins to swell

STOP – THINK – ACT

- | | |
|---|--|
| <input type="checkbox"/> What is happening to Holly? | <i>(Allergic reaction)</i> |
| <input type="checkbox"/> What should you do next? | <i>(Get rescue medicines)</i> |
| <input type="checkbox"/> What medication does she need? | <i>(Give antihistamine)</i> |
| <input type="checkbox"/> What action do you need to take? | <i>(Follow Allergy Action Plan)</i> |
| <input type="checkbox"/> Should you repeat the dose of antihistamine? | <i>(Yes, after 20 minutes if mild-moderate symptoms persist)</i> |

Holly begins to cough persistently; she begins to cry, and it sounds hoarse.

STOP – THINK – ACT

- | | |
|--|--|
| <input type="checkbox"/> Holly's symptoms have changed, what next? | <i>(Administer Adrenaline, follow Allergy Action Plan)</i> |
| <input type="checkbox"/> Do you need to repeat the dose of adrenaline? | <i>(If symptoms are not improving after 5-minutes)</i> |

Learning Opportunity

1. Teach pupils not to share their foods
2. Do the catering staff and dinner ladies know the policy and are trained in recognising an anaphylactic reaction?
3. Was the rescue pack easily accessible?

Appendix 5.0: Support with engaging the community to raise awareness around allergies and foster positive attitudes regarding an inclusive approach to allergen awareness in everyday life

Below are some ideas for potential school activities that could facilitate the above objectives:

- Sponsored pupil fun-runs/sports activity for Beat Anaphylaxis, Anaphylaxis UK or other related charity
- A day when pupils wear something RED/ORANGE (socks, sweater, scarf etc) for Beat Anaphylaxis/Anaphylaxis UK with a small voluntary contribution associated for charity fundraising
- Catering services 'Allergen Awareness' family showcase events during parent events – these can enable parents/carers to engage with catering staff and review/sample menus
- Parent/Carer attended Allergy Awareness assemblies - <https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>

Above activities could be timed to coincide with Anaphylaxis UK Allergy Awareness week – this will take place in October 2025, with details to follow on the following pages:

- <https://www.anaphylaxis.org.uk/get-involved/fundraise-for-us/>
- <https://www.allergyuk.org/get-involved/allergy-awareness-weeks/>

Further ideas and suggestions for other activities can be found on the following pages:

Anaphylaxis UK – Get Involved pages

<https://www.anaphylaxis.org.uk/get-involved/fundraise-for-us/fundraising-resources/>

Allergy UK – Allergy Awareness Weeks

<https://www.allergyuk.org/get-involved/allergy-awareness-weeks/>

This document was created by Dr Andrew Bright & Sister Julie Pentland and peer-reviewed by Tracey Dunn in January 2024 and adapted for Galileo Policy, July 2025