



PolyMAT

Allergy Awareness Policy

Reviewed: October 2025
Approved: October 2025
Revision due: October 2028

1. Statement of Intent

The Board of Trustees believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the Trust and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of school life.

We will:

- Adhere to legislation and statutory guidance on caring for students with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
- Ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensure our academies raise awareness of allergies and anaphylaxis to the whole Trust community.
- Conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic students safe for all new joining pupils with allergies and any pupils newly diagnosed.
- Aim to reduce the risk of exposure to allergens to an acceptably low level.
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support students when necessary.

Whilst we will endeavour to ensure our Trust provides a safe environment for all, we cannot guarantee our academies will be allergen-free.

In the event of anaphylaxis, the patient should be placed in the appropriate position, either laid down legs elevated or sitting with knees bent (if they have difficulty in breathing) and a First Aider called immediately. In other situations, it may be appropriate for a staff member to accompany the student to the medical room in order to manage their medical condition effectively. Further guidance on how to manage allergic reactions, including anaphylaxis is contained within this policy. The Trust will not prevent students from eating, drinking or taking breaks whenever they need to.

The academies also have First Aid and Administration of Medicines and Children with Medical Conditions Policies, which may also be relevant, and all staff should be aware of.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation, and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Name: Sylvia Perrins **Signature:**
(Chair of Trustees)



Date: 27 January 2025

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy because of a review will be presented to the Trust's Safeguarding & Standards Committee for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by
2	January '25	Amended to apply to both primary & secondary academies.	Safeguarding & Standards Committee

Distribution of copies

Copies of the policy and any amendments will be distributed to the Headteacher; Premises Manager; School Business Manager, Office Manager; School Health and Safety Representative; All Staff; Catering Staff (contracted or in-house); Academy Committee Members, Trustees and Administration office.

Table of Contents

1. STATEMENT OF INTENT	2
2. ROLES AND RESPONSIBILITIES	5
2.1. The Board of Trustees	5
2.2. Headteachers.....	5
2.3. Staff	5
2.4. Kitchen manager and catering staff	5
2.5. Contractors and visitors	6
2.6. Pupils and parents.....	7
3. ARRANGEMENTS	7
3.2. First Aid	7
3.3. Insurance Arrangements	8
4. CONCLUSIONS.....	15
APPENDIX 1 - HEALTH CARE PLAN.....	16
APPENDIX 2A – PUPIL ALLERGY ACTION PLANS	19
APPENDIX 2B – STAFF ALLERGY DECLARATION FORM.....	21
APPENDIX 3 – MANAGING AN ANAPHYLACTIC REACTION (AS SEEN IN THE MEDICAL ALERT HANDBOOK)	22
APPENDIX 4 - CONTACTING EMERGENCY SERVICES	23
APPENDIX 5 - CHECKLIST FOR RESPONDING TO EMERGENCY SITUATIONS.....	24
FURTHER GUIDANCE	25

2. Roles and Responsibilities

2.1. The Board of Trustees

- 2.1.1. The Board of Trustees has ultimate responsibility for health and safety matters, including Allergy Awareness in the Trust.
- 2.1.2. Ensure the Allergy Awareness Policy is reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.2. Headteachers

- 2.2.1. Carry out a risk assessment of allergy needs of students and staff, appropriate to the circumstances of the workplace, and review annually and/or after any significant changes.
- 2.2.2. Ensure that an appropriate number of appointed persons have been provided with allergy awareness training and that their names are prominently displayed throughout the school.
- 2.2.3. Ensure that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.
- 2.2.4. Ensure all staff are aware of the Trust allergy awareness procedures.
- 2.2.5. Ensure appropriate allergy awareness assessments are completed and appropriate measures are put in place.
- 2.2.6. Ensure that catering is provided to the reasonable medical needs of staff and students.
- 2.2.7. Ensure allergy bullying is treated seriously, like any other bullying.
- 2.2.8. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3. Staff

- 2.3.1. Ensure they follow allergy awareness procedures.
- 2.3.2. Ensure they know who the first aiders in school are and contact them straight away.
- 2.3.3. Complete accident reports for all incidents they attend to where a first aider is not called.
- 2.3.4. Inform the Headteacher and/ or their line manager of any specific health conditions or allergy needs.

2.4. Kitchen manager and catering staff

- 2.4.1. The Trust has an Allergy Awareness Policy; the catering manager is responsible for ensuring that the Food Allergy requirements are reviewed in line with Natasha's Law and reflective of the current menu offerings.
- 2.4.2. All catering staff and catering support staff have received Allergy Awareness Training & records retained. <https://allergytraining.food.gov.uk/> certification is retained and refresher training is provided in line with the training schedule.
- 2.4.3. The catering team have received all staff and student allergy requirements, the information is retained and reviews are undertaken. Any food allergies are reported to the catering team.
- 2.4.4. The Allergen Matrix is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

- 2.4.5. All dishes will be reviewed for allergen contents & the catering team will continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix & updated when required, the catering manager will redate the allergen matrix to reflect the review).
- 2.4.6. All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling. The product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.
- 2.4.7. Rigorous food hygiene is maintained to reduce the risk of cross-contamination.
- 2.4.8. Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.
- 2.4.9. Controlling allergen cross-contamination:
 - a) Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
 - b) Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
 - c) Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens.
 - d) A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients.
 - e) Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.
 - f) Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
 - g) Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
 - h) Using separate fryers/cooking equipment. Allergen cross-contamination can also happen through using the same cooking oil. To cook gluten-free chips, you can't use the same oil which has been previously used for cooking battered fish.
 - i) If you can't avoid cross-contamination in food preparation, you should inform customers that you can't provide an allergen-free dish.

2.5. Contractors and visitors

To ensure:

- 2.5.1. The Trust's Allergy Policy and reporting procedure is followed.
- 2.5.2. Their activities do not introduce an allergy risks to the school.
- 2.5.3. A high standard of hygiene is maintained whilst in school premises as a matter of good practice.
- 2.5.4. Any areas which may be contaminated are to be reported to the Premises Team or their host.

2.6. Pupils and parents

- 2.6.1. The parents or carers of all new starters to the school are required to inform the Trust of any details of any food intolerances or allergies and their management should be described by providing a copy of their child's Allergy action plan (Appendix 2).
- 2.6.2. If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.
- 2.6.3. It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school aware and a revised medical needs form must be completed. Updating the school if their child's medical needs change at any point. Parents are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
- 2.6.4. Ensuring that any required medication (EpiPens or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in school must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.
- 2.6.5. Attending any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.
- 2.6.6. If an episode of anaphylaxis occurs outside school, the school must be informed.
- 2.6.7. Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
- 2.6.8. Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.
- 2.6.9. Children are not allowed to share food with each other.
- 2.6.10. Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

3. Arrangements

3.1. Medication and Auto-injectors

- 3.1.1. Arrangements for storing students' medication may differ between schools within the Trust. Each school should ensure these arrangements are made clear for their setting.

Currently, students' medication is stored in:

- Medical Room (Secondaries)/School Office (Primary)
- Students keep their own auto injectors with them and should carry two at all times unless otherwise agreed (Secondaries)/ All auto injectors are stored in the School Office (Primary)
- Students whose auto injectors are kept by the Trust are clearly detailed on the Health Care Plan (Appendix 1) and Allergy action plan (Appendix 2)

- 3.1.2. A copy of the 'managing an anaphylactic reaction' plan or a student's allergy plan (written by their allergy team/ the hospital) is stored with their spare auto-injector stored in the Medical Room/School Office
- 3.1.3. 3.1.2. A copy of the 'managing an anaphylactic reaction' plan or a student's allergy plan (written by their allergy team/ the hospital), when containing Food Allergies is also provided to the catering team.

3.2. First Aid

- 3.2.1. In the case of a student's anaphylactic shock, the procedures are as follows:
 - a) The member of staff on duty calls for medical assistance; First aider/ school nurse (where available) to go to child: do not walk the child, position the child correctly. If

breathing concerns: sit upright – if circulation concerns: lay student down and elevate their legs.

- b) The first aider/ school nurse administers first aid and records details on CPOMS as soon as possible after the incident
- c) If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Trust Board.
- d) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Trust Board will arrange for this to be done.

See also the school's First Aid & Medicine policy.

3.3. Insurance Arrangements

3.3.1. DFE RPA memberships

3.4. Educational Visits

- 3.4.1. In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- 3.4.2. In the case of **day visits** a trained First Aider will carry a travel kit in case of need, including the pupil's own spare auto-injector required for their needs.
- 3.4.3. Any pupil with a prescribed auto-injector must carry this on any educational visit (secondary)/ be carried by a staff member on an educational visit (primary).
- 3.4.4. Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.
- 3.4.5. Where food is provided by a third-party caterer on a day or residential trip, they will be provided with all known allergies of the pupils attending the educational visit.

3.5. Administering Medicines

- 3.5.1. **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.
- 3.5.2. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- 3.5.3. In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are sent electronically for parents to complete or are available from the school office. Parental permission for allergy-related medications should be outlined on a student's allergy action plan or provided using the My Child At School App. (See Appendix 1 for Health Care Plan and Appendix 2 for Allergy Action Plan)
- 3.5.4. Staff will ensure that records are kept of any medication given.
- 3.5.5.

3.6. Storage/Disposal of Medicines

- 3.6.1. In primary settings, all medication needs to be taken to the school office and an administering medication form completed. In secondary settings, wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office or medical room for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

3.6.2. Spare Auto Injectors (Epi Pens) will be held by the school for emergency use, as per the Department of Health's protocol.

3.7. Anaphylaxis

3.7.1. Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. Anaphylaxis usually develops suddenly and gets worse very quickly.

3.7.2. The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

3.7.3. What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

- Use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first.
- Call 999 for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis.
- Remove any trigger if possible – for example, carefully remove any stinger stuck in the skin.
- Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties.
- Give another injection in the opposite thigh after 5 minutes if the symptoms do not improve and a second auto-injector is available.
- Monitor very closely and be prepared to resuscitate if necessary

3.7.4. People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening.

They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

Staff should ensure they know how to use the autoinjectors that are in school. The individual should also make sure they're aware of how to use their type of auto-injector correctly (where appropriate). Where possible (and according to local procedures), the individual should carry 2 of these with them at all times.

There are 3 main types of an adrenaline auto-injector, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use the auto-injectors.

These are:

EpiPen**Jext**

Emerade (only 150mcg AAI currently in use – those of the appropriate dose for older children, 300mcg and 500mcg, have been recalled).

3.8. Accidents/Illnesses requiring Hospital Treatment

- 3.8.1. If a student has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to the hospital by ambulance if required.
- 3.8.2. Parents will be informed as soon as possible and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.9. Defibrillators

- 3.9.1. Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.
- 3.9.2. The local NHS ambulance service have been notified of its location.

3.10. Students with Special Medical Needs – Individual Healthcare Plans

- 3.10.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:
- Epileptic
 - Asthmatic
 - Have severe allergies, which may result in anaphylactic shock
 - Diabetic

Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

- 3.10.2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take into account of any steps needed to ensure that students with medical conditions are included.
- 3.10.3. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.
- 3.10.4. An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The Trust appreciates that students with the same medical condition do not necessarily require the same treatment.
- 3.10.5. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and specialist healthcare practitioner. The Lead First Aider/ school nurse may also provide additional background information and practical training for school staff.
- 3.10.6. Procedure that will be followed when the school is first notified of a student's medical condition:
- Students with medical conditions will be added to the school's medical alert handbook, which will be held centrally and shared with all staff within the school.
 - Where a student has a healthcare plan written by their specialist team/ the hospital, this will supersede all other healthcare plans. Where necessary the

student will have an Individual Health Care Plan (Appendix 1) written collaboratively with the Young Greenwich Nursing Team. This will be held centrally and shared with the required staff within the school.

- This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

3.11. Accident Recording and Reporting

3.11.1. First aid and accident record book

- An accident log will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock. A copy will be emailed or printed out and sent to parents.
- As much detail as possible should be supplied when completing the accident log – which must be completed fully.
- A copy of the accident report form will also be added to the student's CPOMs record by the relevant member of staff.
- These records will be retained by the Trust for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of. As per the Trust's Data Retention Policy, medical/ accident records for students must be retained until they are 21 years of age (or 25 if they have additional learning needs).

3.11.2. Reporting to the HSE

- a) The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b) The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 15 days of the incident. Reportable injuries, diseases or dangerous occurrences include:
 1. Death
 2. Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
 - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident).
 3. Where an accident leads to someone being taken to hospital
 4. Near-miss events that do not result in an injury but could have done. Examples of near-miss events include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment.
- The accidental release of a biological agent likely to cause severe human illness.
- The accidental release or escape of any substance that may cause a serious injury or damage to health.
- An electrical short circuit or overload causing a fire or explosion.

c) Information on how to make a RIDDOR report is available here:
<http://www.hse.gov.uk/riddor/report.htm>

3.11.3. Notifying parents

The first aider who has administered the first aid check will inform parent/carer of any accident or injury sustained by the student, and any first aid treatment given, on the same day.

3.11.4. Reporting to Ofsted and child protection agencies:

- a) Registered Early Years Providers will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in their care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- b) The Headteacher will also notify the relevant Local Authority of any serious accident or injury to, or the death of, a student while in the school care.

3.12. Difference between Food Allergy and Food Intolerance

- **A food allergy** is when the body's immune system (which is the body's defence against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing a number of chemicals in the body. These chemicals cause the symptoms of an allergic reaction.
- **A Food intolerance** is more common than a food allergy. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, a food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.13. Food Allergens

3.13.1. **The Food Information (Amendment) (England) Regulations 2019**

The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

- 1) The food's name**
- 2) A full list of ingredients, emphasising any allergenic ingredients.**

For schools, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter.

Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

- a) **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats
- b) **Crustaceans**, Invertebrates (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.
- c) **Egg**, Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.
- d) **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.
- e) **Peanuts**, **Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems and it is rare for people with a peanut allergy to react to other legumes.**

Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

- f) **Soybeans**, Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturised vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.
- g) **Milk**, includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.
- h) **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes
- i) **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.
- j) **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled

products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

- k) **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.
- l) **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables.

E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

- m) **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.
- n) **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

- 4.1 This Allergy Awareness policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Trust carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 - Health Care Plan

Medical Condition:

Insert Photo

Name of School/ setting	
Child's name	
Group/ Class/ Form	
Date of Birth	
Child's address	
Medical Diagnosis or condition	
Date	
Review Date	
Family Contacts Information	
Name	
Relationship to Child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Name	
Relationship to Child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Clinic/ Hospital Contact	
Name	
Phone no.	
GP	
Name	
Phone no.	
Who is Responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

I have read and understand the Health Care Plan. I agree to inform the school should my child's condition change in any way.

I am aware it is my responsibility to ensure that all medication kept in school is within its expiry date.

I am happy for this medical information to be shared with all staff.

Parent/guardian name (block letters):

Parent/guardian Signature:

Date:

***Please return the completed forms to the school office (primary)/ school nurse (secondaries).
Thank you***

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of school/setting	
Date	
Childs name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	
Note: Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parent or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by <i>[name of member of staff]</i>	School Nurse Sept annually

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian signature:

Print Name:

Date:

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 2A – Pupil Allergy Action Plans



BSACI
Improving Allergy Care
through research and education

ALLERGY ACTION PLAN



RCPCH
Royal College of
Paediatrics and Child Health
Leading Therapy in Children's Health



anaphylaxis UK
AllergyUK

This 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:



(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 - Hoarse voice - Difficulty swallowing - Swollen tongue	- Difficult or noisy breathing - Wheeze or persistent cough	- Persistent dizziness - Pale or floppy - Suddenly sleepy - 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. JEXT®) (Dose: mg)
- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

- 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.
- Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
- 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 AAls 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

© BSACI 10/2024

How to give JEXT®



1

Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2

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



3

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



4

REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy 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:

BSACI Improving Allergy Care through education, training and research		ALLERGY ACTION PLAN		RCPCH Royal College of Paediatrics and Child Health Leading the way in Children's Health		anaphylaxis UK AllergyUK				
This child/young person has the following allergies:										
Name: DOB: 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 <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> A AIRWAY • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue </td> <td style="vertical-align: top; width: 33%;"> B BREATHING • Difficult or noisy breathing • Wheeze or persistent cough </td> <td style="vertical-align: top; width: 33%;"> C CONSCIOUSNESS • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious </td> </tr> </table> 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.								A AIRWAY • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	B BREATHING • Difficult or noisy breathing • Wheeze or persistent cough	C CONSCIOUSNESS • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
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Mild/moderate reaction:

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- 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:

(If vomited, can repeat dose)

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

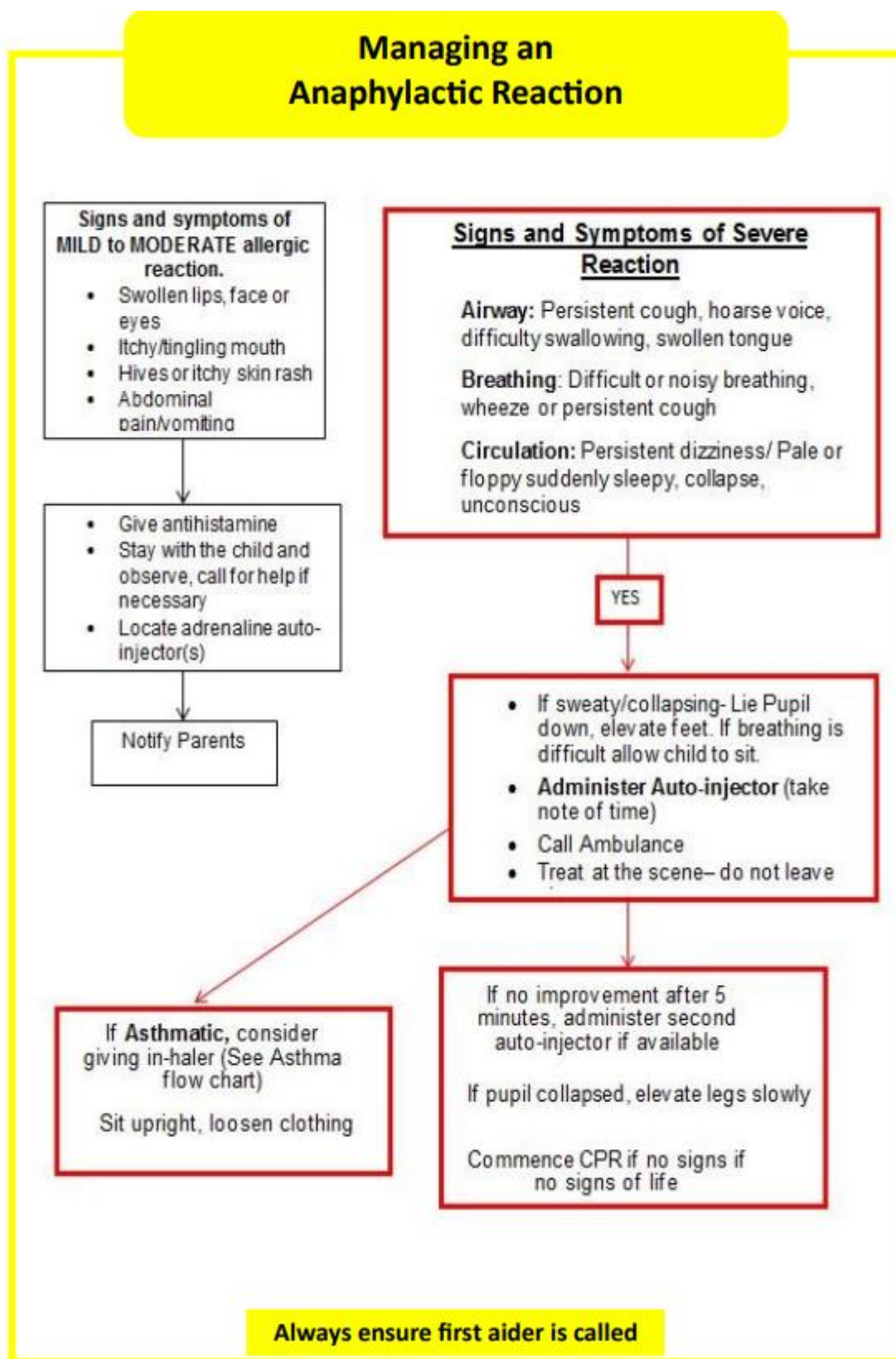
Appendix 2B – Staff Allergy Declaration Form

Name of Staff:			
Date of birth:		Position:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date _____
Review date _____
This will be reviewed at least annually or earlier if the staff's needs change

Appendix 3 – Managing an Anaphylactic Reaction (as seen in the medical alert handbook)



Appendix 4 - Contacting Emergency Services**Request for an Ambulance**

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number: _____
2. Give your location as follows (*insert school address*)

3. State that the postcode is: _____
4. Give exact location in the school (*insert brief description*)

5. Give your name: _____
6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone.

Appendix 5 - Checklist for Responding to Emergency Situations

The school must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

1. Summoning an ambulance in an emergency.
2. Treating the child if necessary whilst waiting for the ambulance to arrive.
3. Where to find the adrenaline, e.g., in a known, accessible location and not locked away.
4. Who should administer the adrenaline and how they can be contacted swiftly in an emergency.
5. Who else must be contacted in an emergency.
6. Ensuring that accident forms are filled out if applicable.

These procedures should be agreed with the relevant parties and clearly set out in the student's individual care plan.

Remember that even if the student is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarised in the form of the following questions:

- Is the student having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there any steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay, and an ambulance must be called.

Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the school will keep it under review to ensure links are current.

Department for Education

Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Department of Health

Guidance on the use of Auto Injectors in Schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Allergy Awareness Training

- Food Standards Agency
<https://allergytraining.food.gov.uk/>
- Allergy Wise training for schools
<https://www.allergywise.org.uk/>

Resources for Specific Conditions

- Allergy UK
https://www.allergyuk.org/_
<https://www.allergyuk.org/living-with-an-allergy/at-school/>
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/

Resources for Food Allergy

Further Guidance can be obtained from The Food Standards Agency

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

The Food Standards Agency has also published guidance about the new requirements for PPDS food.

<https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds>

<https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries>

Peanut Allergy - Peanuts are a common cause of food allergy, caused when the immune system reacts to the protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades. It usually develops in early childhood but, occasionally, can appear in later life. Peanut allergy tends to be persistent and only approximately 1 in 5 children outgrow their allergy, usually by the age of 10.

<https://www.allergyuk.org/resources/peanut-allergy-factsheet/>

Allergen Resources - General information

Allergen guidance for consumers

<https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance>

Allergen guidance for food businesses

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

Allergen labelling for food manufacturers

<https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers>

EU commission notice on HACCP and allergens

[https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN)

EU Food Information for Consumers Regulation No. 1169/2011

<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

Food alerts, product recalls and withdrawals

<https://www.food.gov.uk/news-alerts/search/alerts>

Food Information Regulation (England) 2014

<https://www.legislation.gov.uk/ukxi/2014/1855/contents/made>

Safer Food Better Business

<https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb>

Technical guidance

https://www.food.gov.uk/sites/default/files/media/document/fsa-food-allergen-labelling-and-information-requirements-technical-guidance_0.pdf

Useful resources

Allergy and intolerance sign

<https://www.food.gov.uk/sites/default/files/media/document/allergen-signage.pdf>

Chef's recipe card

https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf

Dishes and their allergen content chart. Template and more information at

www.food.gov.uk/allergy-guidance

Allergen Checklist for Food Business

<https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses>

Spare Pens in Schools - adrenaline auto-injectors (AAIs).

<http://www.sparepensinschools.uk>