Barnstaple School Allergy Policy

Approved by:	Penny Harris (Director) Jane Cox (Director)	**Date:** 1st September 2026
Last reviewed on:	1st September 2026	
Next review due by:	1st September 2027	

All policies are generated and reviewed with an awareness of equality and diversity in relation to pupils, staff and visitors. All policies are generated and reviewed placing safeguarding and wellbeing at the heart of all that we do.

Contents

1. Aims 1
2. Legislation and guidance 2
3. Roles and responsibilities 3
4. Assessing risk 4
5. Managing risk 4
6. Procedures for handling an allergic reaction 6
7. Recording and investigating allergic reactions and near misses 7
8. Adrenaline auto-injectors (AAIs) 8
9. Training 8
10. Key terminology 9
11. Allergic reactions 10

1. Aims

This policy aims to outline the procedures relating to the risk of anaphylaxia occurring whilst at school. It must be adhered to by all staff members, parents and pupils with the intention of minimising risks. In order to effectively implement this policy parents are responsible for working alongside the school in identifying allergens and potential risks in order to ensure the health and safety of their children. The

school does not guarantee a completely allergen free environment. However this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility and plan for an effective response to possible emergencies.

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school.

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, 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 On Track Education Barnstaple will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Legislation and guidance

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

- The Food Information Regulations 2014

- The Food Information (Amendment) (England) Regulations 2019
- The Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

The Allergy lead

The nominated allergy leads are Maria Roberts and Jane Harley.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils.
- Ensuring all allergy information is up to date and readily available to members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Maintaining and checking stock of the school's auto-injectors (AAis)
- Coordinating the paperwork, medication and information from families

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required and at least on an annual basis
- 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
- Staff leading school trips to ensure they carry all relevant emergency supplies and medical information relating to the students in their care.

- 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.

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
- Parents of children with allergies must work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If required, providing their child with 2 labelled, 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 medical condition
- Providing their child with the necessary medication to take with them on school trips where necessary; if not provided, their child will not be able to attend the excursion.

Pupils with allergies 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

Pupils without allergies 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:

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

Catering

- The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.
- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

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.

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Long sleeved tops and long trousers are advised when visiting locations that are high risk for insect activity.

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with known animal allergies will not interact with animals
- Support for mental health

Pupils with allergies will have additional support through:

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

Events, school trips and forest school

- 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

6. Procedures for handling an allergic reaction:

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.
- Pupils will keep their personal AAI on them for easy and quick access when needed.

Allergic reaction procedures:

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Designated members of staff are trained in the administration of AAIs 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
- 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. Recording and investigating allergic reactions and near misses

- Where someone with an allergy potentially comes into contact with their allergen (even if a full reaction didn't occur) this is documented, allowing for analysis of patterns and potential risks to implement preventative measures and improve safety practices.

Key steps:-

i) Detailed documentation:

- **Date, time, location:** Where and when the incident occurred.
- **Person involved:** Patient/customer details, including known allergies.
- **Description of incident:** What happened, including the suspected allergen, how it was encountered, and any symptoms experienced.
- **Actions taken:** Immediate response provided, medical attention if needed.
- **Witness accounts:** If applicable, details from other staff or individuals present.

ii) Investigation process:

- Examining the incident report and relevant documentation.
- Analysing the factors that contributed to the near miss or reaction, including potential gaps in allergen management practices.
- Gathering information from staff, and individuals involved in the incident.

iii) Corrective actions:

- Staff training
- Menu labelling
- Cross-contamination prevention
- Policy updates**.**

Allergic reactions are recorded on ATLAS and a detailed incident report added to our school MIS system and reported directly to the school directors.

8. Adrenaline auto-injectors (AAIs)

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

Purchasing, storage maintenance of spare AAIs

- The allergy lead is responsible for buying AAIs using school purchasing procedures and ensuring they are stored according to the guidance.

- The allergy lead will ensure that 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 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.
- Carrying out monthly checks that AAIs are present and are in date
- Ensuring that replacement AAIs are obtained when the expiry date is near

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

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
- The lead member of staff on outreach activities is responsible for ensuring an emergency anaphylaxis kit is on hand if required.

9. 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

Training will be carried out annually by the allergy lead.

10. Key terminology

a) ALLERGY: occurs when a person reacts to a substance that is usually considered harmless. It

is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction

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

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

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

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

d) ADRENALINE AUTO-INJECTOR (AAI): Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences.

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

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

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

h) SPARE PENS: From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

11. Allergic Reactions

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.
You cannot assume someone will react the same way twice, even to the same allergen.
Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

Mild to Moderate Allergic Reactions

Symptoms include:

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

Response:

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

Serious Allergic Reactions / Anaphylaxis:-

The most serious type of reaction is called ANAPHYLAXIS. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.
In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.
People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

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

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