

Allergy policy

Portsdown Primary School & Early Years



PORTSDOWN
Primary School & Early Years

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Ensure compliance with **Benedict's Law** and all relevant statutory guidance
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community
- Ensure all staff are trained and confident in responding to allergic reactions and anaphylaxis
- Create a safe environment where pupils with allergies can learn and thrive

2. Legislation and Guidance

This policy is based on:

- **Benedict's Law** - statutory guidance on allergy management in schools (effective September 2026)
- The Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school
- The Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools
- The Children and Families Act 2014
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

NB: The school has drawn upon information and resources from Allergy School. It is a free educational program and national campaign launched by [The Natasha Allergy Research Foundation](#) to improve food allergy awareness, safety, and training across UK educational settings. This policy has also been based upon their model policy.

NB: This policy is published on the school website and is available to all parents/carers, staff, and pupils.

3. Understanding Food Hypersensitivity

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

Type	What it is	Key characteristics
Allergy	An adverse reaction by the body's immune system to a specific allergen	• Can be life-threatening • Triggered by even trace amounts of the allergen • Symptoms range from mild (itching, sneezing, rashes) to severe (anaphylaxis) • Symptoms usually occur while eating or soon

Type	What it is	Key characteristics
		after, but can develop hours or even days later • Each person may show different symptoms
Intolerance	An adverse reaction to a specific food ingredient, unrelated to the immune system	• Not life-threatening • Usually occurs when food is consumed in larger amounts • The body has difficulty digesting certain foods • Symptoms include bloating, stomach cramps, diarrhoea • Symptoms usually develop gradually within a few hours
Coeliac disease	An autoimmune disease where the body reacts to gluten	• Damages the villi in the small intestine • Prevents nutrient absorption • Even trace amounts can cause symptoms • Requires complete gluten avoidance • No cure - must be managed throughout life

Common allergens

Pupils can be allergic to many different things around them - these are called allergens. Common allergens include:

- **Food** - any food can be an allergen. Common food allergens include nuts, milk, eggs and shellfish
- **Airborne allergens** - such as spores, pollen, dust mites, animal skin cells and fur
- **Medication** - such as penicillin, anti-inflammatory drugs or contrast medication
- **Chemicals** - such as those used in preservatives, fragrances, cleaning products and nail polishes
- **Plants** - such as oil, sap or pollen
- **Insect stings or bites** - such as bees, wasps, hornets or ants
- **Metals** - such as nickel and cobalt
- **Latex** - such as rubber gloves or aprons

The 14 food allergens

There are 14 food allergens as contained within the law:

1. Celery
2. Cereals containing gluten (wheat, rye, barley, oats)
3. Crustaceans (e.g. prawns, crabs, lobster)
4. Eggs
5. Fish
6. Lupin
7. Milk
8. Molluscs (mussels, oysters, squid)
9. Mustard
10. Nuts (e.g. almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios, macadamia nuts)
11. Peanuts
12. Sesame seeds
13. Soya
14. Sulphur dioxide and sulphites

The school will ensure that any food served is correctly labelled, highlighting the presence of the 14 food allergens.

Important facts about allergies

- No one is born with an allergy - they can develop at any age
- Similarly, food intolerances and coeliac disease can occur at any stage in a person's life
- Currently, there is **no known cure** for food hypersensitivities - they are conditions that need to be managed throughout an individual's life
- Allergic reactions can be life-threatening (anaphylaxis)
- Severe allergies can be triggered by even **trace amounts** of the allergen
- If you work with food, you are **legally responsible** for providing correct allergen information

4. Roles and Responsibilities

We take a whole-school approach to allergy awareness.

4.1 Allergy Lead

The nominated allergy lead is **the Office Manager (who is also the designated school first aider)**.

Responsibilities:

- Completing and then maintaining the School Allergy Checklist (Appendix 6) which shows that the school complies with the statutory requirements of Benedict's Law.
- Promoting and maintaining allergy awareness across our school community
- Ensuring the recording and collating of allergy and special dietary information for all relevant pupils
- Ensuring all pupils with serious allergies have an **Individual Healthcare Plan (IHP)**
- Ensuring all IHPs are **reviewed at least annually**
- Ensuring all allergy information is up to date and readily available
- Ensuring all staff receive appropriate allergy training and **training records are maintained**
- Ensuring all staff are aware of the school's policy and procedures, including the **strict no food sharing rule**
- Ensuring relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's AAIs and ensuring they are in date
- Co-ordinating at least one **annual emergency drill** for anaphylaxis response and recording this on the Allergy drill template (Appendix 7 from Allergy School)
- Regularly reviewing and updating the allergy policy (at least annually)
- Ensuring all allergic reactions are recorded and reviewed
- Recording accidents, incidents and near misses regarding allergic reactions
- Reporting regularly to the Governing Body
- Co-ordinating paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date monthly
- Supporting the allergy lead with IHP reviews

4.2 Teaching and Support Staff

All teaching and support staff (including lunchtime supervisors, catering staff, and office staff) are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures, including the **strict no food sharing rule**
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training (**at least annually**)
- Being aware of specific pupils with allergies in their care and their IHPs
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Participating in annual emergency drills
- Reporting all allergic reactions to the allergy lead
- **Enforcing the no food sharing rule at all times**
- **At mealtimes:**
 - Supervising with care
 - Paying particular attention to the risk of **cross-contamination and protein transfer**
 - Ensuring pupils with severe allergies receive additional vigilance
 - **Preventing any food sharing between pupils**
- Being aware of ingredients in food served
- **On school trips:** Ensuring pupils with allergies carry required medication

4.3 Parents/Carers

Responsibilities:

- Being aware of our school's allergy policy, including the **no food sharing rule**
- Providing the school with **accurate and up-to-date information** regarding allergies
- **Informing the school immediately** of any changes to their child's allergy status
- Ensuring appointments with GPs or allergy specialists are attended
- Participating in the development and annual review of their child's IHP
- Providing their child with **2 in-date AAIs** and other medication as required
- Carefully considering food provided as packed lunches and snacks
- Following the school's guidance on food brought in to be shared
- Ensuring packed lunches and water bottles are clearly labelled

4.4 Pupils with Allergies

Responsibilities:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their AAI (where age-appropriate)
- If age-appropriate, carrying their AAI on their person

- Informing an adult immediately if they feel unwell or have been exposed to an allergen
- Participating in their IHP review (where age-appropriate)
- Actively engaging in learning regarding allergies
- Communicating with catering staff and lunchtime supervisors
- **Never sharing food with other pupils or accepting food from others**
- **Never swapping, trading, or tasting food from other pupils' lunchboxes or snacks**
- Asking an adult if they are unsure whether food is safe

4.5 Pupils Without Allergies

Responsibilities:

- Being aware of allergens and the risk they pose to their peers
- **Never sharing food with any pupil, particularly those with allergies**
- **Never offering, swapping, trading, or giving food to pupils with allergies**
- Understanding that **even a small amount of the wrong food could make a friend very ill**
- Reporting to an adult if they see a pupil with allergies in distress or if they see food being shared
- Being kind and understanding towards peers with allergies
- Actively engaging in allergy awareness learning
- Washing their hands thoroughly before and after eating

4.6 Allergen Reintroduction and Allergen Ladders

The school will **not participate in reintroducing an allergen** to a pupil. However, we may consider supporting a pupil who is progressing through an **allergen ladder** (a medically supervised programme) - but only if:

- Written communication with a parent/carer has been obtained
- Written guidance from a healthcare professional has been provided
- A clear plan is documented in the pupil's IHP
- All relevant staff are informed and trained

NB: This should **never** happen without explicit written medical guidance and that the school will not initiate or suggest allergen reintroduction.

5. Individual Healthcare Plans (IHPs)

5.1 Who Needs an IHP

All pupils with serious allergies, particularly those at risk of anaphylaxis, **must** have an Individual Healthcare Plan. These will be completed on the template available as Appendix 8 and from Allergy Schools.

5.2 Development of IHPs

IHPs will be developed through collaboration between:

- The pupil's parents/carers
- The pupil (where appropriate)
- The allergy lead or SENDCo
- The class teacher
- Healthcare professionals (school nurse, GP, or allergy specialist)

5.3 Content of IHPs

Each IHP will include:

- The pupil's name, **photograph** (with parental consent), class, and date of birth
- The pupil's known allergens and triggers
- A description of the pupil's allergic symptoms (mild, moderate, and severe)
- Details of prescribed medication:
 - Type and dose of AAI
 - Location of AAI(s)
 - Any other medications
- Clear instructions on what to do in an emergency
- Emergency contact details for parents/carers
- Details of the pupil's GP and any specialist healthcare professionals
- Arrangements for school trips and off-site activities
- Any additional support needs (e.g., emotional wellbeing)
- Specific notes about food sharing risks and prevention
- Date of plan creation and **next review date**

5.4 Review of IHPs

IHPs will be reviewed:

- **At least annually** (typically at the start of each academic year)
- Whenever the pupil's needs change
- After any allergic reaction or incident
- When the pupil moves to a new class or key stage
- If there are changes to medication or treatment

5.5 Storage and Access

- IHPs will be stored securely but be readily accessible to all relevant staff
- A copy will be kept in the pupil's classroom, the school office, and with the allergy lead
- All staff who work with the pupil will be made aware of the IHP and its location
- IHPs will be included in the school's register of pupils with allergies

5.6 Information Sharing and Data Protection

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. The school has a lawful basis to hold, use and share a child's special category health data when this is necessary, but it will always be done in a controlled and respectful way.

How we will share information:

- Allergy information will only be shared with staff who need to know to keep the pupil safe
- Information will be shared in a way that respects the pupil's dignity and privacy
- We will not unnecessarily single out pupils with allergies in front of their peers
- Photographs of pupils with allergies (included in IHPs and registers) will only be accessible to relevant staff and will be stored securely

Involving pupils and parents/carers:

- We will discuss with parents/carers and, where appropriate, the pupil, how information about their allergy will be shared
- For pupils who carry AAIs, we will discuss with parents/carers and the pupil whether it is appropriate for their close friends to be made aware of how to seek help in an emergency
- Any decisions about wider awareness will be made in consultation with the pupil and their parents/carers

Data protection:

- All allergy information will be processed in line with our GDPR and Data Protection Policy
- Records will be kept securely and retained in accordance with our data retention schedule
- Staff will be reminded of their responsibilities regarding confidentiality as part of their annual allergy training

6. Assessing Risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons where food is cooked or prepared
- Science experiments involving foods
- Crafts using food packaging or food ingredients
- Off-site events and school trips
- Any other activities involving animals or food
- Swimming lessons (considering the distance from AAIs)
- PE and sports activities
- **Sports days** and other outdoor activities where insect stings could occur
- Creative lessons where food ingredients or boxes are used
- **Any activity where food sharing might occur** (e.g. birthday celebrations, class parties)

A risk assessment will also be carried out where a visitor requires a guide dog or where there is contact with the school's dog or other animals (e.g. where a farm is onsite or where chickens are hatched)

Risk assessments will:

- Be completed in consultation with parents/carers and the pupil (where appropriate)
- Identify specific risks and how they will be managed
- Ensure AAIs are readily accessible during the activity
- Identify trained staff who will be present
- **Include specific measures to prevent food sharing**
- Be reviewed and updated as necessary
- Be reviewed **as part of the risk assessment process and at least every three years or when the risk changes**

7. Managing Risk

7.1 Hygiene Procedures

- Pupils are reminded to wash their hands thoroughly before and after eating
- **Food sharing is strictly prohibited at all times**
- Pupils have their own named water bottles
- Tables and surfaces are cleaned thoroughly before and after eating
- Hand sanitiser is available but does not replace handwashing

7.2 No Food Sharing Policy

This is a critical safety measure to protect all pupils, particularly those with allergies.

The rule:

No pupil may share, swap, trade, offer, or accept food from another pupil at any time.

This applies to:

- Packed lunches and snacks
- School dinners
- Breakfasts and after-school clubs
- Birthday treats and celebrations
- School trips and off-site activities
- All other school activities involving food

Why is food sharing dangerous?

- Even a tiny amount of an allergen can cause a severe reaction
- Pupils may not know all the ingredients in their food
- Cross-contamination can occur through touch, saliva, or food residue
- Some allergic reactions can be delayed, making it hard to identify the cause

How we enforce this:

- All staff will actively supervise mealtimes and snack times
- Pupils will be taught about the no food sharing rule from their first day at school
- The rule will be reinforced regularly through assemblies, PSHE lessons, and classroom discussions
- Pupils who share food will be reminded of the rule and parents/carers will be informed
- Repeated breaches will be addressed through the school's behaviour policy

How we teach this:

- Pupils will learn **why** food sharing is dangerous through age-appropriate allergy awareness education
- Pupils will be encouraged to be "allergy allies" who look out for their friends
- Pupils will understand that this rule keeps everyone safe

Exceptions:

- Food may only be shared with explicit permission from a member of staff who has checked:
 - The ingredients of the food
 - The allergies of all pupils involved
 - That it is safe to do so
- This will typically only apply in controlled educational settings (e.g. food technology lessons with appropriate risk assessments)

7.3 Catering

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

Allergen labelling and information:

- The school will operate in line with the **Food Information Regulations 2014**
- Information linked to the **14 food allergens** will be clearly highlighted on all food provided
- Any food that is **pre-packed for direct sale (PPDS)** will be provided with a full ingredients list (Food prepared on-site for packed lunches must also meet these requirements)
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will ensure these continue to meet any special dietary needs and parents/carers are notified in advance

Staff training and pupil identification:

- Catering staff receive appropriate allergy awareness training, including training on the **no food sharing rule**
- Pupils with allergies will be identified through a **list provided to all catering staff and supervisors**, along with a **photograph of the pupil**
- Where appropriate and agreed with parents/carers, pupils with severe allergies may wear a **lanyard or wristband**

Cross-contamination prevention:

- Catering staff follow strict hygiene and allergy procedures:
 - **Two-step cleaning procedures**
 - **Separate preparation areas** for allergenic ingredients
 - Using separate equipment and utensils for allergen-free meals
 - Clearly labelling allergen-free meals
 - Serving allergen-free meals first where possible

Communication and inclusion:

- Open communication is always taught and encouraged
- Pupils can ask for additional reassurance if they have concerns over a dish
- Pupils should always have options that they can enjoy safely

7.4 Food Restrictions

We encourage pupils and staff to avoid certain high-risk foods:

- 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 and returned to parents at the end of the day.

7.5 Food Brought in to Share (Birthdays and Celebrations)

For birthdays, celebrations, or events where food is brought in to share:

- Parents/carers must provide a full ingredient list in advance
- The allergy lead will review the ingredient list and approve or decline the food
- Where possible, **non-food treats are strongly encouraged** (e.g. stickers, pencils, extra playtime, book donations)
- **If food is approved:**
 - It must be shop-bought with clear ingredient labelling (homemade items cannot be accepted)
 - It will be distributed by staff only (not by pupils)
 - Pupils with allergies will receive an alternative treat
 - **The no food sharing rule still applies**

7.6 Insect Bites/Stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Pupils at risk of severe reactions to insect stings will have this noted in their IHP

7.7 Animals

- All pupils will always wash hands after interacting with animals
- Pupils with animal allergies will not interact with animals
- Risk assessments will be completed before any animal visits

7.8 Support for Mental Health and Wellbeing

The school is committed to promoting the wellbeing of children and young people with allergies, recognising that the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

We recognise that children with allergies can sometimes experience:

- **Bullying or social isolation**
- **Anxiety** about food, social situations, or school trips
- **Fear** of having an allergic reaction
- **Low self-esteem** or feeling 'different'
- **Depression** relating to their allergy
- **Social exclusion** due to food restrictions or the no food sharing rule

How we will promote wellbeing:

Pupils with allergies will have additional support through access to:

- Pastoral care
- Regular check-ins with their class teacher
- Access to school counselling services if needed

How we will address and prevent bullying:

- All pupils will receive age-appropriate lessons, assemblies, and activities about allergy awareness, including understanding why some pupils have different dietary needs
- Through our PSHE curriculum, we will teach pupils about empathy, inclusion, and respect for differences
- Staff will remain vigilant to signs of bullying or unkind behaviour towards pupils with allergies
- Any incidents of bullying related to allergies will be addressed immediately through our behaviour policy
- We will create a positive, inclusive culture where pupils with allergies feel safe, valued, and supported
- We will encourage pupils to be "allergy allies" who look out for their friends

Supporting pupils' confidence and independence:

The following steps ensure all pupils with allergies feel safe and confident:

- All pupils will receive lessons/assemblies/activities (as appropriate to the age of the child) linked to allergy awareness
- Time is allocated within the curriculum for allergy awareness education, including teaching about the no food sharing rule
- Staff will keep up-to-date information regarding pupil allergies
- Those with allergies outside of the 14 named food allergens will be documented
- Additional monitoring is provided at mealtimes to enforce the no food sharing rule and prevent cross-contamination

We will work with parents/carers and, where appropriate, external professionals to support the pupil's emotional wellbeing.

7.9 Peer awareness and support:

Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training will be considered carefully and

discussed with the child or young person and their parents, and will not replace staff emergency response arrangements.

We will:

- Discuss with parents/carers and the pupil whether they would like close friends to be aware of their allergy and what to do in an emergency
- Provide age-appropriate information to peers only with explicit consent from parents/carers and the pupil
- Make it clear to pupils that they should always alert an adult immediately if a friend with allergies appears unwell
- Emphasise that peer awareness is additional support, not a replacement for staff supervision and emergency response
- Include allergy awareness in our PSHE curriculum and assemblies to help all pupils understand how to support their friends

Examples of how we will raise awareness among pupils:

- Age-appropriate PSHE lessons about allergies, including what they are, why some pupils have them, and how to be a supportive friend
- Assemblies on being an "allergy ally" and looking out for friends
- Teaching pupils about the no food sharing rule and why it keeps everyone safe
- Creating a culture where pupils feel comfortable asking an adult if they're unsure whether food is safe

7.10 Events and School Trips

The school is committed to ensuring that pupils with allergies are **included in extracurricular activities**. **No pupils with allergies will be excluded** from taking part due to having an allergy.

Planning and preparation:

- The trip/excursion leader will check allergies for all pupils and communicate this to other staff
- Risk assessments are completed as per normal school's practice
- Staff members involved are aware of pupils' allergies and IHPs
- AAls and emergency medication are readily accessible
- Emergency contact details are available
- **The no food sharing rule is clearly communicated to all pupils and enforced throughout the trip**

Staff training and medication:

- Trip leaders will be trained to confidently administer AAls
- Staff members supervising children who carry an AAI will also be trained
- Pupils with allergies must carry the required medication, which will be checked carefully on the morning of the trip
- Parents/carers will be asked to provide 2 AAls for trips: **Pupils without medication must not attend the trip**

External venues and catering:

- The suitability of these arrangements will be checked by staff and agreed upon by parents
- In some cases, parents/carers may be asked to provide food and drink for the pupil
- Venue staff will be informed of allergies and the school's no food sharing rule

Spare AAls on School Trips

The school will ensure that appropriate emergency medication is available on all school trips, in line with statutory guidance and risk assessment.

Where pupils with known allergies are attending a trip:

- Pupils at risk of anaphylaxis **must** have their own prescribed AAls with them at all times during the trip
- Parents/carers will be asked to provide 2 **AAls** for the trip
- The pupil's AAls will be checked on the morning of the trip to ensure they are present and in date
- **Pupils without their required medication will not be permitted to attend the trip**
- At least one member of staff on the trip will be trained to administer AAls
- The trip leader will carry a copy of the pupil's Individual Healthcare Plan (IHP)/Allergy Action Plan

Where NO pupils with known allergies are attending a trip, we would take the school's spare AAls, unless this would leave the school short. For this reason, the school will always aim to have 4 spare AAls for those below 6 years of age and those over 6.

7.11 Managing Airborne and Contact Allergen Risks

Where children and young people have known allergies to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens. All

Airborne allergens (e.g., pollen, dust mites, animal dander):

- We will work with parents/carers to identify specific triggers and reasonable adjustments
- Where appropriate, we may keep windows closed during high pollen counts for pupils with severe hay fever
- Classrooms will be well-ventilated and regularly cleaned to minimise dust mites
- Pupils with asthma (which can be triggered by airborne allergens) will have access to their reliever inhaler at all times
- Any specific requirements will be documented in the pupil's Individual Healthcare Plan

Contact allergens (e.g., latex, certain plants, metals, chemicals):

- Where pupils have known contact allergies (e.g., latex), we will ensure alternative materials are available (e.g., non-latex gloves for staff and pupils)
- Staff planning activities involving potential contact allergens (e.g., craft activities using certain plants or materials) will check pupils' IHPs and risk assessments
- Pupils with contact allergies will be seated away from materials that may trigger a reaction
- Any specific requirements will be documented in the pupil's Individual Healthcare Plan

Animals:

- All pupils will always wash hands after interacting with animals
- Pupils with animal allergies will not interact with animals
- Risk assessments will be completed before any animal visits (see Section 7.7)
- Where a visitor requires a guide dog or where there is contact with the school's dog or other animals (e.g., where a farm is onsite or where chickens are hatched), we will inform parents/carers of pupils with known animal allergies in advance

Emergency procedures on trips:

- All staff on trips will be briefed (e.g. from their annual training) on how to recognise anaphylaxis (using the ABC approach – Airways, Breathing, Circulation)
- Staff will know the location of AAI (whether the pupil's own or spare school AAI)
- In the event of suspected anaphylaxis, staff will administer adrenaline immediately and call 999, stating "anaphylaxis"
- The school office will be contacted as soon as possible
- Parents/carers will be informed immediately

Recording:

- Any use of AAI on a school trip will be recorded in line with Section 12 of this policy
- The incident will be reported to the allergy lead on the same day (or as soon as possible)

8. Recognising and Responding to Allergic Reactions

8.1 Register of Pupils with Allergies

The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI. The register includes:

- Pupil's name, **photograph** (with parental consent), class, and date of birth
- Known allergens and risk factors for anaphylaxis
- Type and dose of prescribed AAI(s)
- Location of the pupil's AAI(s)
- Whether parental consent has been given for use of the spare AAI (noting that **in a life-threatening emergency, consent is not legally required**)
- Date of last IHP review
- Emergency contact details
- Any additional medical conditions that might affect treatment (e.g., asthma)

The register is kept in the school office and on the school's internal server and can be checked quickly by any member of staff. It is updated whenever there are changes to a pupil's circumstances.

8.2 Recognising Allergic Reactions

All staff are trained to recognise the signs of allergic reactions.

Mild to moderate allergic reaction:

- Itchy or tingling mouth
- Hives or itchy skin rash
- Swelling of the face, lips, or eyes
- Stomach pain, nausea, or vomiting
- Sneezing

Severe allergic reaction (anaphylaxis) - Think ABC:

- **A - Airways:** Severe swelling of the airways, difficulty speaking or swallowing
- **B - Breathing:** Difficulty breathing, wheezing, noisy or laboured breathing, odd repetitive cough after eating
- **C - Circulation:** Dizziness, feeling faint, tired or confused, pale/clammy skin (altered conscious state), drop in blood pressure

Anaphylaxis is a medical emergency and requires immediate treatment with adrenaline.

8.3 Emergency Anaphylaxis Response Plan

This is considered a medical emergency:

Step-by-step procedure:

1. **Call for help immediately** - send someone to get the pupil's AAI and the emergency anaphylaxis kit
2. **Lay the child down flat** with the head slightly elevated (unless they're having breathing difficulties, in which case let them sit up)
3. **Administer the AAI without delay**, noting the time
 - The AAI should be given into the muscle in the **outer thigh**

- Take care to read specific instructions on the AAI
- 4. **After administering the AAI, raise the child's legs**
 - The child can sit up at short intervals if they feel more comfortable
- 5. **Call 999** and state "**anaphylaxis**" - request an ambulance
- 6. **Monitor the pupil continuously**
 - Do not leave the pupil unattended
 - Remain as calm as possible and reassure the pupil
- 7. **After 5 minutes**, a second AAI can be administered in the outer thigh of the opposite leg if symptoms have not improved
- 8. **If the pupil stops breathing**, commence CPR and locate the defibrillator
- 9. **Call parents/carers** as soon as possible
- 10. **Keep the used AAI** to hand to the paramedics
- 11. **Send a member of staff to hospital** with the pupil if parents cannot get there in time

Important notes:

- All pupils **must go to the hospital** following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a **secondary (biphasic) reaction**
- If one or two of their AAIs has been used, the hospital will need to replace them before the child is discharged
- In a genuine medical emergency where a pupil is showing signs of anaphylaxis, staff should administer an AAI **immediately**, even if:
 - The pupil has not previously been diagnosed with an allergy
 - Parental consent has not been obtained
 - The pupil's own AAI is not available
- **This is a life-saving measure and is supported by Benedict's Law guidance**

8.4 Procedures for Mild to Moderate Reactions

If the allergic reaction is mild:

1. Stay calm and reassure the pupil
2. Remove the allergen if possible
3. Follow the pupil's IHP
4. Administer antihistamine if prescribed and detailed in the IHP
5. Monitor the pupil closely for any worsening of symptoms
6. Contact parents/carers to inform them
7. **If symptoms worsen or do not improve, treat as anaphylaxis**
8. Record the incident

If the pupil has no IHP or the reaction is unexpected:

- Follow the school's emergency procedures
- Use the NHS guidance on treatment of anaphylaxis
- In a genuine emergency where a pupil is showing signs of anaphylaxis, spare AAIs may be administered to any pupil

All allergic reactions, including minor ones, must be reported to the allergy lead and recorded.

8.5 After an Allergic Reaction

Following any allergic reaction:

- The incident must be recorded
- Parents/carers must be informed
- The pupil's IHP must be reviewed
- A debrief should be held with staff involved
- The allergy lead should review procedures to identify any lessons learned
- If the reaction was caused by food sharing, this will be addressed through the school's behaviour policy and additional education for pupils

9. Adrenaline Auto-Injectors (AAIs)

The school follows the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools and the requirements of Benedict's Law.

9.1 Purchasing of Spare AAIs

In accordance with **Benedict's Law**, the school has obtained the appropriate number of spare adrenaline devices required.

The allergy lead is responsible for buying spare AAIs and ensuring they are stored according to the guidance.

- AAIs will be sourced from a local pharmacy or recognised pharmaceutical company
- AAI pens will be purchased based upon the age of the child/children who have a known allergy
- The dosage required (based on Resuscitation Council UK's age-based criteria):
 - **For children under 6 years:** 150 microgram (0.15 milligram) dose (e.g., EpiPen Junior 0.15mg, Emerade 150, or Jext 150)

- **For children 6 and over:** 300 microgram (0.3 milligram) dose (e.g., EpiPen 0.3mg, Emerade 300, or Jext 300)

The school will maintain **at least 2 spare AAI**s of each dose required.

9.2 Storage (of Both Spare and Prescribed AAI)s

The allergy lead will make sure all AAI)s are:

- Stored at **room temperature** (ideally between 15°C and 25°C), in line with manufacturer's guidelines
- Protected from direct sunlight and extremes of temperature
- Kept away from any heat source
- Kept in a safe and suitably central location to which all staff have access at all times, but which 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. For the school, we have made the decision to have two spare sets of AAI)s for the school and a further two spare sets for visits.
- Clearly labelled to indicate whether they are spare AAI)s or a pupil's personal AAI

Spare AAI)s are stored in the following location(s):

- Main school office: [in the main front office where the school medicine is kept]
- Nursery office {above the filing cabinet next to the desk}

Individual pupils' AAI)s are stored:

- In the office classroom [in the main front office where the school medicine is kept] in a clearly labelled container (accessible but out of children's reach)
- For pupils who carry their own AAI, a spare is kept in the [in the main front office where the school medicine is kept]

All staff are made aware, through training, of the location of all medication.

Some older pupils may be able to take responsibility for carrying their medication. In this case, the pupil and teacher and other adults in the room must know exactly where the medication is stored to allow staff to find it quickly in case of an emergency.

9.3 Maintenance (of Spare and Prescribed AAI)s

Parents/carers must ensure that any medication is provided and labelled with the child's name/photo. They must ensure that replacement medication is sourced quickly and before the expiry dates.

The school first aider is responsible for checking **monthly** that:

- All AAI)s (spare and individual) are present and in date
- AAI)s have not been damaged or used
- The solution in the AAI is clear (not cloudy or discoloured)
- Replacement AAI)s are ordered when the expiry date is within 3 months

A checklist is maintained recording:

- Date of check
- Batch numbers
- Expiry dates
- Condition of AAI)s
- Name of person conducting the check

Parents/carers will be reminded when their child's prescribed AAI is approaching its expiry date.

9.4 Use of AAI)s - When and How

When to use an AAI:

An AAI should be used immediately if a pupil is showing signs of anaphylaxis (see section 8.2 - think ABC).

Which AAI to use:

While children with a prescribed adrenaline device, and children with known allergies who may be at risk of anaphylaxis should already have medical approval and parental consent to use these in an emergency, **spare AAI)s can be used for anyone for the purpose of saving a life, even without prior consent.**

1. **First choice:** Use the pupil's own prescribed AAI if immediately available
2. **If the pupil's own AAI is not available, broken, out-of-date, has misfired, or has been wrongly administered:** Use a spare school AAI
3. **In a genuine medical emergency where a pupil is showing signs of anaphylaxis:** Spare AAI)s may be administered to any pupil, even if they have not previously been diagnosed with an allergy or parental consent has not been obtained

9.5 Use of AAI)s Off School Premises

- Pupils at risk of anaphylaxis who are able to administer their own AAI)s should carry their own AAI with them on school trips and off-site events
- Parents will be asked to provide 2 AAI)s for the visit
- Two spare AAI)s will be taken

9.6 How to Administer an AAI

Step-by-step instructions:

1. Remove the AAI from its container

2. Form a fist around the AAI with the orange tip pointing downward (for EpiPen/Jext) or follow specific manufacturer instructions
3. Remove the safety cap
4. Place the orange tip against the outer thigh (can be given through clothing)
5. Push down hard until you hear a click
6. Hold firmly in place for 3 seconds (or 10 seconds for Emerade)
7. Remove the AAI and massage the injection area for 10 seconds
8. Note the time of administration
9. Keep the used AAI to give to the paramedics

Important:

- Never put your thumb, fingers, or hand over the orange tip
- The AAI can be given through clothing
- Do not delay - seconds count in anaphylaxis

9.7 Emergency Anaphylaxis Kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs (at least 2 of each dose required)
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered (the allergy register)
- A record of when AAIs have been administered
- Emergency contact numbers
- A copy of this policy

The kit is stored in the school office and is clearly labelled. All staff know where it is located.

10. Training

This training ensures all staff have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it. Training will ensure staff understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, and others), which can co-exist, and that they understand the difference between food allergy, coeliac disease and food intolerance.

10.1 Staff Training Requirements

All staff will complete allergy awareness and anaphylaxis training **annually**. This is a mandatory requirement.

The training will cover:

- Background information regarding allergies and food hypersensitivities
- The difference between allergies, intolerances, and coeliac disease
- Symptoms of allergic reactions, including anaphylaxis (using the ABC approach)
- The school's **no food sharing policy** and why it is critical
- Anaphylaxis emergency response plans, including how to correctly administer an AAI
- Details regarding the storage and use of spare adrenaline auto-injectors in school
- How to reduce the risk of a pupil experiencing an adverse reaction, including:
 - The catering arrangements in school
 - Relevant food ban policies
 - Cross-contamination and protein transfer risks
- How to manage and understand Individual Healthcare Plans (IHPs)
- School activities that require additional planning, including:
 - Food technology
 - School trips
 - Projects involving food
 - Sports days and outdoor activities
- The importance of handwashing and hygiene
- Mental health and wellbeing support for pupils with allergies
- Recording and reporting procedures

Training completion and monitoring:

- 100% of staff present during times when pupils are scheduled to be on site will complete annual allergy awareness training
- The allergy lead will maintain a training register and monitor completion rates
- Any staff member who has not completed training will be followed up promptly

- Training completion rates will be reported to the Governing Body termly (see Section 12.4)
- New staff will complete allergy training as part of their induction before working unsupervised with pupils

10.2 Training Delivery

Training could be delivered by:

- The allergy lead
- The school nursing team where appropriate
- External allergy training providers (where appropriate) e.g. via an online training course

Any training must cover all the statutory content requirements listed above in section 10.1.

10.3 Training Records

The allergy lead will maintain records of all staff training, including:

- Name of staff member
- Date of training
- Type of training completed
- Signature of staff member

These records will be reviewed annually and presented to the Governing Body's named allergy governor

10.4 New Staff, Supply Staff and Volunteers

- All new staff will receive allergy training as part of their induction
- **Regular volunteers** (those who work in school at least weekly or work unsupervised with pupils) will complete the same annual allergy awareness training as staff
- **Occasional volunteers** and supply staff will be briefed on the school's allergy policy on arrival, including:
 - The no food sharing rule
 - The location of AAls and emergency procedures
 - How to recognise anaphylaxis (ABC)
 - How to call for help in an emergency
- A summary sheet (Appendix 4: Quick Reference Guide) will be provided to supply staff and occasional volunteers highlighting key information
- A record will be kept of all briefings provided (as part of the school's induction process)

11. Emergency Drills

11.1 Annual Emergency Drills

The allergy lead will conduct **at least one emergency drill per academic year** to practice the school's anaphylaxis response procedures.

The drill will:

- Simulate a realistic anaphylaxis scenario
- Test staff knowledge and confidence in administering AAls
- Test the emergency response plan
- Identify any gaps in procedures or training
- Involve all staff (in rotation if necessary)

11.2 Drill Scenarios

Drills may include scenarios such as:

- A pupil experiencing anaphylaxis in the classroom
- A pupil experiencing anaphylaxis in the playground
- A pupil experiencing anaphylaxis during a school trip
- A pupil with no known allergies experiencing anaphylaxis for the first time

11.3 Debrief and Review

Following each drill:

- A debrief will be held with all staff involved
- Lessons learned will be documented
- Procedures will be updated if necessary
- Additional training will be provided if gaps are identified

11.4 Recording Drills

The allergy lead will maintain a record of all emergency drills, including:

- Date of drill
- Scenario used
- Staff involved
- Time taken to locate and administer AAI
- Any issues identified
- Actions taken as a result

12. Recording and Reporting

12.1 Recording Allergic Reactions

All allergic reactions, including minor ones, must be recorded. To do so, the school will use the Allergy School's template (available in Appendix 5) The record should include:

- Date and time of the reaction
- Pupil's name and class
- Location where the reaction occurred
- Description of symptoms
- Suspected allergen/trigger
- Action taken (e.g., AAI administered, antihistamine given, parents called)
- Time AAI was administered (if applicable)
- Name of staff member who responded
- Outcome (e.g., pupil recovered, ambulance called, hospital attendance)
- Follow-up actions

Records will be kept securely and in line with GDPR requirements.

12.2 Reporting to Parents/Carers

Parents/carers will be informed immediately of any allergic reaction, however minor. A written record will be sent home the same day.

12.3 Reporting to the Allergy Lead

All allergic reactions must be reported to the allergy lead on the same day. The allergy lead will:

- Review the incident
- Check the pupil's IHP is up to date
- Identify any lessons learned
- Update risk assessments if necessary
- Arrange a review meeting with parents/carers if appropriate

Delayed reactions:

In some cases, the impact of exposure to an allergen while in the education setting may not be recognised until the child or young person is back at home. We encourage parents/carers and healthcare professionals to report any allergic reactions that may have been triggered at school, even if symptoms developed after the pupil went home. This helps us:

- Identify potential allergen exposure that we may not have been aware of
- Review our procedures and risk assessments
- Prevent similar incidents in the future

Parents/carers can report delayed reactions by:

- Contacting the school office
- Speaking directly to the allergy lead
- Emailing: office@portsdown.portsmouth.sch.uk

All reports of delayed reactions will be recorded and reviewed in the same way as incidents that occur on school premises.

12.4 Reporting to the Governing Body

The allergy lead will provide a termly report to the Governing Body, including:

- Number of allergic reactions (broken down by severity)
- Number of AAI administrations
- Training completion rates
- Emergency drill outcomes
- Any incidents or near misses
- Actions taken to improve allergy management
- Any concerns or recommendations

12.5 Reporting to External Agencies

In accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), the school will report to the Health and Safety Executive (HSE) any incident where:

- A pupil is taken to hospital following an allergic reaction
- There is a serious incident or near miss

NB: RIDDOR reports must be made within **10 days** of the incident for injuries requiring hospital attendance, or **15 days** for other reportable incidents.

13. Links to Other Policies

This policy links to the following policies and procedures:

- **Supporting pupils with medical conditions policy**

- Health and safety policy
- First aid policy
- School food policy
- Behaviour policy (in relation to food sharing)
- Safeguarding and child protection policy
- SEND policy
- Accessibility policy
- Educational visits policy
- GDPR and data protection policy

Policy Review

This policy will be reviewed **annually** or sooner if:

- There are changes to legislation or statutory guidance
- There is a serious incident involving an allergic reaction
- The Governing Body requests a review
- Best practice guidance is updated

14. Appendix 1: Key Contacts

Allergy Management Team

For queries about allergy management at Portsdown Primary School, please contact the school office

Email: office@portsdown.portsmouth.sch.uk Telephone: 02392 378991

Governor Responsible for Allergies

Name	Contact
Mrs Durow	[Email via school office] office@portsdown.portsmouth.sch.uk

Appendix 2: Useful Resources for Parents/Carers

- Allergy UK: www.allergyuk.org | Helpline: 01322 619898
- Anaphylaxis UK: www.anaphylaxis.org.uk
- Coeliac UK: www.coeliac.org.uk | Helpline: 0333 332 2033
- The Natasha Allergy Research Foundation: www.narf.org.uk
- NHS Information on Allergies: www.nhs.uk/conditions/allergies

Signs and symptoms of an allergic reaction

The signs and symptoms of an allergic reaction can vary from person to person and can range from mild to severe. However, there are some common things to look out for. Usually, symptoms will occur rapidly after a person has been exposed to an allergen.

ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction which must be recognised quickly. When checking for anaphylaxis, remember the ABC acronym:

A



Airway

Does the person have a persistent cough, a hoarse voice, difficulty swallowing or a swollen tongue?

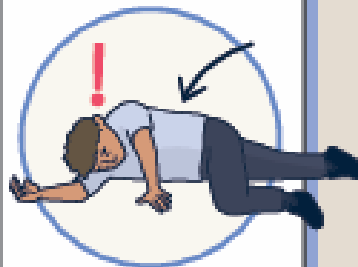
B



Breathing

Is the person experiencing difficult or noisy breathing? Do they have a persistent cough or wheeze?

C



Circulation

Has the person become persistently dizzy, pale, floppy or suddenly sleepy? Have they collapsed or become unconscious?



If a child shows one or more of the ABC signs, they will need immediate treatment with an adrenaline auto-injector (AAI) and someone must ring 999.

Other signs and symptoms of an allergic reaction:

- An itchy, tingling mouth
- A mild tightness of the throat
- A red, itchy rash (hives)
- Swelling of the lips, eyes or other parts of the face
- Abdominal pain
- Nausea and/or vomiting

Anyone showing signs of an allergic reaction must be monitored closely and parents/carers must be informed.



Appendix 4: Quick Reference Guide for Staff

Portsmouth Primary School Allergy Policy - Essential Information

EMERGENCY: Recognising Anaphylaxis (ABC)

See Appendix 3 poster for full signs and symptoms

If a pupil shows **ONE OR MORE** of these ABC signs, they need **IMMEDIATE** treatment:

- **A - Airways:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- **B - Breathing:** Difficult or noisy breathing, persistent cough or wheeze
- **C - Circulation:** Persistently dizzy, pale, floppy, suddenly sleepy, collapsed or unconscious

→ **ACTION: Administer AAI immediately and call 999 stating "anaphylaxis"**

EMERGENCY: What to Do

1. **Call for help** - get the pupil's AAI and emergency kit
2. **Lay child flat** (head slightly elevated; let them sit if breathing difficulties)
3. **Give AAI into outer thigh** - note the time
4. **Raise legs** after administering AAI
5. **Call 999** - state "anaphylaxis"
6. **Monitor continuously** - do not leave pupil alone
7. **After 5 minutes** - give second AAI if symptoms haven't improved
8. **Call parents/carers**
9. **Keep used AAI** for paramedics
10. **All pupils go to hospital** after anaphylaxis (even if recovered)

Where Are AAIs Kept?

- **Spare AAIs:** Main school office
- **Individual pupils' AAIs:** In their classroom (clearly labelled container)
- **Emergency kit:** School office (clearly labelled)
- **Register of pupils with allergies:** School office and on internal server

AAIs are **NEVER** locked away and are **NEVER** more than **5 minutes** away

NO FOOD SHARING RULE

This is a critical safety rule - enforce at **ALL** times

No pupil may share, swap, trade, offer, or accept food from another pupil

Why? Even tiny amounts of allergen can cause severe reactions

Applies to: All meals, snacks, celebrations, trips, clubs - everything

Your role: Actively supervise and remind pupils of this rule

At Mealtimes

- Supervise carefully - watch for food sharing
- Pay attention to **cross-contamination** (e.g., milk from yoghurt transferring to nearby pupil)
- Ensure pupils with allergies receive **additional vigilance**
- Check pupils wash hands before and after eating
- Know which pupils have allergies (check register/photos)

Individual Healthcare Plans (IHPs)

- All pupils at risk of anaphylaxis have an IHP
- IHPs are in: classroom, school office, with allergy lead
- **Know the IHPs for pupils in your care**
- IHPs include photo, allergens, symptoms, emergency instructions

Mild Allergic Reactions

Symptoms: Itchy mouth, hives, swelling of face/lips, stomach pain, sneezing

Action:

1. Stay calm, reassure pupil
2. Remove allergen if possible
3. Follow pupil's IHP

4. Give antihistamine if prescribed in IHP
5. Monitor closely
6. Contact parents/carers
7. **If symptoms worsen → treat as anaphylaxis**
8. Record incident and report to allergy lead

Recording & Reporting

ALL allergic reactions (even minor) must be:

- Recorded (date, time, pupil, symptoms, action taken)
- Reported to allergy lead same day
- Parents/carers informed immediately

School Trips

- Check which pupils have allergies
- Ensure AAls are accessible
- Pupils **must** have available the required medication
- **No medication = no trip**
- Enforce no food sharing rule
- Brief all staff and venue

Birthdays & Celebrations

- **Non-food treats strongly encouraged** (stickers, pencils, extra playtime)
- If food: must be shop-bought with ingredient list, approved by allergy lead
- Staff distribute (not pupils)
- Pupils with allergies receive alternative treat
- **No food sharing rule still applies**

Key Responsibilities

You must:

- Know which pupils in your care have allergies
- Know where AAls are kept
- Enforce the no food sharing rule
- Recognise signs of anaphylaxis (ABC - see Appendix 3)
- Know how to administer an AAI
- Report all reactions to allergy lead
- Attend annual training

Appendix 5: Quick Questions

Q: Can I give an AAI to a pupil without parental consent?

A: YES - in a genuine emergency where a pupil shows signs of anaphylaxis. This is a life-saving measure supported by Benedict's Law.

Q: Can I use a spare AAI if the pupil's own isn't available?

A: YES - spare AAls can be used for anyone to save a life.

Q: What if a pupil with no known allergy shows signs of anaphylaxis?

A: Administer spare AAI immediately - don't delay.

Q: Do all pupils go to hospital after anaphylaxis?

A: YES - always, even if they appear recovered (risk of secondary reaction).

Q: Can pupils share food if they check ingredients first?

A: NO - the no food sharing rule applies at all times (unless explicit staff permission in controlled settings like food tasting for DT lessons)

