Norton St Nicholas CofE (VA) Primary School

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Guided by God's love, we educate and nurture each unique child, inspiring them to reach their full potential, and enabling them to flourish as caring and successful citizens who make a difference in their communities.

Allergy Policy

Based on model policy from Anaphylaxis UK

Policy Review

This policy will be reviewed in full by the Governing Body annually.

The policy was last reviewed and agreed by the Governing Body in September 2026.

It is due for review in September 2027.

Purpose

To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen (e.g. eating a trigger food), though can occur several hours later (e.g. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases, there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a twenty to thirty-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Norton St Nicholas School has a whole school awareness approach; we ensures staff and students are aware of what allergies are, the importance of avoiding the individual's allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. There is a separate policy for Asthma.

Norton St Nicholas School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

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

These symptoms are treated with antihistamines.

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

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

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

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

Action:

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

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

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

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and we will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with an allergy is cooking. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Norton St Nicholas School is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Norton St Nicholas School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk.

Norton St Nicholas School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Norton St Nicholas School will ensure that the risk of exposure is minimised by:

- Working closely with parents/carers and health professionals to understand the student's allergy.
- All school staff allergy training every year.
- Educating students through awareness assemblies and within PSHE.
- Educating the Parent Teacher Association (PTA) about school expectations for allergy management.
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, students and visitors.

Food Provision and Catering:

Norton St Nicholas School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations.
- Ensuring school caterers provide information on food allergens to parents/carers.
- Informing parents that it is their responsibility as parents to provide their child's allergen information to the caterers in a timely manner to ensure that students can eat safely.
- Enabling parents/carers to liaise with the catering company or school chef .
- Teach students not to food share, trade food or share utensils or food containers with the reasons why.

Food in the curriculum:
There are numerous times across the school curriculum where food is used. Before food is used with any group of children, the class teacher must check all allergies for the class with the school secretary to ensure at least two staff have checked potential allergens for those pupils.

Other food at school:

- If staff want to include food for any other reason beyond the curriculum, they must first check with the headteacher and at least two further adults should check the allergies for the class – this should usually be the class teacher and the school secretary (or the headteacher or other senior leader in the school secretary's absence).
- Norton St Nicholas School has a blanket policy on not handing out food or treats provided by parents (e.g. to celebrate birthdays). All school staff are aware of this policy.

Medication and Adrenaline Devices (ADs)
People at risk of anaphylaxis are usually prescribed two adrenaline devices. **For children at Norton St Nicholas School, an adrenaline device will be kept accessible in an unlocked medical cupboard in the school office**. These devices will also be available to wraparound care providers based at the school.

The trip leader or member of staff responsible for a child will ensure this device is taken on any trips out of school.

It is the parents' responsibility to ensure their child has an adrenaline device with them on journeys to and from school.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices
The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Norton St Nicholas School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. **These devices are stored in the unlocked medical cupboard in the school office.**

Norton St Nicholas School holds:

- AAI *EpiPen Junor 0.15mg* – for children under 6 years of age.
- AAI *Epiper 0.3mg* – for children over 6 years of age.

The School Secretary (first aid lead) is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box, kept or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be returned to parents for disposal.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).

- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. In an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given.

Staff Training and Emergency Response

All staff will be trained in allergy awareness and emergency response.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them.
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever.
- Understand the difference between food allergy, intolerance and coeliac disease.
- That a student can be allergic to any food, not just the top 14 allergens.
- Know the symptoms of allergic reactions and how to treat.
- Know the symptoms of anaphylaxis and how to treat.
- How to locate and administer adrenaline or an asthma inhaler.
    - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline.
- How to report an allergic reaction including:
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens.
- Understand the impact that allergy can have on a student's wellbeing.
- Understand the school's allergy safety policy and how to check if a student is on the record of those with a known allergy.
- How to use an allergy or asthma action plan.

Emergency preparedness

We will communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.

During fire drills and lockdown practices, we will ensure that a student's adrenaline device is taken to the fire assembly point. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities:

Governing body:
The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis.

Headteacher and First Aid Lead (school secretary) are responsible for:

- Systems to collect allergy information during the enrolment process.
- Holding a register of students and staff with allergies, including whether they hold adrenaline and whether they have an allergy action plan.
- Ensuring that systems are robust for the identification of students at mealtimes.
- Communication about:
  - the policy
  - the students who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- Communication with:
  - governors to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
  - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire.
- Ensuring IHPs are created, communicated and reviewed.
- Ensuring that all staff receive annual training and that allergy is included in induction.

All Staff are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency.
- Implementing students' IHPs.
- Curriculum adaptation to minimise risks.
- Completing risk assessments for curriculum activities involving food, trips and visits including sporting events.
- Building proactive relationships with parents/carers.
- Reporting near misses and incidents.

Parents are responsible for:

- Adhering to this policy.
- Providing school with the information they need to create individual health care plans.
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school.

Identification of Individuals with Allergies:
We collect detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission through a parent questionnaire.

Information Sharing:

UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Transition:
Allergy information and existing care plans are shared as part of a student's transition. We will work with parents/carers and the student if appropriate to write a new IHP.

Staff:
Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers:
Visitors or regular volunteers will be asked about allergies ahead of their visit. If an allergy is declared, the headteacher will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment. {insert how}.

Student Allergy Action Plans and Individual Healthcare Plans (IHPs)

Allergy action plans:

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)
Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school-owned documents that are co-created by school, parents/carers and students. They should include any advice received from health professionals.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Norton St Nicholas School will ensure that:

- Students with an allergy action plan and/or an asthma plan have an individual healthcare plan.
- Students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need have an individual healthcare plan.
- Individual healthcare plans are created whilst students are waiting for a diagnosis.

School Trips and External Visits

Norton St Nicholas School ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

Serious Incidents and "Near Misses":

Norton St Nicholas School approaches serious incidents and “near misses” in a “no blame” spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

We are aware that when an incident occurs, materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

Wellbeing and Support

Allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school’s culture. Students with allergy may become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

We will:

- Regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Include allergy and anaphylaxis lessons during assembly or in PSHE.
- Plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation.
- Understand that allergy bullying is extremely serious and actively monitor, prevent, and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints.

Unacceptable practice

Staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- Preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan.
- Assuming that every child with the same condition requires the same support.
- Assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management.
- Ignoring the views of the child or young person or their parents or carer.
- Ignoring medical evidence or the opinion and advice of healthcare professionals.
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way.

- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis), help should come to the child or young person.
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management.
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child.
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school life, including external visits and trips.

Further reading:

- Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education
- Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies
- Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools
- Guidance on the use of adrenaline auto-injectors in schools
- Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:

- https://benedictblythe.com/benedicts-law
- https://www.anaphylaxis.org.uk/education/benedicts-law

Food:

- Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties:

- The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.