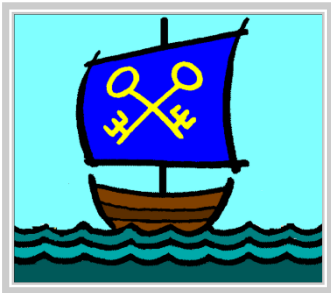


# ST PETER'S CATHOLIC PRIMARY SCHOOL SHOREHAM



## ALLERGY & ANAPHYLAXIS POLICY

Approved by Governors: July 2022  
Amended February 2026

## **Allergy and Anaphylaxis Policy**

### **Aims and Objectives**

This policy outlines St Peter's Catholic Primary School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school.

### **What is an Allergy?**

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.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

### **Definitions**

**Anaphylaxis** – Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

**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 UK 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.

**Adrenaline Auto-Injector** – 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 AAI's, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK – EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

**Allergy Action Plan** – This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We recommend the BSACI Allergy Action Plan paediatric templates.

**Designated Allergy Lead** – The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

Neffy – Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector. Neffy was approved for use in the UK in 2025.

Individual Healthcare Plan – A detailed document outlining an individual pupil's medical conditions, 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.

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

Spare Adrenaline Pens – Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed 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.

## **Roles and Responsibilities**

St Peter's Catholic Primary School takes a whole-school approach to allergy management.

Designated Allergy/Medical Lead – The Designated Allergy/Medical Leads is Liz Matthews. They report to the Headteacher and are responsible for –

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practicing allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (if held in school) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy;
- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families;
- Disseminating information to all school staff, including the catering team, breakfast and after school clubs;
- Ensuring information from parents/carers is up-to-date and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in

date. Parents to be notified when expiry dates are approaching in respect of medicines held by the school;

- Keep an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens (if held in school), including brand, dose and expiry date. The location of spare adrenaline pens should also be documented.
- Regularly checking spare adrenaline pens are where they should be and that they are in date. Replacing the spare pens when necessary.
- Arranging adrenaline pen training for staff and refresher training as required.

The named Governor for Allergy Safety is Matthew Withers.

Admissions Lead – The Admissions Lead is Liz Matthews. They report to the Headteacher and are responsible for ensuring that –

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant people – breakfast and after school clubs, Go Catering etc;
- Parents are informed of catering arrangements during admission events;

All Staff – All school staff, including teaching staff, support staff, breakfast and after school club staff, premises staff are responsible for –

- Promoting and practicing allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication – one adrenaline pen is kept in the (unlocked and signposted) cupboard in the school office; the second pen is kept in the child's classroom and is readily accessible.
- Being able to recognize and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training as required. Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert their line manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the schools's Anti-Bullying Policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Allergy/Medical Lead;
- Ensuring that children's medication, Allergy Action Plan and Individual Healthcare Plan are taken on any educational visit, or when leaving the school site.

All Parents – All parents and carers (whether their child has an allergy or not) are responsible for –

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school (the Allergy/Medical Lead – Liz Matthews) with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions for example, asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is, in fact, a food preference or dietary choice;
- Encouraging their child to be allergy aware – not sharing food etc

Parents of Children with Allergies – In addition to the above, the parents and carers of children with allergies should –

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. a spoon or syringe), inhalers or creams;
- Ensure medication is in date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management;
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring, e.g. not eating the food to which they are allergic

All Pupils – All pupils at the school should –

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Ensure that food brought from home (packed lunches etc) does not contain any nut products. If any items are of concern they should be reported to an adult immediately. Food is only for consumption by the person it is intended for and not to be shared with any other children.

Pupils with Allergies – In addition to the above, pupils with allergies are responsible for –

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding the allergen as best as they can;

- Understanding the importance of following the school specific processes of lunch and snacks and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Having two adrenaline auto-injectors in school at all times (one kept in their classroom, the other in the school office).
- Understanding how and when to use their adrenaline auto-injector;
- Raising concerns with a member of staff if they experience any inappropriate behavior in relation to their allergies.

## **Information and Documentation**

### Register of Pupils with an Allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

### Individual Healthcare Plans

Pupils with a diagnosed allergy have an Individual Healthcare Plan. The information on this plan includes –

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Details of the medication the pupil has been prescribed, including does, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil;
- A copy of their Allergy Action Plan.

## **Assessing Risk**

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include –

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food “treats”. Children should take their own snacks to eat at clubs.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, the activity will be adapted. The school will ensure compliance with the Equality Act 2010.

## **Food, Including Meal Times and Snacks**

Catering in School – this is the responsibility of our catering contractor Go! Catering

The school and its contractor, Go! Catering, is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- The new EYFS (2025) Safer Eating regulations will be fully adhered to including that at any time when children are eating, a paediatric first aid (PFA) trained member of staff will be present. Food will be prepared suitably to prevent choking.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavor to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavor to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies. Children with specific dietary requirements wear a lanyard with their name and the dietary requirement on the lanyard. Children wearing a lanyard go to the front of the queue when waiting to be served their lunch. Their names are checked with the catering meal list to see what meal they should be served. A member of school staff is always available in the school hall at lunchtimes in case of query;
- Food containing the main 14 allergens will be clearly labelled. Other ingredient information will be available on request;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to parents of children with dietary needs by Go! Catering;
- Food provided at Breakfast Club will follow these procedures.
- We are a nut free school and parents know not to send any products containing nuts in to school with their children. If any nut containing items are identified, they are immediately removed to a safe space and parents contacted.

### Food brought into school for events etc

The foundation of a safe event is early planning and clear communication. Taking time to understand and manage allergy risks makes all the difference. It begins with identifying children's needs and continues through to food preparation and supervision.

- School staff will talk to parents/carers to discuss their child's specific requirements and ask about trusted products, preferred brands;
- A risk assessment will be completed for the event to determine whether allergens can be managed or should be avoided entirely. A child will not be excluded from an event because they have a food allergy;
- Practical safety measures will be established to ensure the safety of all children;

- Any food being brought from home should be in its original packaging with an ingredient list and allergen information. All food labels will be double-checked and warnings such as “may contain” or “made in a factory” will be considered and acted upon;
- Food for allergic children will be prepared first and labelled clearly to avoid the risk of cross-contamination. Before any food is eaten a final check of the food will be made to ensure it is safe for children with allergies to eat.

### **Food Bans or Restrictions**

- This school is an Allergen Aware school. We have students with a range of allergies to different foods so we encourage a considered approach to bringing in food;
- We ask that no foods containing any form of nut are brought in to school, this includes sandwiches containing chocolate spread, nut butters, snack bars, cereal bars, chocolate bars.

### **Food Hygiene for Pupils**

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled.

### **Educational Visits and Sports Fixtures**

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies they have;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents may be consulted if considered necessary or if the trip requires an overnight stay – i.e. Year 6 residential;
- Staff accompanying the trip will be trained to recognize and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.

### **Insect Stings**

Children with a known insect venom allergy should –

- Avoid walking around in bare feet or sandals when outside and, where possible keep arms and legs covered;
- Keep food and drink covered.

The School Premises Officer will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

### **Animals**

It is normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include –

- A pupil with a known animal allergy should avoid the animal to which they are allergic;

- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed.

### **Allergic Rhinitis/Hay Fever**

Seasonal pollen allergy (hay fever) will be managed, as much as possible, by minimizing exposure and children having their medication available.

- Daily weather forecasts will be checked to track high pollen days (usually warm, dry and windy);
- Windows and doors will be kept closed during peak pollen times (early morning and early evening);
- Children with hay fever will be allowed to wear wrap-around sunglasses and hats when going outside;
- Parents to provide antihistamines, nasal sprays or eye drops as necessary. These will be kept in the school office and administered to the pupil accordingly.

### **Inclusion and Mental Health**

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and can be more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from the visit leader;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school allergy awareness initiatives;
- Any bullying related to allergy will be treated in line with the school's anti-bullying policy.

### **Adrenaline Pens**

#### Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- One adrenaline pen is kept, in a named bag, in the school office (unlocked) cupboard which is clearly labelled to say "Epipens in Cupboard". The second pen is kept in a named bag, in the child's classroom. Copies of all paperwork relating to the child's allergy and administration of the adrenaline pen are kept with the pen.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens must not be locked away;
- Adrenaline pens should be stored at moderate temperatures, not in direct sunlight or above a heat source (i.e. a radiator);
- Used or out of date pens will be disposed of appropriately.

### Spare Adrenaline Pens

This school has spare adrenaline pens to be used in accordance with Government guidance. The locations of spare adrenaline pens are clearly signposted and will be kept in the cupboard in the school office which is marked "EpiPens in Cupboard".

The Allergy Lead is responsible for –

- Deciding how many spare pens are required;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand(s) to buy;
- The purchasing of spare adrenaline pens;
- Distribution around the site and clear signage.

### Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the pupils at all times, e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognize and respond to an allergic reaction.

### **Responding to an Allergic Reaction / Anaphylaxis**

See appendix on recognizing and responding to an allergic reaction.

If a pupil has an allergic reaction –

- Treat the pupil in accordance with their Allergy Action Plan;
- If Anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves (if able to) or a member of staff can administer the pen. Ideally the member of staff will be trained but, in an emergency, anyone can administer adrenaline;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/paramedic has arrived, even if they are feeling better;
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

## **Training**

The school is committed to training all staff annually to give them a good understanding of allergy.

This includes –

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognize and treat an allergic reaction, including anaphylaxis. Staff will be given the opportunity to practice with a training adrenaline auto-injector;
- How the school manages allergy, documentation, communication etc
- Where adrenaline pens are kept and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling

## **Asthma**

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Please refer to the school's Asthma Policy for further information.

## **Reporting Allergic Reactions**

The school will log allergic reaction incidents and near-misses. These are reported on the Bosco CET accident and incident reporting system and are investigated by the Trust's Health & Safety Officer who will liaise with the school for more information.

# APPENDIX

## MANAGING ALLERGIC REACTIONS

Allergic reactions vary.

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 now 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 behavior

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.

## RESPONDING TO ANAPHYLAXIS

### Symptoms of Anaphylaxis

- A - Airway
  - Persistent cough
  - Hoarse voice
  - Difficulty swallowing
  - Swollen Tongue
  
- B - Breathing
  - Difficult or noisy breathing
  - Wheeze or cough
  
- C - Circulation
  - Persistent dizziness
  - Pale or floppy
  - Sleepy
  - Collapse or unconscious

**IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE**

### Delivering Adrenaline

1. Take the medication to the patient rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.