



Allergy Awareness Management Policy

Lionel Walden Primary School

Date Approved	February 2026	
Approved by	<i>S Abey</i>	<i>J Dale</i>
	Headteacher	Chair of Governors
Review Date	February 2028	

Allergy Awareness & Management Policy

Contents

1. Statement of Intent:	2
2. Aim:	2
3. Definitions:	3
4. Procedures for Allergy Management:	3
5. Responsibilities for Allergy Management:	4
6. In the event of a child suffering an allergic reaction:	6
7. Catering	7
8. School Trips	8
9. Allergy awareness and nut bans	8
10. Monitoring arrangements	9
11. Equality Review	9
12. Links with other policies	9
13. Useful Links	9

1. Statement of Intent:

This policy is concerned with a whole school approach to the health care and management of those members of the school community suffering from specific allergies.

Lionel Walden Primary School is aware that children who attend may experience a reaction e.g. from certain foods, bee/ wasp sting, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Lionel Walden Primary School's position is not to guarantee a completely allergen free environment, rather: to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

Lionel Walden Primary School is committed to no food and drink sharing between pupils.

The Statutory Framework states that the provider must obtain information about any dietary requirements/allergy. As such parents are asked to provide details of allergies in the child's Admissions Form, which is submitted before starting school.

2. Aim:

The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.

An allergic reaction to nuts is the most common high-risk allergy, and as such demands more rigorous controls throughout the policy.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the pupil, staff, parent and visitor exposure to known trigger such as foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to all members of the school community:

- School Staff
- Parents / Guardians
- Volunteers and other visitors
- Supply staff
- Children

3. Definitions:

Allergy -	A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.
Allergen -	A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
Anaphylaxis -	Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.
Epipen -	Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate intra-muscular administration.
Minimised Risk Environment -	An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

Health Care Plan - A detailed document outlining an individual pupil's condition treatment, and action plan for location of Epipen.

4. Procedures for Allergy Management:

4.1. General:

The involvement of parents and staff in establishing Individual Health Care Plans which are written in collaboration via a meeting if required.

The establishment and maintenance of practices for effectively communicating a child's healthcare plans to all relevant staff. This is part of the hand over before the start of the new school year.

Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.

Age-appropriate education of the children with severe food allergies.

4.2. Medical Information:

The school will seek updated information via the pupil update form at the commencement of each academic year.

Furthermore, any change in a child's medical condition during the year must be reported to the school.

For pupils with an allergic condition, the school requires parents / guardians to provide written advice from a doctor (GP), which explains the condition, defines the allergy triggers and any required medication. The Senior Leadership Team will ensure that a Health Care Plan is established and updated for each child with a known allergy.

Teachers and teaching assistants of those pupils and other key staff are required to review and familiarise themselves with the medical information.

Action Plans with a recent photograph for any pupils with allergies will be posted in relevant rooms with parental permission.

Where pupils with known allergies are participating in school excursions, the risk assessments must include this information.

The wearing of a medic-alert bracelet is allowed by the school.

4.3. Medical Information (Epipens):

Where Epipens (Adrenalin) are required in the Health Care Plan:

- Parents / guardians are responsible for the provision and timely replacement of the Epipens.
- Epipens are located securely in relevant locations approved by the School Leader.

5. Responsibilities for Allergy Management:

5.1. Parent's role:

Parents are responsible for providing, in writing, on-going accurate and current medical information to the school.

Parents are to send a letter confirming and detailing the nature of the allergy; including:

- The allergen (the substance the child is allergic to).

- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock).
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.

If a child has an allergy requiring an EpiPen, or the risk assessment deems it necessary, a Health Care Plan must be completed and signed by the parents.

It is the responsibility of the Parent to provide the school with up-to-date medication / equipment clearly labelled in a suitable container.

In the case of life saving medication like EpiPens the child will not be allowed to attend without it.

Parents are also required to provide two up to date emergency contacts.

Snacks and lunches brought into school are provided by each child's parent or carer.

It is the parent's responsibility to ensure that the contents are safe for the child to consume.

Parents should liaise with Staff about appropriateness of snacks and any food related activities (e.g. cooking).

5.2. Staff's role:

All staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

When supervising children eating, staff must ensure they are facing pupils during mealtimes to remain alert for unexpected allergic reactions. When children are seated in the hall, clear visibility of them eating should be ensured.

If a child's Admissions Form states that they have an allergy, then a Individual Health Care Plan is needed. It must be in place before the child starts attending sessions. A risk assessment should be carried out and any actions identified to be put in place. The assessment should be stored with the child's Health Care Plan.

Upon determining that a child attending school has a severe allergy, the SENCo will set up a team meeting as soon as possible where all staff concerned attend to update knowledge and awareness of the child's needs. This will include the Catering Manager and Midday Supervisor Co-ordinator.

All staff who come into contact with the child will be made aware of what treatment/medication is required by the SENCo and where any medication is stored.

All staff are to promote hand washing before and after eating.

Staff cannot guarantee that foods will not contain traces of nuts.

All tables are cleaned with an approved solution.

Children are not permitted to share food.

As part of the staff first aid course, Epipen use and storage will be discussed.

We may ask the parent for a list of food products and food derivatives the child must not come into contact with and this will be shared with appropriate staff.

Emergency medication should be easily accessible, especially at times of high risk.

Staff should liaise with parents about snacks and any food-related activities.

6. In the event of a child suffering an allergic reaction:

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.

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.
- 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

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

- Keep the child where they are, call for help and do not leave them unattended.

- **LIE CHILD 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 AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no signs of life, then commence CPR,
- If no improvement after 5 minutes, administer a second AAI, in the opposite leg from the first administered dose.
- Continue to perform CPR as appropriate.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

7. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view on the school website.

The SLT/First Aider will inform the Catering Manager of pupils with food allergies.

The Office Manager will update documentation on Management Information System to indicate allergies and ensure this is accessible to all staff.

The school will have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date)

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods beforehand, by speaking directly to the Catering Manager.
- The pupil should be taught to also check with catering staff before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination

during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

8. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will ensure they have the relevant medication for all pupils with medical conditions, including allergies. Parents need to ensure that pupils have their required medication otherwise they will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

9. Allergy awareness and nut bans

Lionel Walden Primary School supports the approach advocated by Anaphylaxis UK towards nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

The school will avoid using high-risk allergens (eg. Nuts, wheat, egg) in non-food activities such as science experiments, messy play, or junk modelling.

10. Monitoring arrangements

This policy will be reviewed every **2 years** and shared with the full governing board.

11. Equality Review

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

12. Links with other policies

First Aid and Administering Medication in School

13. Useful Links

- Anaphylaxis UK Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools (including certificate) online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>
- BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- Spare Pens in Schools - <http://www.sparepensinschools.uk>
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)
<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>