Truro and Penwith Academy Trust

MITHIAN SCHOOL BUCKSHEAD

Allergy Policy

Document Control

Version	Date Approved	Approved By	Summary of Changes	Next Review Date
1.0	August 2026	Trust Safeguarding Lead	Initial policy	August 2027

Allergy Policy

1. Purpose

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity.

To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

2. Scope

This policy applies to all students, staff, volunteers, and those responsible for Governance of Schools within Truro and Penwith Academy Trust (TPAT).

This policy should be read alongside the Supporting Pupils in schools with medical conditions statutory guidance and the relevant schools managing children with medical conditions policy.

3. Policy Statement

This policy sets out how Schools within Truro and Penwith Academy Trust will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

4. Roles and Responsibilities

The Headteacher is responsible for the implementation and monitoring allergy policy in all TPAT Schools. The Headteacher will undertake a review of the policy following any incidents or near misses and will inform the Trust of outcomes that will be reflected in policy updates for all schools. The Trust will review the policy annually.

The Headteacher will ensure the policy is available on the school website and that it is available in accessible format and in hard copy on request.

5. Procedures

All staff in TPAT schools are required to understand what an allergic reaction is and how to support children who may suffer from allergies.

Information for all staff

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to): - Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

Roles and Responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/medical professional.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on an annual basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff must be aware of the impact of living with an allergy on pupil well-being, and the additional vulnerabilities held by pupils with an allergy.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- Allergy Lead will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- School staff will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

- It is the parent's responsibility to ensure all medication in in date however the School Allergy Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School Allergy Lead keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Individual Healthcare Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto injector.

All children with a known allergy will have an individual IHP. TPAT schools use the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Plan formats can be accessed here: Paediatric Allergy Action Plans - BSACI

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school.

Emergency Treatment and Management of Anaphylaxis

Each school will hold develop generic emergency treatment plan, this will be **Appendix One** and will be adapted following staff training. This document will be reviewed following all incidents or near misses to reflect in school learning.

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan - reflecting the prescribed medication
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the SENCO/First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service. Staff should be made aware of the location of the school's sharps bin within their training.

'Spare' adrenaline auto-injectors in school

All TPAT schools have purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

All staff will be made aware of the location of the spare adrenaline auto injectors by the Allergy Lead though Appendix Two. This information should be available to all staff via this policy and visually for staff in various locations across the school site.

Schools will agree the location of the spare auto injector based on local information; Schools will ensure that no child or young person is more than five minutes from adrenaline devices.

Staff Training

All staff will complete online anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

A practical session using trainer devices will also be considered where children are known to need auto injection.

Inclusion and safeguarding

TPAT schools are committed to ensuring that children with medical conditions, including allergies, receive the support they need to manage their health effectively. By supporting both their physical and emotional wellbeing, we aim to enable all pupils to participate fully in school life, stay safe and healthy, and achieve their full academic potential.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have access to their medication throughout the trip. Pupils unable to produce their required medication 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 allergy. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. All staff attending the trip will have had allergy training and will have read the allergy plan before the trip. Staff will ensure the 5-minute access expectation is maintained throughout the trip.

Catering

All food businesses operating within TPAT Schools 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 menus are available for parents to view in advance with all ingredients listed and allergens highlighted on the school website.

The School Allergy Lead will inform the Catering Manager of pupils with food allergies.

Catering staff can identify pupils with allergies, using the school provided poster for each child with a known allergy a list with photographs. This will be reviewed by the Allergy Lead termly and updated with new information when shared by the parents of medical professionals. IHP’s updated will be shared alongside the posters.

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

Where a school offers wrap around care foods included in the offer will be shared with families via the school website. Food choices should be discussed alongside the IHP and served within sight of allergy posters to support school staff.

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/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or 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 children and their age.

Where an allergy is known we will share information across our school community to support safety for all pupils. We are aware that we are unable to support a ban on all allergens and understand that no school could guarantee a truly allergen free environment for a child living with food allergy. We will support a culture of allergy awareness and education.

We will undertake a 'whole school awareness of allergies' approach as advocated by Anaphylaxis UK as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

6. Monitoring and Review

The Headteacher of each TPAT School is responsible for the monitoring of this policy, reviewing incidents and near misses. Information from reviews will be shared with TPAT to support central policy review on an annual basis.

7. Related Policies and Documents

This policy should be read alongside the Supporting Pupils in schools with medical conditions statutory guidance and the relevant schools managing children with medical conditions policy.

Appendix One

Emergency Treatment and Management of Anaphylaxis

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.

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. AAIs

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 improvement after 5 minutes, administer second AAI.
- If no signs of life commence **CPR**.

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.

Mithian School

Auto injector locations

Mithan School has purchased **spare AAIs for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a blue colour container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

Mithian School holds 1 spare pen which are kept in the following location :-the office.

The School's Allergy Lead is Evey Evison they are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state, you suspect ANAPHYLAXIS.

Follow advice from them as to whether administration of the spare AAI is appropriate.

Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

• Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer schools-programme/

• Resources for managing allergies at school - https://www.allergyuk.org/living-with an-allergy/at-school/

BSACI Allergy Action Plans - Paediatric Allergy Action Plans - BSACI

Spare Pens in Schools - Anaphylaxis Kits + Adrenaline Pens + CPD Training for UK Schools & Qualifying Businesses

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

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

Allergy Action plan - BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf