Allergy Safety Policy

'Building for Successful Futures'

Formally adopted by the Governing Board of	**Fred Nicholson School**
Co-Chair of Governors	**Jill Wilson and Matt Ridley**
Policy Holder	**Headteacher- Heidi Philpott**
Policy Contributors	**SLT- Jade Peruzzi**

Statutory Policy	**Y**	**Published on Website**	**Y**

This policy is based on a model policy from The Department of Education. This is statutory guidance about the support that pupils with allergies must receive in schools and was published on 6 July 2026.

This policy applies to all areas of school.

Contents:

1. Purpose & legal framework
2. Policy principles & allergy aware culture
3. Roles & responsibilities
4. Identifying pupils with allergies & Individual Healthcare Plans (IHPs)
5. Food provision & catering management
6. Storage and use of Adrenaline Devices (AAIs)
7. Emergency response protocol
8. School trips & external visits
9. Staff training protocols
10. Incidents, near misses & reviews

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1. Anaphylaxis poster
2. Allergy Action Plan- EpiPen
3. Allergy Action Plan- Jext pen

1.Purpose & legal framework

This policy sets out Fred Nicholson School's arrangements to manage allergy safety, reduce the risk of allergen exposure, and ensure a rapid, effective response to allergy related emergencies.

This policy is issued in accordance with statutory guidance under **Section 100 of the Children and Families Act 2014** (as amended by **Section 34 of the Children's Wellbeing and Schools Act**).

2.Policy principles & allergy aware culture

Inclusion: Pupils with allergies will be fully supported and enabled to participate in all aspects of school life, including mealtimes, classroom activities, and school trips.

Allergy-Aware Environment: Fred Nichsolson School operates an Allergy-Aware approach rather than strict a "nut-free" policy. However, due to allergies of current pupils Fred Nicholson School is currently a "no nut" school, but we do recognise that nuts are only one of many severe triggers.

Unacceptable Practice: Staff must never restrict a pupil's access to their prescribed medication, send an unwell pupil to the medical room unsupervised, or exclude pupils from activities or trips due to an allergy.

3. Roles & Responsibilities

Governing Body

- Ensures an up-to-date Allergy Safety Policy is published on the school website.
- Reviews periodic reports on serious incidents and "near misses".

Named member of Senior Leadership Team- Jade Peruzzi

- Oversees allergy safety and the implementation, annual review, and monitoring of this policy.
- Ensures all pupil-facing staff complete annual allergy awareness training.
- Leads reviews following any serious incident or "near miss".

All Staff Members

- Complete annual allergy awareness and emergency response training.
- Know which pupils in their care have allergies and ensure rapid access to medication.
- Recognise the signs of anaphylaxis and act without delay in an emergency.

4. Identifying Pupils with Allergies, Allergy Action Plans & Individual Healthcare Plans (IHPs)

Information Gathering: Prior to admission medical and allergy information is collected from parents/carers.

Allergy Action Plans: An Allergy Action plan will be created for any pupil who has an AAI (Adrenaline Auto-Injector) in school. This will be signed by parents and a medical professional.

Individual Healthcare Plans (IHPs): An IHP will be drawn up for any pupil whose allergy does not require an AAI, but has a functional impact or requires active management.

Allergy list: An updated record with photos and allergy details is maintained securely and made accessible to relevant staff (including catering, supply teachers, and trip leaders).

5. Food Provision & Catering Management

Information & Compliance: School caterers comply with the *Food Information Regulations 2014* and *Natasha's Law* (PPDS labelling for pre-packed foods).

Pupil Identification at Mealtimes: The school uses a dual-identification system to ensure pupils receive safe meals.

No Segregation: Pupils with food allergies will sit with their peers during mealtimes and will not be segregated.

No Food Sharing: A "no trading or sharing of food, utensils, or containers" rule during snack and lunch times rule is in place across the school. Staff on duty during these times must monitor this closely at all times, particularly in regards to pupils with PICA/ PICA tendencies and those with a limited understanding of the risk of taking food from others. Staff ratios during these times will be considered to support this. For food that is prepared in school as part of learning, staff must be aware of pupil allergies and must plan for and make adaptations in regards to use and sharing of food, utensils or containers if required.

Classroom Activities: Staff planning craft, science, or food technology lessons must check for allergens.

Purchases of food/ ingredients: Staff must not purchase food or ingredients for lessons and must follow school purchasing procedures

No baked goods in school: School cannot accept homemade baked goods (from staff, parents, pupils or any other stakeholder) for the consumption of pupils. This is due to the increase in risk of an allergic reaction due to the lack of awareness of the ingredients and environment the food was prepared in.

6. Storage and Use of Adrenaline Devices (AAIs)

Prescribed Devices

Pupils prescribed Adrenaline Auto-Injectors (AAIs) must have access to two in-date devices at all times. These are kept in a bum bag worn by a member of the class team or named 1:1 for specific times of the day at all times. This ensures the devices are accessible within 5 minutes.

Emergency (Spare) AAIs

Fred Nicholson School will hold 4 spare emergency AAIs purchased from a pharmacy.

Spare AAIs are stored in central, unlocked locations: Medical room (ground floor) and Staff room (middle floor)

Spare AAIs are checked monthly for expiry dates by the Medical & Welfare Lead.

Emergency Use Without Prior Consent: In a life-threatening emergency, a spare AAI may be administered to any pupil or individual experiencing anaphylaxis, even without prior written parental consent, under emergency life-saving regulations.

7. Emergency Response Protocol (Anaphylaxis)

If a pupil displays signs of anaphylaxis (Airway tightness, Breathing difficulty, or Circulation collapse/dizziness) staff are directed and trained to follow the steps in the poster shown in Appendix 1. This poster will be put up in specific areas around school.

8. School Trips and External Visits

A pupil risk assessment must be added to trip risk assessments for any pupil with an allergy participating in off-site visits.

The Medical Welfare lead must check and approve all trips before they are agreed.

Staff must carry pupil prescribed AAIs on trips.

Designated staff trained in emergency adrenaline administration must accompany the trip.

The inclusion of school emergency/ spare AAI in trip medical kits will be determined by risk assessment.

9. Staff Training Protocols

All pupil-facing staff (including teaching staff, cover/supply staff, teaching assistants, catering staff) receive **annual allergy awareness and emergency response training**.

Training covers symptom recognition, anaphylaxis management, AAI practical administration and school emergency protocols.

New staff receive this training as part of their induction.

10. Incidents, "Near Misses", and Review

Recording: Any allergic reaction or "near miss" (e.g., an allergen served but identified before consumption) must be recorded on CPOMS.

Reporting: Parents/carers must be notified immediately. Food safety incidents must be reported to the local Environmental Health team where relevant.

Learning Lessons: Following any incident or near miss, the Named Senior Leader will conduct a "no blame" review with staff and parents to update the pupil's IHP and refine school procedures.

Appendix 1 : Anaphylaxis poster

EMERGENCY ANAPHYLAXIS RESPONSE PROTOCOL

1. CALL FOR HELP & STAY WITH THE PUPIL

• DO NOT move or stand the pupil up—bring medicines TO the pupil
• Send a bystander to fetch the pupil's prescribed AAIs or the school's spare AAI
• Call a designated school first aider / medical lead

2. POSITION THE PUPIL CORRECTLY

• LIE FLAT with legs raised.
• IF breathing is difficult, allow them to SIT SLIGHTLY
• DO NOT let the pupil stand up or walk around

3. ADMINISTER ADRENALINE (AAI) WITHOUT DELAY

• Use the pupil's prescribed AAI device (or school spare AAI if missing/misfired)
• Push firmly into outer mid-thigh (can be given through clothing)
• Follow the pupil's allergy action plan for administration of the AAI
• Note the exact time given

4. DIAL 999 IMMEDIATELY

• Ask for an AMBULANCE
• State clearly: "ANAPHYLAXIS" (ana-fill-axis)
• Give the school location: 77 Lynn Road, Swaffham, PE37 7BB
(what3words: **headed.giants.flinches**)
• Contact parents/ carers immediately after 999 has been notified

5. MONITOR & PREPARE SECOND DOSE

• Keep pupil lying down, even if symptoms seem to improve
• IF NO IMPROVEMENT AFTER 5 MINUTES: Administer a 2nd adrenaline device

ALWAYS GIVE ADRENALINE FIRST FOR SEVERE BREATHING DIFFICULTY OR THROAT TIGHTNESS

Appendix 2 : Allergy Action Plan- EpiPen

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)



2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

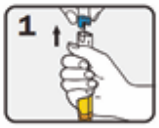
Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

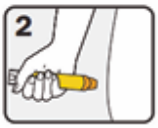
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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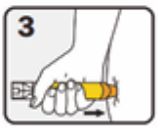
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds.** Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

Appendix 3 : Allergy Action Plan- Jext Pen

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- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

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• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)



2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

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Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give JEXT®



1. Form fist around Jext® and PULL OFF YELLOW SAFETY CAP
2. PLACE BLACK END against outer thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
4. REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

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Sign & print name:

Hospital/Clinic:

Date:

Equality Impact Statement

The Head Teacher has reviewed this policy giving due regard to their responsibilities with respect to the equalities agenda, in line with recent legislation. The Head Teacher believes that the policy reflects a positive attitude and approach to all members of the school community.



Policy approved by:



Matt Ridley

Co-Chair of Governors

Jill Wilson