

Moss Lane School



Allergy Policy 2026 - 2027

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DISTRIBUTION TO	
All Staff	
SLT only	
Teaching Staff/TAs	
Administration Staff	
Premises Staff	Currently no caretaker
Parents	
Governors	
Other (please specify)	Anyone providing food stuffs or ingredients or working with food preparation and serving food SCHOOL CATERERS: The Pantry

KEY CONTACTS	
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Statement of intent

Moss Lane is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with professionally and appropriately. By our actions we will work proactively to: -

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Equalities statement

Moss Lane is clear about the need to actively support pupils with medical conditions to participate in school life. Moss Lane will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Government legislation

Moss Lane School has a legal duty to support pupils with medical conditions, including allergy. We adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).

- The English Government's guidance on supporting pupils at school with medical conditions, published in December 2015 is [available from this link](#).

Health and Safety Policy

Moss Lane School's allergy policy must be read in conjunction with the school's Health and Safety Policy as the management of anaphylaxis is integral within the management of First Aid. Our Designated first aiders have specific training on anaphylaxis and understand their responsibilities in this regard.

Introduction

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people is foods. Symptoms often appear quickly, and the 'first line' emergency treatment for anaphylaxis is adrenaline, which is administered with an adrenaline auto-injector (AAI).

Around 2-5% of pupils in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a pupil is at school, and these reactions can occur in someone with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, and can manage this. To keep pupils with allergies safe, at Moss Lane we have a clear and consistent policy on managing allergies at school. We take a whole-school approach which involves all members of the school, including all staff, caterers, pupils and parents, to ensure that the needs of the allergic pupils are met.

Food allergies are increasing in both developed and developing countries, especially in children, and the severity and complexity of food allergy is also increasing. Food allergy can be fatal, and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Our parents need to be confident in Moss Lane's ability to keep their pupils safe, and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital.

Allergic pupils mustn't be stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

Principles

- To comply with all relevant environmental and government legislation, regulations and requirements
- To encourage proactive steps to keep pupils safe
- To ensure pupils from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling
- To work with the catering provider/team to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, and stock ordering of food/drink used at the school
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take
- To develop a pupil awareness programme through PHSE and other curriculum areas

Allergy management checklist

- Does the pupil have an Individual Healthcare Plan?
- Has school purchased spare pens?

- Does each pupil have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does our school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the allergy policy cover catering for pupils with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra-curricular activities?
- Does the allergy policy cover safeguarding pupils with allergies, including bullying?

Emergency management of anaphylaxis (ABC) and involving family/carers

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact if they have an allergic reaction. The BSACI Allergy Action Plans include this information, and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline. Identify activities which the pupil may be at risk – for example food-based and outdoor activities. Symptoms of anaphylaxis include one or more of the below: -

Airway

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation

- Feeling dizzy or faint
- Collapse
- Babies and young pupils may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Emergency Procedures

A member of staff will remain with the pupil at all times until responsibility is formally transferred to the attending ambulance personnel. If a parent/carer has not arrived before the ambulance departs, a member of school staff will accompany the pupil to hospital and remain with them until a parent/carer or other appropriate responsible adult arrives, in accordance with the school's emergency procedures.

Action to be taken

Adrenaline is the first-line treatment for anaphylaxis and should be administered without delay.

Antihistamines must never be used as a substitute for adrenaline in the treatment of anaphylaxis.

Antihistamines may be used to treat mild allergic symptoms if included in the Allergy Action Plan, but they do not treat anaphylaxis and must not delay administration of adrenaline.

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Do not allow the person to stand or walk
- If unconscious but breathing normally, place them in the recovery position
- If a member of staff or adult pregnant, lie them on their left side where possible
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment

- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction
- Parents /carers to be called and informed immediately
- Symptoms may recur after initial improvement (biphasic anaphylaxis), every person who receives adrenaline must be assessed in hospital

Cleaning and Hand Hygiene

Maintaining good standards of cleaning and hand hygiene is an important part of reducing the risk of accidental allergen exposure. Tables and food preparation areas will be cleaned before and after meals, snacks and any food-related activities using appropriate cleaning products to remove food allergens. Shared classroom equipment, utensils and surfaces used during cooking, food technology, craft or sensory activities involving food will be thoroughly cleaned after use to minimise the risk of cross-contamination. Staff and pupils will be encouraged to wash their hands with soap and water before and after eating and following any food-related activity. Alcohol-based hand gels and antibacterial wipes do not reliably remove food allergens and should not be relied upon as a substitute for hand washing with soap and water. Staff will promote good hygiene practices throughout the school to help create a safe environment for pupils with allergies.

Incident Reporting and Review

Following any allergic reaction or suspected anaphylactic episode, the school will undertake a formal incident review to help ensure the continued safety and wellbeing of the pupil and to identify any improvements to practice. An accident or incident report will be completed as soon as practicable, documenting the circumstances of the event, the actions taken and the outcome. The incident will be reviewed by the Headteacher and/or designated Allergy Leads to identify any lessons learned and determine whether existing control measures were effective. Where necessary, individual risk assessments, the pupil's Individual Healthcare Plan (IHP) and Allergy Action Plan (AAP) will be reviewed and updated in consultation with parents/carers and relevant healthcare professionals. Any relevant learning arising from the incident will be shared with appropriate staff to strengthen future practice, while maintaining the confidentiality of the pupil's personal information.

Practical steps (see also Appx I and Appx II) To put these principles into practice we will:

Governors

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective
- Ensure that the school provides appropriate training, information, instruction, induction and supervision regularly to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils/students with allergies
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose.

Headteacher

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition
- Ensure all visitors, volunteers, work experience students, and sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding.
- Ensure the curriculum contains age-appropriate content so all pupils can learn about allergies and how everyone can support those who have them
- Create links at strategic level with healthcare professionals and Catering providers and ensure at operational level that links are robust
- Ensure that up-to-date allergy information for pupils is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff
- Ensure the school sends a copy of the medical details it holds for the pupil to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil/student joining in year
- Where the pupil has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare

professionals, teaching and catering staff, parents/carers and the pupil in establishing IHPs

- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil
- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil's IHP and/or AAP
- Ensure that any other staff involved with those pupils/students requiring the use of an AAI are also adequately trained and competent
- Ensure all school trips, excursions or off-site extra-curricular activities for pupils/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies
- Ensure the school has an audited spare supply of in-date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location
- Monitor the use of all AAIs to ensure they are within the expiry date, including those brought into the school by pupils/students or external sources and are of the correct dosage
- Arrange for the correct disposal of out-of-date AAIs
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate
- Record all emergency uses of AAIs or reports of suspected emergencies
- Ensure that, if a pupil/student notifies school that they are no longer allergic to a food, this information is checked before updating records and the IHP (if applicable)

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures about allergies within the school context.
- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency
- Raise awareness about allergies and anaphylaxis amongst their pupils in the classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst pupils living with allergies.
- Help all pupils understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe
- Highlight the need for anti-bullying of pupils with the condition
- Be aware of the pupils in their care (including regular cover classes) who have known allergies, as an allergic reaction could occur at any time, not just at breaks or mealtimes.
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all pupils with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)
- Staff leading a school trip, excursion or off-site extra-curricular activity must ensure they carry all relevant emergency supplies with them

Communication during transition

Moss Lane recognises the importance of effective communication to ensure the safe management of pupils with allergies during periods of transition. Allergy information will be shared promptly and securely with relevant staff when pupils move between classes, year groups or key stages, and when new members of staff, supply teachers or other temporary staff take responsibility for their care. Appropriate handover arrangements will ensure that staff are aware of pupils' allergies, Individual Healthcare Plans (IHPs), Allergy Action Plans (AAPs), emergency procedures and the location of prescribed medication, including adrenaline auto-injectors (AAIs). Where pupils transfer to another educational setting, including secondary school, the school will work with parents/carers and, where appropriate, the receiving school to support a safe and effective transition by sharing relevant medical information in accordance with data protection legislation and with appropriate consent.

Allergy training

We have two named members of staff at school responsible for coordinating allergy management, including the development and upkeep of the school's allergy policy (VA and LC). However, an allergic reaction can occur at any time, so all Moss Lane staff are trained on what to do in the event of an allergic reaction, as a pupil may be under their supervision when this happens. Allergy training will be refreshed yearly (at a minimum) and new and temporary staff will be trained as soon as they join the school to ensure confidence and competence.

Acting fast is key in reducing the risk of a serious allergic reaction. Allergy training will include a practical

session and a basic understanding of allergic disease and its risks, which include: -

- 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 pupil having an allergic reaction e.g., allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g., asthma, hives, eczema (atopic dermatitis), allergic rhinitis (hay fever), food allergy, Urticaria (hives), angioedema and mast cell disorders (where relevant)
- Managing Allergy Action Plans and ensuring these are up to date

Parents/Carers

Parents/guardians know their child's allergies best, and so we must work with parents to ensure they have the most up-to-date knowledge of each child's allergies and medication.

Parents need to: -

- Notify the school of the pupil's allergies.
- Inform the school of any changes as soon as known.
- Talk with your pupil about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil.
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- If you require it, meet with the Catering Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering Manager).
- Be aware of Moss Lane's Allergy Policy and any arrangements for managing pupils with allergies and at risk of anaphylaxis.
- Communicate regularly with the school to support our ability to keep our pupils safe and act immediately in the event of an allergic reaction.
- Provide appropriate in-date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates.
- Provide appropriate foods to be consumed by the pupil if necessary.
- Replace medications after use or upon expiry.
- Review the Policy and procedures with the school's Head, the pupil's doctor and the pupil (if age appropriate) after a reaction has occurred.

Pupil with allergies (as age appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAIs on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult

Every pupil at risk of anaphylaxis should have an up-to-date Individual Healthcare Plan where appropriate. The plan should be reviewed at least annually or sooner if there is a change in diagnosis, medication or following an allergic reaction.

Allergy Leads (VA and LC) responsibilities

- maintaining the allergy register
- checking expiry dates

- coordinating staff training
- liaising with parents and healthcare professionals
- reviewing incidents
- overseeing policy implementation

Allergy Register

The school will maintain a confidential Allergy Register of all pupils with diagnosed allergies and other relevant medical conditions that may place them at risk of an allergic reaction or anaphylaxis. The register will be reviewed and updated regularly, and whenever the school is informed of any changes to a pupil's medical needs. Information will be shared on a **need-to-know basis** with relevant staff, including teaching staff, support staff, lunchtime supervisors, first aiders, supply staff where appropriate, and catering staff, to ensure pupils are kept safe while respecting their privacy and complying with data protection legislation. Where appropriate and with parental knowledge, the register may include a recent photograph of the pupil to aid prompt identification in an emergency. The register will clearly identify pupils who have been prescribed adrenaline auto-injectors (AAIs), the location of their medication, and any Individual Healthcare Plan (IHP) or Allergy Action Plan (AAP) associated with their care. The Allergy Register will be overseen by the school's designated Allergy Leads and will form part of the school's arrangements for safeguarding pupils with allergies.

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 pupils 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®
- An up-to-date allergy action plan
- 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 school office will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their pupil is prescribed, to make sure they can get replacement devices in good time. AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Early Years Foundation Stage (EYFS)

For pupils in the Early Years Foundation Stage (EYFS), additional supervision and support will be provided to minimise the risk of allergic reactions. Snack and mealtimes will be closely supervised to reduce the risk of allergen exposure and food sharing. Parents/carers will be consulted before any new foods are introduced as part of planned activities, and appropriate risk assessments will be completed where necessary. Food used in play, sensory activities or crafts will be carefully considered to ensure it is safe for all children. Staff working within the EYFS will promote age-appropriate allergy awareness by encouraging good hand hygiene, teaching pupils not to share food or drinks, and helping them recognise the importance of telling an adult immediately if they feel unwell or think they may be having an allergic reaction. These arrangements support the inclusion, safety and wellbeing of all pupils while encouraging the gradual development of self-awareness and independence.

Visitors, Volunteers and Contractors

Moss Lane will ensure that all visitors, volunteers and contractors who work with or supervise pupils are made aware of any relevant allergy information necessary to keep pupils safe. This includes, where appropriate, supply teachers, sports coaches, music teachers, peripatetic staff, lunchtime supervisors, volunteers and contractors delivering activities involving pupils. Relevant information will be shared on a need-to-know basis, in accordance with data protection legislation, and will include the identity of pupils with severe allergies, the location of emergency medication (including adrenaline auto-injectors), the signs and symptoms of an allergic reaction, and the school's emergency procedures. Where individuals are responsible for supervising pupils independently, they will be informed of the actions to take in the event of an allergic reaction and how to summon immediate assistance.

Food Treats

To minimise the risk of allergic reactions and cross-contamination, staff should not routinely use food as a reward or treat for pupils, particularly where children with known food allergies are present. As a healthy school, we discourage parents and carers from bringing food items, including cakes, sweets, chocolates or products containing nuts, into school for birthdays, celebrations or as treats. This supports healthy eating and enables the school to manage food allergy risks consistently and safely. In exceptional circumstances, such as periods of extreme heat or special whole-school events, the school may provide an appropriate food item, for example an ice lolly. Before food is purchased or distributed, staff must consider pupils' known allergies and dietary requirements, check ingredient and allergen information and take appropriate precautions to minimise the risk of cross-contamination. A safe and suitable alternative will be provided where required. Food must never be given to a pupil with a known food allergy unless staff are satisfied that it is safe for that individual pupil. Where there is any uncertainty about ingredients or allergen information, the food must not be given

Food Treats

Staff should avoid using food treats to reward pupils' children, especially if they have a pupil in their class that does have an allergy.

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/ local authority (delete as appropriate).

The sharps bin is kept in the following room: -

- Adult/visitor toilet by front door

Spare AAIs

We now legally purchase and store spare Adrenaline Auto-Injectors (AAIs) for pupils at risk of anaphylaxis. Immediate access to an AAI can be life-saving. While families must have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for pupils managing severe allergies. The school holds spare adrenaline auto-injectors in accordance with the Human Medicines (Amendment) Regulations 2017 and accompanying Department for Education guidance.

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 in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at:
- The Pantry https://www.thepantrycatering.co.uk/school_meals/login.php
- The Office will inform the Catering Manager of pupils with food allergies.
- We have a system in place to ensure catering staff can identify pupils with allergies e.g., a list with photographs
- 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 pupil for whom they are intended.
- If food is purchased from PTA or in school events, parents should check the appropriateness of foods by speaking directly to the provider
- 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 pupils 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 pupils 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 pupils and their age

Handling allergens and preventing cross-contamination

- Our caterers will keep in contact with food suppliers as ingredients may change.

- Some product ingredient lists contain precautionary allergen labelling, e.g. “may contain X”. Some pupils may be able to eat foods labelled as “may contain”, but others may need to strictly avoid them. This information should be included on the Individual Healthcare Plan.

Staff Eating Food:

- Staff should avoid bringing foods containing a pupil's known allergen into teaching activities where reasonably practicable.
- Rather than banning foods, it encourages whole school awareness.

Allergy awareness and nut bans

Moss Lane supports the approach advocated by many allergy charities towards nut bans/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 pupil 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.

Risk assessment

Moss Lane 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 pupils safe.

Events, trips, visits.

Pupils with allergies should have every opportunity to take part in out-of-school activities such as trips, sports events hosted by other schools and educational visits. Such activities will need careful planning and preparation, but there is no reason to exclude a pupil with allergies. A meeting with the child's parents /carers will be necessary to ensure that everyone is happy with the arrangements. If the pupil is allergic to a food, similar procedures need to be followed to those in operation at school to ensure that the pupil does not come into contact with the food.

All pupils with allergies and who have been prescribed AAIs should take their AAIs with them when they leave school premises (e.g. on trips, Burys, allotment, woodland school, other school etc.) with them. The teacher leading the sessions should be made aware of any pupils who do have allergies. The Moss Lane member of staff will have had allergy training and will take the lead and be the person who will be responsible.

If the pupil has been prescribed AAIs, at least one person trained in administering the device must accompany the school party. From the pupil's perspective, a parent/ carer shouldn't accompany them on school trips. This should only happen as a last resort. It is a school's responsibility to have a member of staff present who can support the child. Where a pupil's prescribed emergency medication is unavailable, the school will undertake an individual risk assessment in consultation with parents/carers before deciding whether it is safe for the pupil to participate.

Managing insect sting allergy

Insect sting (including bee and wasp) allergy causes a lot of anxiety and needs careful management. Pupils need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered. Adults supervising activities must ensure that suitable medication, including AAIs, is always on hand for the management of anaphylaxis.

Mental Wellbeing

Living with a severe allergy can have an emotional and social impact on pupils and their families. Moss Lane recognises that pupils managing allergies may experience feelings of anxiety, worry or feeling different from their peers. Staff will be sensitive to pupils' individual needs and will provide appropriate support to promote confidence, independence and emotional wellbeing. Pupils with allergies will be encouraged to participate fully in all aspects of school life, including classroom activities, social events, trips and extracurricular activities, with reasonable adjustments made where necessary to ensure they are included safely. Moss Lane will promote a culture of understanding and respect among pupils, and any concerns relating to isolation, stigma or allergy-related bullying will be addressed promptly in line with the school's behaviour and safeguarding procedures. Parents/carers will be encouraged to communicate any concerns about their child's wellbeing so that appropriate support can be provided.

Allergies and bullying

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Pupils and Families Act 2014, aim to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The Department for Education has provided statutory guidance for schools and colleges on keeping pupils safe in education. Please view the guidance here. <https://www.gov.uk/government/publications/keeping-children-safe-in-education—2>

Other useful websites include:

- NSPCC
- National Bullying Helpline
- Family Lives
- Kidscape
- Anti-Bullying Alliance
- Young Minds
- Childline
- Bully Busters

Confidentiality and GDPR

Information relating to pupils' medical conditions will be handled in accordance with data protection legislation while ensuring sufficient information is available to safeguard pupils.

Annual review

This policy will be reviewed annually, or sooner following changes in legislation, national guidance or following any significant allergic incident within school.

References

- Department for Education. *Supporting Pupils at School with Medical Conditions*.
- Resuscitation Council UK. *Emergency Treatment of Anaphylaxis Guidelines*.
- British Society for Allergy & Clinical Immunology (BSACI). *Allergy Action Plans*.
- Allergy UK.
- Anaphylaxis UK.
- Food Standards Agency. *Food Information Regulations*.

APPENDIX

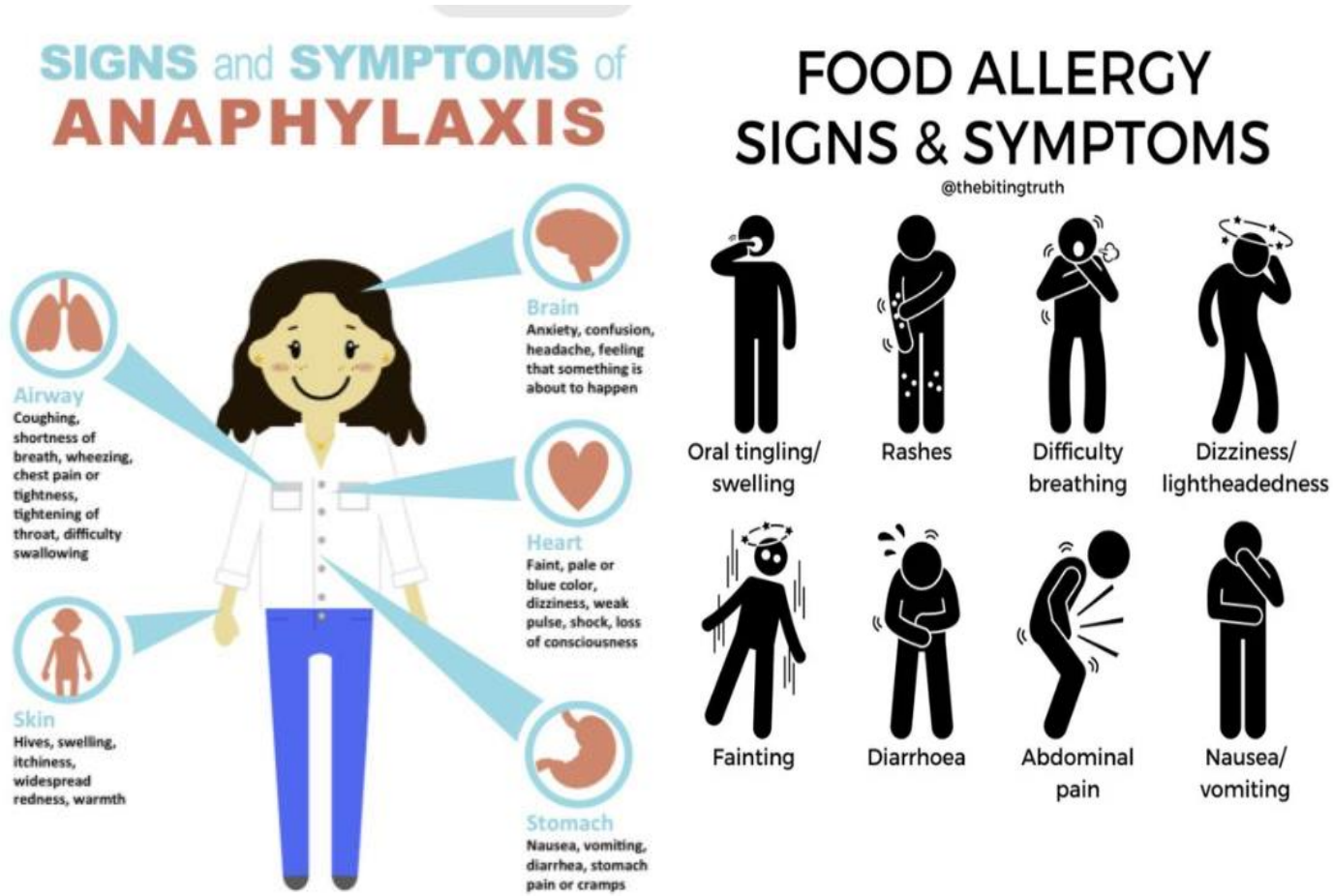
Appendix 1 - Glossary of terms

Action Plan

These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training or equipment, apart from access to adrenaline autoinjectors (AAIs). The plans are medical documents and should be completed by the child/young person's healthcare professional in partnership with parents/carers. The plans are now designed to function as Individual Healthcare Plans for pupils and young people at risk of anaphylaxis.

Individual Healthcare Plan

These plans are drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g., school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular healthcare needs of a child/young person. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child/young person manage their specific condition, and overcome any potential barriers to getting the most from their education. Where a child's health issues are related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.



Appendix 3 – Example of an allergy risk assessment template (should be provided by the hospital)

Allergy Management Risk Assessment for Individual Students

This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced by the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector training.

(AAI)

Child/Young person: Click or tap here to enter text.	Date of Birth: Click or tap here to enter text.
Setting/School: Click or tap here to enter text.	Key Worker/Teacher/Tutor: Click or tap here to enter text.
Allergies: Click or tap here to enter text. Are reactions: Ingestion Click or tap here to enter text. Direct contact: Click or tap here to enter text. Indirect contact: Click or tap here to enter text.	
G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.	Clinic/Hospital: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.
Date: Click or tap here to enter text.	Review date: Click or tap here to enter text. 44
Who is responsible for providing support in school: Click or tap here to enter text.	
People involved in writing this plan: Click or tap here to enter text.	
Signatures: Setting Manager/Head teacher: _____ Date: Click or tap here to enter text. Young person: _____ Date: Click or tap here to enter text. I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe, I give permission for my child's photograph to be displayed sensitively to keep my child safe, I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected. Parents: _____ Date: Click or tap here to enter text.	

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be a dynamic document and should be updated annually or after an incident or near miss.

Can the student recognise a reaction for themselves?

What have been the symptoms of previous reactions?

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals, Sandwiches, Drinks			
Events involving food: Cake sales, Parties, Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			
Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			
Science activities:			
PE:			

Indoor			
Outdoor			
Forest Schools			
Playtime:			
Playground			
Field			
Offsite activities:			
Curriculum visitors			
Day trips			
Residential visits			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

Appendix 4 – An example of an Allergy Action Plan (usually completed by a health care professional)

School may wish to put this on their own headed paper. If this happens, please ensure that Anaphylaxis UK is credited for the content. This form should not be shared outside of the school without permission from Anaphylaxis UK.

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Allergy Incident Review form

Following a near miss, reaction or anaphylaxis a thorough review needs to be undertaken to understand why the incident happened and to identify the measures needed to prevent future occurrences. This form is to be completed by person that dealt with the incident.

Completed by		Role		Date	
Date of incident		Type of incident	Near miss/reaction/anaphylaxis		
Location of incident		Person affected	Child/employee		
What happened – the cause?					
Were AAIs administered?	Yes No				
What action was taken?					
What were the contributory factors?					
What needs to happen in future to avoid a recurrence?					
Are there any training needs?	Yes No				
Does the policy need reviewing?	Yes No				
Have staff (and pupils) involved been debriefed?	Yes No	Have staff (and pupils) involved been offered support?	Yes No		
Does the pupil have an allergy action plan?	Yes No	Has the allergy action plan been updated if needed?	Yes No		

Does the pupil have an IHP?	Yes No	Has the IHP been updated?	Yes No
Has replacement medication been obtained?	Yes No		
Is this RIDDOR reportable?	Yes No		
Parent/staff comments			
Date reported to manager			
Headteacher comments			
Headteachers signature			
Form completer's signature			

Appendix 5 – Staff training record

Allergy Staff training Record

	Date	Trained by
Victoria Abbott		
Carolynne Ballard		
Amy Betterton		
Henry Bird		
Olivia Clare		
Gilly Forbes-Patching		
Vikki Whitman		
Maddy Fox		
Lauren Horton		
Gillian Leggett		
Sherri Matthews		
Luke Nathan		
Lucy Smith		
Annie Tolchard		
Louise Culleton		
Zona Gravett		
Emily Dunt		
Ches Spicer		
Deborah Theohari		
Amy Goldup		

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Consciousness

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse / unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline

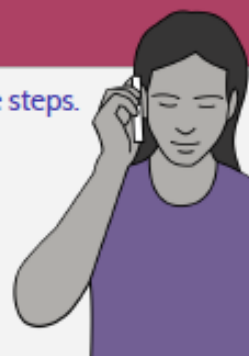
Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. DO NOT let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. If there are no signs of improvement after 5 minutes

Inject a second AAI into the outer thigh. If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction,
give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".



5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information
on EpiPen AAIs >>



Sign up to the free expiry alert service
and receive reminders by text or email when
your EpiPen is about to expire >>



ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

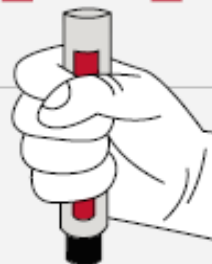
1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



2. Place the black injector tip against the outer thigh

Hold the injector at a right angles (approx. 90°) to the thigh.



3. Push the black tip as hard as you can into the outer thigh

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

8. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information
on Jext AAI >>



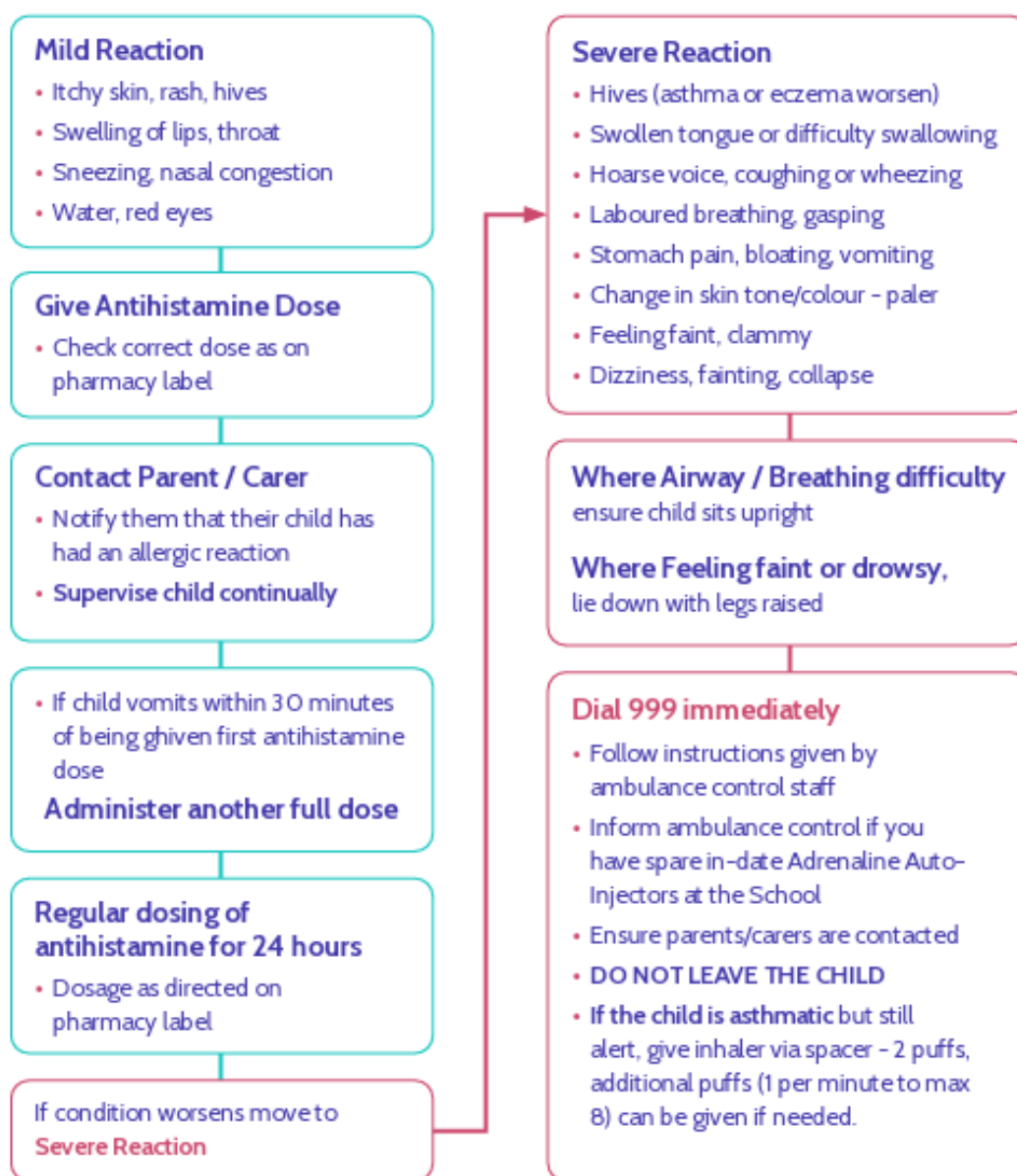
Sign up to the free expiry alert service
and receive reminders by text or email when
your Jext AAI is about to expire >>



Appendix 8 - Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Other support and resources

- Allergy Guidance for Schools - <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
 - Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
 - Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - [Statutory framework for the early years foundation stage](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Early_Years_Foundation_Stage_Statutory_Guidance_2017.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk))
 - Example menus for early years settings in England - Part I Guidance - [Example menus for early years settings in England: part 1](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Example_menus_for_early_years_settings_in_England_part_1.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk)) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
 - Food Standards Agency food allergy and intolerance online training - <https://allergytraining.food.gov.uk/>
 - For pupils / students with Medical Conditions at School - [Supporting pupils with medical conditions at school](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Supporting_pupils_with_medical_conditions_at_school.pdf) - GOV.UK (www.gov.uk)
- Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf>
- Scotland: <https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/>
- Northern Ireland: <https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs>
- FSA reporting tool for allergies - <https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool>
 - Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf>
- Training for Schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
 - Transitioning to Secondary School - <https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/>
 - Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Top 14 Allergens poster



