Federation of Savile Town CE (C) & Thornhill Lees CE (VC)
I & N Schools

Allergy Safety Policy 2026

'At our school we celebrate our faith diversity and provide a safe environment where our children are happy to learn. We are kind, caring and respectful to others. We aim to inspire future generations of our school and community to become lifelong learners.'

Person responsible for this policy & it's implementation	Headteacher– Debbie Douglas
Review Frequency	Annually or when an incident is experienced
Date approved	September 2026
Date of next review	September 2027
Purpose	To minise the risk of any individually suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recignise and manage allergic reactions should they arise.
Links with other policies	Safeguarding Positive Behaviour Health and Safety

Introduction and Core Principles

In line with Bendict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an allergen) they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hey fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e eating a trigger food, though they can occur several hours later (i.e allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood presuure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anyphylaxis show there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency services (999) is crucial**. Anaphylaxis always requires emergency response.**

Anaphylaxis can occur without other signs (such as skin rash) being present. Always **consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- Foods (eg peanuts, tree nuts, cow's milk/ dairy foods, egg, wheat, fish/ shellfish and seasame);
- Insect stings (eg. Bee, wasp);
- Medication (eg antibiotics, pain medicines such as ibuprofen);

- Latex (eg, rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reations can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Children who have a skin reaction need monitoring for at least an hour.

Our Federation of schools has a whole school awareness approach, because we ensure all staff and children are aware of what allergies are, the important of avoiding individual's allergens, the signs and symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietry avoidance, but these conditions do not pose a risk of anaphylaxis and so are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an indiivdual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Our Federation of schools understands that severe allergies are included in the Equality Act 2010.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reactions 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
- Mild throat tightness
- Sudden change in behaviour

These symptoms are treated with antihistamines.

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, persistent cough.
- **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 occasional, can be fatal.

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

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

- **Lie individual 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 device without delay and note the time given**. AAI's should be given into the muscle in the outer thigh or nasal into the nostril,. Specific instructions vary by brand – always follow the instructions on the device.
- **Call 999 and state ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/ carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction may recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and schools in our Federation can only elimate a food following medical advice.

Schools in our Federation seek to minimise the risks of exposure to known allergens through;

- Identifying the food used withing the curricukum and making adaptations to remove allergens that pose a risk.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (eg. Parents, children, staff).
- Identify measures to manage the risks of esposure to a food allergen through food provided by the school,
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have known allergy to airbourne or contact allergens.

Our schools will ensure that allergy is considered in all our risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Our schools will ensure that the risk of exposure is minimised by;

- All school staff allergy training every year
- Increasing awareness amoungst the children through whole school Collective Worship and within each class
- Communicating with all visitors, temporary staff and cover staff
- Working closely with parents/ carers and health professionals to understand a child's allergy
- Establishing and maintaining high hygiene standards amongst staff, children and visitors

Food provision and catering

Kirklees catering have strict policies and practices around serving food to children with allergies. Meetings are held with the school cook and area catering supervisor, alongside a staff member from school before any meals are served to children with allergies. Menus are discussed, agreed

and signed by all parties following the documented medical advice in advance. No variations in the menu can take place before being agreed by all parties. Parents are also given a copy of the polices and procedures in place.

Children with allergies are served at the front of the class line, taken to the serving counter by either a teacher, or lunchtime supervisor. Food is already plated on a different coloured tray in the kitchen, to identify the child's meal from all the other food served.

When staff provide food for the children, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross contamination during the handling, preparation and serving of food.

Where food is not directly provided by school (eg treats for birthdays) parent/ carer permission will be sought in advance to ensure inclusion and aafety for children with allergies.

These procedures apply to school led breakfast and after school provision.

Children eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/ carers to determine the best way of ensuring their child receives their meal.

Medication and Adrenaline Devices (ADs).

People at risk of anaphylaxis are prescribed two adrenaline devices which should be near them at all times. This includes the journey to and from;

- School
- In the hall
- Outside in the playground
- On school trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so needs to be easily accessible.

Adrenaline devices must be stored at room temperature and not exposed to extremes of heat. They should not be refridgerated or left in direct sunlight.

Spare Adrenaline Devices.
Our Schools in the Federation hold spare adrenaline devices for the use in emergency situations. These are not a replacement for a child's own adrenaline. Children are expected to have their own adrenaline devices with them at school for use in an emergency.

A school administrator is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box kept in the office, or given to the paramedic. Adreneline devices that are out of date or where adrenaline has degraded will be taken to the pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adreneline should be administered as soon as possible within 5 minutes. **Do not wait to contact the emergency services before administering adrenaline.**
- The child should not be moved. Adrenaline device should be brought to them.

- If the child has their own prescribed adrenaline devices they should be used in the first instance.
- If the child doesn not have an adrenaline device, then the spare one should be used.
- If the child's adrenaline device are not available or misfire, then the spare one can be used.
- If the individual has serious allergy and asthma and there is doubt if they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

Staff training and Emergency response.

All staff will be trained in allergy awareness and emergency response. Training will either be face to face or online. The content will include:

- Allergy awareness, the risk it poses, how allergic reactions occur and how to manage them.
- Allergy includes multiple co-existing conditions: asthma, eczema, hay fever
- Understand the difference between food allergy, intolerance and coelic disease
- An allergy can be to any food not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphyaxia and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- All adrenaline devices should be used to train with as the child may have different ones to the spare adrenaline.
- How to report an allergic reaction including
  - Mild to moderate
  - Anaphylaxis
  - Near miss/ incident
- Undertand their responsibilities in risk reduction to ensure that children are prevented from coming into contact with their allergens
- Understand the impact that allergy can have on their child's well being
- Understand the school's allergy safty policy and
  - How to check if a child is on the record of those with a known allergy
  - How to use an allergy or asthma action plan

Roles and Responsibilities:
Allergy lead and governing body:
The governing body are responsible for ensuring that the school's ;policy sets out the arrangements to reduce the risk of individuals coming into contact with their knowl allergens and sets out the emergency repsomse plan for causes of anaphylaxis. The policy is monitored in line with school monitoring cycle and any updates are shared in the Headteacher report at each meeting.

The named Allergy lead governor is …….

The headteacher, Debbie Douglas, is the named member of the Senior Leadership Team who is rreposnsible for allergy safety which included driving the implementation of the allergy safety policy.

The allergy lead is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of normal admissions point, ensures that information is shared with staff and catering before the child starts school.
- Holding a register of students and staff with allergies including whether they hold adrenaline and whther they have an allergy plan
- Ensures that systems are robust for the identification of children at mealtimes
- Communication about:

- The policy
- The students who are on the register of those with allergies
- The importance of reporting or recording near misses and incidents
- Communication with:
- Governors to provide updates about the policy implementation
- Health and safety and designated safeguarding leads to keeo allergy safety as part of their roles
- Outside agencies such as Health and Safety executive (HSE) if a report under RIDDOR is needed
- Catering -; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
- Parents/ carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action planes when appropriate
- Students to develop an understanding of allergy through information shared during Collective Worship and in their classrooms as part of the PSHCE curriculum.
- Spare adrenaline devices and making sure these are checked and in date, communicating with parents to replace them well in advance of the expiry date
- That IHCP's are created and communicated
- Training
- Ensuring that all staff have annual training and that allergy is included in induction even for short term members of staff

All staff:
Responsible for:

- Understanding their role in implementing the policy, recognising the signs of allergic reactions, and acting swiftly in an emergency
- Supporting the creation of the child's IHCP
- Implement the ICHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments fo curriculum activities, trips and visits
- Building proactive relationships with parents/ carers
- Reporting near misses and incidents

Individual Healthcare Plans (IHCP) and Allergy Action Plans

Allergy Action Plans

- These are clinical documents created by a GP/ allergy nurse or allergy clinic. They detail the child's allergy and medication
- These contain parent/ carer contact details and must be signed by the parent/ carer as this is parental authority to administer medication including the administration of spare adrenaline devices.
- These will only be updated by medical professional following a review of the child's allergy management, this could bi annually or 5 yearly. Parents/ carers or school need to ensure the photograph of the child is recognisable.

Allergy Action plans are issued for children who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Children with non IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHCPs)
Individual healthcare plans are an essential communication that provide clarity about the arrangements which need to be in place to ensure that a child is fully included in the life of the school. It will identify exact risk- mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school and parents.
They should include any advice received by health professional. If there is no advice from health professionals, information and support can be requested of the schools nurses if this is needed. Where a child has an allergy action plan or an asthma plan, this must be included with the IHCP.

It is good practice to review the IHCP's annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply / cover staff and be passed on during transition to a new school.

In our Federation schools we will ensure that:

- Children with an allergy plan and/ or an asthma plan have an individual health care plan
- Children without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- Individual healthcare plans are created whilst children are waiting for a diagnosis

School trips and External Visits

We will ensure that children with allergies are fully included in every trip, club, sporting event that take place. Risk assessments will take place prior to any trip/ event including the proximity to local emergency care. This will also include the safe storage of adrenaline for the duration of the trip/ event.

Serious Incidents/ near misses

- Record any allergic reactions or near misses such as accidental exposure without a reaction immediately. This will be reviewed and any necessary adjustments to procedures made.
- If something had been handled or consumed, retain the items handled, consumed in case needed.
- Report what has happened to parents, or anyone else required. This will then be reported back to the governing body.

Wellbeing and Support

Children may be anxious or withdrawn due to their allergies. Our school ethos is supportive and nurturing with time given to support all children. We have small groups such as Elsa that can provide support to children alongside the care given in their individual classes.

Policy Review
This will take place annually in the Autumn term, or more frequently in reponse to updated guidelines.