MARKET FIELD SCHOOL

Part of Hope Learning Community

Allergy and Anaphylaxis Policy (draft)

First written	June 2026
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Approved by Trust	

Allergy and Anaphylaxis Policy

CONTENTS:

1. Aims and objectives.

This policy outlines Market Field School's approach to allergy management, including how the whole school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, pupils, parents, and visitors to the school and should be read alongside our Nut Aware policy, Medical Conditions in School, Health and Safety and Safeguarding policies.

2. What is an allergy?

An allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or a bee sting), latex and medication.

3. Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex, wasp, and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which include nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia nut etc), sesame, fish, shellfish, soya, and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO INJECTOR: Single use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade.

Emerade is currently not available as it has been recalled due to misfiring incidences. For the purpose of this policy, we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks, and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: From 2017 schools have been able to purchase spare adrenaline pens. These should be held as back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. **ROLES AND RESPONSIBILITIES**

Market Field School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Ruth Whitehead, Headteacher. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergies.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. When notified by parents on a Medical Form, Carol is responsible for updating Sims and notifying Kayly/Suzanne, Class Teachers and Kitchen Staff. This will often come via Nurse Kayly when received from medical professionals. We must have this in writing.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy and other related procedures.
- Review the record of allergic reactions or near misses and ensure an investigation is held as to the cause and put in place any learnings.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.
- Ensuring there is an Anaphylaxis Drill annually.

At regular intervals, the Designated Allergy Lead will check procedures and report to the Local Advisory Committee as part of the Safeguarding report.

4.2 School Nurse/Healthcare Team

The school nursing team, led by Kayly Elmer, are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with admin team for new starter information).
- Supporting the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and (if appropriate) staff running clubs.
- Ensuring information from families is up-to-date and reviewed annually (at a minimum)
- Coordinating medication with families. Whilst it is the parents and carers responsibility to ensure medication is up to date, the nursing team should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and spare pens, including brand, dose, and expiry date. The location of the spare pens should be documented.

- Reviewing the stock of the school's spare adrenaline pens and ensure all staff know where the spare pens are kept.
- Regularly checking spare pens are where they should be and that they are in date.
- Replacing the spare pens when necessary
- Keep a record of any allergic reactions or near misses and report to the Designated Allergy Lead who will investigate.
- Providing on site adrenaline pen training for other members of staff and (where appropriate) pupils and refresher training as required e.g. before 'long' trips and residentials.

4.3 Admin Team

The admin team are likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and the School Nursing team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. nursing team, catering team)
- Visitors (for example, at Coffee Mornings/Open Evenings/events) are aware of the catering set up if food is offered and plans for medication if the child is to be left without parental supervision.

4.4 All staff.

All school staff, to include teaching staff, support staff, admin, premises, catering staff, occasional staff (sports coaches/music teachers and those running clubs) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in the activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf (depending on the age of the pupils and the management of adrenaline pens in the school)
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required (annually) and to tell your line manager if you have not received any in the past 12 months.
- Considering the safety, inclusion, and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

4.5 All parents

All parents and carers (whether their child has an Allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school catering manager with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example, asthma, hay fever, rhinitis, or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or an intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine, inhalers, or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to.

4.7 All pupils

All pupils at the school (where appropriate developmentally) should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies (where developmental age allows) are responsible for:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best they can
- Understand that they should notify an adult if they are not feeling well, or suspect that they may be having an allergic reaction.
- If age-appropriate, to always carry two adrenaline pens with them. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline pen
- Talk to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

5. INFORMATION AND DOCUMENTATION

Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed allergy pens, as well has pupils with an allergy where no adrenaline pens have been prescribed.

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions
- Details of the medication the pupils have been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil
- A copy of their Allergy Action Plan

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities of clubs where they might hand out snacks or food ‘treats.’
- Ensuring safe food is provided or consider an alternative non food treat for all pupils.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7. FOOD, INCLUDING MEALTIMES AND SNACKS

CATERING IN SCHOOL

The school is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety, and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by staff known to the pupils.
- The school has robust procedures in place to identify pupils with food allergies; there is a visual photograph summary sheet which is shared with all staff including breakfast club and kitchen staff. Another list is kept in each classroom and key areas around the school. School staff support the kitchen staff in monitoring of allergies by standing near the serving hatch to identify children with an allergy.
- Children with an allergy have a blue built in food tray in Primary and in Seniors will have a plate on a red tray .
- Food containing the main 14 allergens will be clearly identified for pupils, staff, and visitors to see. Other ingredient information will be available on request.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging – this includes packed lunches for school trips.
- Where changes are made to ingredients, this will be communicated to parents of children with allergies, as well as the child, by the catering team.
- Foods containing 'may contain' labelling will never be given to a child with an allergy and a risk assessment will be in place for other children (for example, if gluten containing flour is used in a food technology lesson with children who are allergic to gluten/have coeliac disease in the same room) to prevent cross contamination and accidental exposure
- Food provided at school clubs, including breakfast club, will follow the above procedures.

FOOD IN SCHOOL

Please refer to our Food in School Policy

FOOD BANS OR RESTRICTIONS

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

- We restrict any type of nuts as much as possible on the site and check all foods coming into the kitchen or food technology room.
- All food coming onto school premises or taken on a school trip must be checked to ensure nuts are not an ingredient in another product. Labels must be checked on all foods brought in. Common foods containing nuts include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread and sauces.

FOOD HYGIENE FOR PUPILS

- Pupils will wash their hands before and after eating.
- Sharing, swapping, or throwing food is not allowed.
- Water bottles and packed lunches must be clearly labelled.

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Consult with the parents if the trip has a residential element.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches. If a pupil has an allergy to a food outside the 'main 14', a clear system will be in place to ensure they always receive a safe meal.
- If an away fixture includes a match tea, details of dietary requirements will be sent ahead to ensure all students have a safe meal.
- Medication will be taken where appropriate, and staff must ensure they have checked children with an Adrenaline Pen have both pens with them/pens have been given to the nominated First Aider for the trip.

9. INSECT STINGS

All pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and where possible, keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep food or drink covered.

The premises manager at Market Field School will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and should avoid them.

10. ANIMALS

It is normally animal dander that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site, a risk assessment will be done prior to the visit.

- Areas visited by animals will be cleaned thoroughly.
- If an animal lives on site, parents will be made aware and consideration and adaptations made.
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/HAYFVER

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites. Precautions regarding the prevention of seasonal allergies include:

- Ensuring that grass is not mown whilst pupils are outside. Pupils must stay off the grass on the day that it is mown.
- Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes, together with a friend, to avoid contact with outside allergens. Staff members, utilising information that may be received from parents regarding pollen counts, will make a judgement as to whether a pupil with severe seasonal allergy should stay indoors.
- Pupils will be encouraged to wash their hands and not rub their eyes after playing outside.
- Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately. Staff members will be diligent in the management of wasp, bee, and any nests on school grounds and in the proximity of the school, reporting concerns to the site manager. The site manager is responsible for ensuring the appropriate removal of wasp, bee, and ant nests on and around the school premises.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should ever be excluded from a school activity whether on school premises or on a school trip.
- Pupils with allergies may require additional pastoral and therapeutic support including regular check-ins from trusted adults.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the school's anti-bulling policy.

13. ADRENALINE PENS

https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pen at all times.
- Adrenaline pens are kept with the child or with a key adult to the child. They are stored in orange clip bags which are clearly labelled with the child's name. Within the bag is a copy of the child's action plan.
- Spot checks will be made to ensure adrenaline pens are where they should be and that they are in date.

- Adrenaline pens must never be locked away.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (such as a radiator)
- Used or out of date pens will be disposed of as sharps.

Spare Pens
The school has 2 spare adrenaline pens to be used in accordance with government guidance.

The adrenaline pens are clearly labelled and are stored on the top shelf of the emergency medical cabinet in the admin office

The school nurse consultant is responsible for:
- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- Which brands to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion
- The purchasing of spare adrenaline pens which can be obtained at low cost.
- Clear signposting of pens

Adrenaline pens on school trips
- Children who are prescribed an adrenaline pen must have both pens with them (or with a trusted adult) in order to go on the trip.
- Adrenaline pens will be always kept close to the pupil, not stored in the hold of the coach/bag on the minibus or in a changing room.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.

14. RESPONDING TO AN ALLERGIC REACTION/ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction.
- If the pupil has an allergic reaction, they will be treated in accordance with Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan, which is available on the school website.
- If anaphylaxis is suspected, adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication will be brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves (if age appropriate/developmentally appropriate) or by a member of staff. Whilst all staff will have had training, it is important to note that in an emergency, **anyone** can administer adrenaline.
- If a pupil's own adrenaline pen is not available or misfires, a spare pen will be used.

- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA states that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- The pupil will not be moved until a medical professional/paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of the senior leadership team will accompany the pupil in an ambulance and will remain with the child until their parent/carer arrives.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

15. 2 The school will carry out an anaphylaxis drill annually. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled because asthma can exacerbate allergic reactions. See Asthma Policy for further information.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.