



University of Chichester Academy Trust

Allergy & Anaphylaxis Policy 2026-2027



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1. Introduction

1.1 Statement of Intent

The University of Chichester (Multi) Academy Trust (herein after referred to as “the Trust”) is committed to ensuring the health, safety and welfare of all its employees, students, visitors and anyone else who may be affected by its activities. This Allergy & Anaphylaxis Policy outlines our commitment to promoting a whole school approach to the safe management of those members of our school community who live with specific allergies, in line with Benedicts Law, as set out in the Children & Wellbeing Bill 2026. This policy covers all academy activities which may encounter allergens, including in the classroom.

The Trust believes that all allergies should be taken seriously and dealt with in a professional manner and appropriate way. By our actions we will work proactively to:

- Minimise the risk of exposure to allergens 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

Each academy within the Trust is required to adapt this policy to reflect their specific circumstances, within Appendix 1, and ensure that it is effectively implemented and reviewed annually.

1.2 Equality Statement

Section 100 of the Children and Families Act 2014 places a duty to make arrangements for supporting pupils at their academy with medical conditions (excepting those who are “young children” from birth until the 1st September following their fifth birthday and subject to the requirements of the EYFS).

However, the Trust is clear about the need to actively support all individuals within our settings with allergies to participate in school life.

Each academy within the Trust will consider what reasonable adjustments need to be made to enable these individuals to participate fully and safely in all aspects of school.

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

1.3 Context



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

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one pupil with a severe allergy. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

2. Purpose

This policy aims to:

- Comply with all relevant legislation, regulations and requirements
- Set out the Trust & academy's approach to allergy management, including reducing the risk of exposure, the proactive steps to keep pupils safe, awareness through pupil programmes within curriculum and the procedures in place in case of allergic reaction
- Make clear how the academies support pupils with allergies to ensure their wellbeing and inclusion
- Work with the catering provider/team to establish a robust process and documentation procedure
- Determine how staff will be trained in allergy awareness and emergency response, for both anaphylaxis and acute asthma
- State how the academies will identify the children and young people, staff and visitors with allergies (in particular food allergies and asthma)
- State how the academy will manage the risk of food allergy and provide clear information on allergens in food provided
- Identify how individuals at risk of anaphylaxis and/or asthma will have access to their prescribed adrenaline and/or asthma inhalers
- Detail how the academy will stock, store and use "spare" adrenaline devices and asthma inhalers, ensuring they remain in date
- Determine what arrangements and adjustments will be put in place to ensure children and young people with allergy are able to participate in visits and trips, and do so safely (including access to adrenaline where required)
- Provide guidance on how children and young people with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan (Appendix 4)

This policy applies to all members of the school community and will be shared on each academy website.



3. Legislation & Guidance

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, as well as the following legislation:

- Benedict's Law, as part of the Children's Wellbeing and Schools Bill 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- The Human Medicines (Amendment) Regulations 2017
- Children's Act 1989
- Education Act 2002
- Early Years Foundation Stage (EYFS) Framework
- Equality Act 2010
- Health & Safety at Work Act 1974
- Health & Safety (First Aid) Regulations 1981

4. Definitions

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

Allergen – An allergen is a substance that triggers an immune system response, which causes an allergic reaction in some people, even though it is usually harmless to others.

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

Adrenaline Auto Injector (AAI) – A medical device designed for self-administration or by a responsible carer, to deliver a precise dose of epinephrine (adrenaline) to treat life-threatening allergic reactions or anaphylaxis, acting rapidly to relieve symptoms like breathing difficulties, throat swelling and low blood pressure.

Individual Health Care Plan (IHCP) – An IHCP is a collaborative document that allows families, healthcare professionals and schools to clarify a child or young person's medical needs. They provide correct, up to date information about how to manage that medical need whilst attending school.

Allergy Action Plan – An allergy action plan is a medical document that has been completed by an individual's health professional and not by a parent or teacher.

5. Roles & Responsibilities

The Trust and the academy take a whole-school approach to allergy awareness.



A whole school approach is a collaborative way of working towards a shared core value, in this instance allergy awareness. All members of the Trust's community should take into account the seriousness of allergies and make conscious decisions towards creating an environment that is safe for all users.

5.1 Role of the parent/guardians of a pupil with an allergy

It is the parent/guardian's responsibility to provide the school, in writing, all known allergies, any previous serious allergic reactions, history of anaphylaxis, and details of all prescribed medicine.

Parents are to supply a copy of their child's Allergy Action Plan, e.g. a BSACI (British Society of Allergy and Clinical Immunology) Plan, to ensure continuity, which includes:

- The allergen/s
- The nature of the allergic reaction (e.g. rash, breathing problems, swelling, anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used
- Control measures – such as how the child can be prevented from getting into contact with the allergen

If a child has an allergy requiring an AAI, or a risk assessment deems it necessary, an IHCP will be completed and signed by the parent/carers alongside the academy and healthcare providers.

It is the responsibility of the parent/carers to provide the school with up to date medication/equipment, clearly labelled in a suitable container. For life saving medication like AAIs the child will not be allowed to attend school or events without it.

Parents/carers are also required to:

- Provide up to date emergency contact information
- Ensure that the contents of packed lunches and snacks are safe for the child to consume
- Check the appropriateness of the lunch menu on offer with the catering team
- Liaise with staff about appropriateness of snacks and food-related activities (e.g. cooking)
- Keep the school up to date with any changes in allergy management, which includes any changes in a child's medical condition and any updated medical information. The Allergy Awareness Plan will be kept updated accordingly
- Ensure their child brings their prescribed adrenaline home at the end of each day
- Inform the school allergy champions/lead if their child has had symptoms of/an allergic reaction whilst at home, that could have been due to an exposure at school due to delayed onset
- If an incident was to occur, contribute to discussions and reports regarding their child's allergen incident or near miss



The wearing of a medic-alert bracelet is allowed by the school, if parents request this.

5.2 Role of all other parents/carers

All parents should:

- Understand the risks and potential consequences of food allergens being brought into the academy
- Avoid bringing food into the setting outside of lunchboxes e.g. leaving snacks in their child's bag for breaktimes
- Clearly label all bottles, other drinks and lunch boxes provided for children with the name of the child for whom they are intended

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) permission should be sought in advance to ensure inclusion and safety for children with allergies, with full allergen detail provided on the sealed box.

5.3 Role of academy staff

All staff are responsible for familiarising themselves with the policy and adhering to the health & safety regulations regarding food and drink.

Staff are responsible for supporting in the effort to minimise the risk of exposure to known allergens and provide clear information on the allergens present in any food provided.

Staff are responsible for considering, reviewing and risk assessing activities within classroom settings and on external visits and trips to account for the possibility of allergen contact and cross-contamination in both airborne and contact forms.

Staff are responsible for enforcing the policy amongst pupils and ensuring allergy related bullying is tackled.

Staff are responsible for engaging with active anaphylaxis training drills twice a year, where a simulated case of anaphylaxis can be used to test staff response, without risk to an individual. In some cases, pupils and their friends may also be involved in the drill and the planning of this.

Staff are responsible for recording all allergen incidents and near misses to SmartLog. The Trust has a legal duty to notify external authorities when unsafe food has been supplied, as well as a moral duty to learn lessons from incidents and near misses. The allergen incidents and near miss reports should be shared with the child's parents/carers, the allergy lead, and Finance & Audit Committee.

Staff are also responsible for supporting a child or young person's wellbeing following an incident or near miss. The academy and its staff should consider its impact not only on the individual and their family, but also on those involved in responding and any children or young people who may have witnessed it.

5.4 Role of allergen champion/named allergy lead



Each academy must have a Named Allergy Lead within the Senior Leadership Team, as well as minimum two Allergen Champions.

The named allergy lead is listed on Appendix 1.

The named allergy lead should ensure lessons learnt from near misses and incidents are shared with all staff in meetings (not just teachers) and should use the opportunity to remind all staff of the importance of safely managing allergens, details of the allergy safety policy, whilst ensuring privacy of the individual is respected.

The named allergy lead should be responsible for ensuring all allergen incidents and near misses are recorded to SmartLog, including the results of any anaphylaxis drills conducted twice a year.

Leaders need to be aware of and engage with caterers to understand the controls in place to ensure that food service conforms with legislation.

The Finance & Audit Committee will ensure the academies:

- have arrangements in place for supporting children with allergies
- are actively managing the risks relating to allergies within the academies
- Review the policy annually and publish on the school website

5.5 Role of Pupils

Pupils have a responsibility to understand and be aware of their own symptoms relating to their allergens and to let an adult know as soon as they are become aware they may be having an allergic reaction or have come into contact with a known allergen.

Pupils will:

- Avoid trading and sharing food, food utensils or food containers
- Wash their hands after eating and dispose of food wrappers responsibly
- Not tease, threaten or deliberately expose an allergic student to a trigger – this will be treated as a safeguarding issue and with disciplinary measures
- Self-advocate, know their specific triggers, recognise their early symptoms and communicate issues or concerns to their teachers and peers
- Be responsible for their own medication and carry at all times, if deemed competent, including in emergency situations such as fire evacuation and other non-fire emergencies and taking it home with them at the end of each school day
- Support each other and be mindful of inclusivity and understanding different health conditions
- Engage in learning relating to allergy awareness and understand how to seek help in an emergency.



6. Identification, Allergy Action Plans & IHCPs

The academy will have a system in place to ensure all staff can identify individuals with allergies.

For all staff on site, there will be a copy of the individuals IHCP and allergy action plan, accessible in the relevant classrooms, medical room, main office, Arbor and staff room.

For the catering department, there will be:

- An up to date photograph of each pupil with an allergy
- A detailed list of relevant allergies for the pupil and;
- A coloured identification system indicated in Appendix 1

6.1 Allergy Action Plans

The allergy action plan will be issued by the individuals health care professional and will provide staff with everything they need to know about the allergen the child has, for instance:

- A photograph of the pupil
- The date of birth of the pupil
- The triggers
- The symptoms
- Medicines to be used (if required)
- Medical consent for staff to administer adrenaline in the event of an allergic reaction or anaphylaxis

6.2 IHCP

If it is clear that an allergy will require the academy or early years setting to put supportive measures in place, an Individual Health Care Plan should be drawn up which specifies the arrangements for all pupils with a known allergy.

This will be required if:

- They have an allergy which has a functional impact on them in the academy
- They are at risk of harm as a result of their allergy and;
- They require arrangements which are additional to or different from those made generally

The IHCP will be a more in-depth document which specifies:

- the known allergens
- Emergency contact details
- Information about what to do in an emergency
- How the allergy is managed
- what risk reduction measures are necessary
- whether they have been prescribed with adrenaline (including the medical and parental/guardian consent to use spare adrenaline devices where appropriate)



- Any reasonable adjustments

It should be updated every time an Allergy Action Plan has been reviewed and updated by Healthcare Professionals.

7. Emergency Treatment & Management of Anaphylaxis

If a child or young person experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs whilst giving emergency care (e.g. broken ribs during CPR). This includes the administering of adrenaline when an individual is suffering anaphylaxis.

The academy should be reassured that mistakes, hesitation or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

As soon as Anaphylaxis is suspected, adrenaline must be administered within 5 minutes of symptoms without delay.

Action should be taken as follows:

- Keep the child where they are, call for help and do not leave them unattended.
- Lie the child flat with legs raised.
- Use adrenaline auto-injector without delay and note the time given. AAls should be administered into the muscle in the outer thigh. Always follow the instructions on the device
- Call 999 and state ANAPHYLAXIS – do not state allergic reaction
- If no improvement after 5 minutes, administer the second AAI.
- If no signs of life, immediately commence CPR.
- Call the parent/carers as soon as possible.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as further reaction can occur after treatment.

8. Supply Storage & Care of Medication

Depending on the level of understanding and competence, pupils will be encouraged to take responsibility for, and to carry, their own two AAls and asthma inhalers on them at all times (in a suitable bag/container), including during emergency drills and when travelling to and from school, to use when required. A central record will be held in the academy detailing which children have been prescribed adrenaline devices and an allergy action plan, and will be shared with relevant staff via physical documents, Arbor and the schools central SharePoint.

For younger children or those not ready to take responsibility for their own medications, their prescribed adrenaline devices will be kept in a suitable bag/container, which is labelled with their name and will be kept safely in their classroom, not locked away and accessible to all staff immediately. This will be taken by the Teacher/Teaching Assistant on emergency drills.



Individual prescribed 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 AAls 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/carers to ensure that the anaphylaxis kit the child carries is up to date and clearly labelled, however the nominated responsible person will check each child's medication carried on their persons on a termly basis and send reminders to parents/carers if medication is approaching expiry.

8.1 Spare AAls

It is the Trust's legal responsibility to purchase and store two spare AAls for children at risk of anaphylaxis for each academy. Immediate access to an AAI can be lifesaving and therefore spare devices will not be locked away. While it's vital that families have their own prescribed AAls for their child if required, having spare AAls at school adds an extra layer of reassurance for everyone.

The academy will ensure that spare adrenaline devices are kept within 5 minutes of every location on site and will ensure that academies with large sites and academies with more than one building have the appropriate dosage and quantity available.

Spare AAls will be checked termly by the nominated responsible person and recorded to SmartLog.

8.2 Storage

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

Spare AAI's will be stored as listed in Appendix 1, ensuring they are not locked away or kept where access is restricted. Spare adrenaline devices will be stored in pairs, with any emergency asthma inhaler if applicable, with instructions for use, and will be clearly labelled as "Emergency Anaphylaxis Kit", to ensure there is no confusion with prescribed devices to an individual.

8.3 Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps are disposed of at the location as listed in Appendix 1.



9. Auto Adrenaline Injectors in Schools

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that anaphylaxis is treated using age-based criteria, as follows:

- Children under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. EpiPen Junior (0.15mg) or Jext 150 microgram device)
- Children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg) or Jext 300 microgram device)
- Children (and adults) aged 12+ years: a dose of 300 – 500 microgram of adrenaline is used (e.g. EpiPen (0.3mg) or Jext 300 microgram device)

The school will purchase and store EpiPen Junior (150 micrograms) for pupils under 6.

The school will purchase and store EpiPen (0.3mg) for pupils aged 6+.

The school will purchase and store EpiPen (0.3mg) for pupils and staff aged 11+.

10. Staff Training

The Named Allergy Lead and Allergen Champions (minimum 2) who are responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's allergy and anaphylaxis policy are listed on Appendix 1.

New staff, supply and cover staff will receive a comprehensive induction covering the key elements of allergy awareness and emergency response training, as set out below, and all staff will complete mandatory online National College training at the start of every new academic year. All training will include:

- Allergy awareness, the risks it poses, how allergic reactions can occur and how to manage it
- Understanding that allergy includes multiple conditions including food (the difference between food allergy, intolerance and coeliac disease, including knowing the Top 14 allergens, as well as common allergies outside of the Top 14), asthma, eczema, hay fever and others, that can co-exist
- Knowing where to find information on the triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis, including knowing how to respond in an emergency: to call for emergency services, notifying the parents, locating and administering emergency treatment (including AAI's and asthma inhalers) in the event of anaphylaxis
- Understanding the impact on a child or young person's wellbeing
- Measures to reduce the risk of a child having an allergic reaction from coming into contact with their known allergens e.g. allergen avoidance, eliminating cross-contamination, understanding who is responsible for what, implementing safe practices
- In depth understanding of the pupils within their care who have known allergies



- Understand how to report an allergic reaction or anaphylaxis (both incident or near miss)
- Understand the academies allergy safety policy
- A practical session using a trainer device

Further training will also be provided for the Allergy Lead.

11. Inclusion & Wellbeing

Each academy must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils. All teachers, pupils and parents/guardians must be informed of the policy, and allergy bullying will be treated seriously as set out in the academy's Behaviour Policy.

Under Section 100 of the Children and Families Act 2014, the Trust and its academies are committed to ensuring that all children with medical conditions, including allergies 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 Trust and its academies will be active in providing support, both in providing reassurance that steps are taken to minimise the risk of exposure to allergens and that robust measures are in place in the event of anaphylaxis.

This includes but is not limited to:

- Regular communication to children, young people, parents carers and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.
- Proactive engagement with new joiners with known allergies, setting out the academy's policy and the support available.
- Inviting new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment to help reduce anxiety and ensure everyone knows one another.
- Introducing "allergy champions" so they can share feedback and support new joiners or anxious children and young people
- Sourcing alternative ingredients for use in arts/crafts (e.g. wheat-free flour for play dough or cooking)
- Alternative food containers (e.g. egg cartons, yoghurt pots etc) for craft activities where cross contamination is possible
- Risk assessing cooking activities where unlabelled food may be present

12. 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.



Where food is provided by the school, school staff will understand how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food.

The school menu is available for parents/guardians to view in weekly/fortnightly/3-weekly advance with all allergens highlighted on the school website. Any changes or substitutions to this, must be highlighted to the Allergy Lead immediately and the needs and safety of individuals with allergens must be met.

The Allergy Lead will inform the Catering Manager/Cook and Catering Operations Manager of all pupils in the school with food allergies, regardless of whether they eat school meals.

External caterers will be informed of those individuals with allergies in the form of a photo of the individual and a list of their allergies (which must only face back of house due to sensitive nature of the data (GDPR)), as well as the adopted process for serving meals as listed in Appendix 1 and will adhere to this process.

Parents/guardians are encouraged to meet with the Catering Operations Manager from the onsite caterer and onsite Catering Manager/Cook to discuss their child's needs.

School caterers must provide information on food allergens to parent/guardians and menus must be listed on the academy website and have this available for the child to be able to check independently. Catering staff should be available to meet with parents/guardians to discuss provision of allergen safe meals.

12.1 Breakfast Clubs & After School Clubs

The Allergy Lead or Champions will inform the Breakfast/After School Club leader of all pupils in the school with food allergies, regardless of whether they eat school meals.

Children and young people with allergies, intolerances and coeliac disease should not be prevented from accessing free breakfast clubs or other extended school provisions as a result of their medical condition. Appropriate arrangements should be made to ensure they can participate safely and inclusively.

Breakfast & After School Club menus will be posted on the academy website indicating the allergens within.

Internally run Breakfast and After School Club staff will be included in the Staff Training programme and will therefore understand the key elements of allergy awareness and emergency response training.

Examples include:

- Preparing food for children with food allergies first
- Careful cleaning (using warm soapy water) of food preparation areas and utensils.



13. School Trips

The academy will conduct a risk assessment for any child or young person at risk of anaphylaxis taking part in a trip off premises as part of the School Trip assessment. Staff leading school trips will ensure all relevant emergency supplies for pupils with allergies is carried by the pupil before participating. Pupils unable to produce their required medication will not be able to attend the excursion. Under some circumstances the academy may wish to consider whether it is appropriate to take “spare” adrenaline devices in case of emergency use on some trips.

All the activities on the school trip should also be risk assessed by prior communication or visits to the venue to ensure they do not pose a threat to allergic pupils and alternative activities planned if necessary to ensure inclusion.

13.1 Overnight Trips

Overnight school trips are possible with careful planning. A meeting for parents/carers with the lead member of staff planning the trip should be arranged. Staff at the venue of an overnight school trip should be briefed prior to, and on arrival, regarding the children with allergies in attendance. Appropriate food may need to be arranged.

13.2 Sporting Excursions

The school will ensure that the PE teacher/s are fully aware of any children with allergies. The venue being visited will be notified that a member of the team has an allergy when arranging the fixture. If the other venue feels that they are not well-equipped enough to cater for any food-allergic child, the academy will arrange for the child to take alternative/their own food.

14. Allergy Awareness

The Trust and its academies support the approach advocated by Anaphylaxis UK, Allergy UK & other allergy charities towards nut bans/nut free schools.

The Trust and its academies advocate to adopt a whole school culture of allergy awareness and education and do not support a blanket ban on any particular allergen in any establishment, due to there being 14 major food allergens, as well as many other non-food allergens not listed within this.

This ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding allergens, the signs and symptoms and how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

15. Links to Other Policies

This policy links with the Trust and its Academies; Health & Safety Policy, First Aid Policy, Administration of Medicines Policy, Children with Medical Conditions Policy, Food Policy and Behaviour/Anti-Bullying Policy.



16. Policy Approval

This policy is a Trust wide policy and approved by the Finance and Audit committee. The policy has been adapted to reflect the academy context as listed in Appendix 1.

This policy is reviewed on an annual basis.

17. Useful Links

[Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK](#)

[Allergy safety in schools statutory guidance](#)

[Allergy UK | National Charity](#)

[Natasha's Foundation](#)

[The Benedict Blythe Foundation Allergy & Education Foundation | Benedict Blythe Foundation](#)

[Guidance on the use of adrenaline auto-injectors in schools](#)

[Allergy Action Plans - BSACI](#)

18 Appendices

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Appendix 5: Trips Checklist for Staff

Appendix 6: Catering Contractor Parent/Guardian Allergy Form



Appendix 1 – Academy Specific Information

School Lunch Menu: Caterlink

Breakfast Club Menu: [Breakfast Club Menu](#)

After School Club Menu: [Afterschool Club Menu](#)

HDIC Menu: [HDIC Menu](#)

Role	Name of Person/Location/System
Named Allergy Lead (Must be SLT)	Sophie Angus
Allergy Champions (Minimum 2)	Grace Brown Fran Evans Mary McKenzie
Nominated Responsible Person for the management of Allergy Action Plans	Sophie Angus
Nominated Responsible Person who informs and provides photos to Caterer's of those with food allergies	Shanice Reilander
Nominated Responsible Person for the checking of medications and AAI's	Sophie Angus
Nominated Responsible Person for the co-ordination of Staff Training	Sophie Angus
Spare AAI Storage Location	Main Office
Sharps Disposal Location	PCC Collection
Break Time Snack/Lunch Time Identification System of Children with allergies	Purple lanyard, photo card



Appendix 2 – Further Information on Allergies Guidance

Introduction

An allergy is when the body's immune system reacts unusually to normally harmless substances, such as food and pollen. Whilst in most people these substances are no problem, in allergic individuals their immune system identifies them as a threat and produces an inappropriate response. These responses are allergic reactions and whilst often can be mild, such as localised itching, they can be very serious. In the most serious cases, a person has a severe allergic reaction (anaphylaxis), which can be lifethreatening.

The UK has some of the highest prevalence rates of allergic conditions in the world, with over 20% of the population affected by one or more allergic disorder. The most common causes of allergic reactions are:

- Pollen from trees and grasses
- Proteins secreted from house dust mites
- Moulds
- Foods
- Animals
- Insects
- Medicines

In the UK, 40% of children have been diagnosed with an allergy. The four most common allergies in children are food allergy, eczema, asthma, and hay fever. Allergy symptoms can affect all aspects of a child's day to day life, including their health and wellbeing, education, and social activities.

Allergies in children can be distressing for both the child and the parent.

Allergies affect hundreds of thousands of children in the UK, leading to 500,000 lost school days annually due to allergy-related illness or medical appointments.

Food allergies

In the UK there are 14 regulated food allergens that food businesses must declare on food packaging, as well as communicated to consumers by law for all loose and nonprepacked foods.

The 14 food allergens that must be declared are:

- Celery
- Cereals containing Gluten (Wheat, Barley, Oats, Rye etc)
- Crustaceans (Prawns, Crab, Lobster)
- Eggs
- Fish
- Lupin



- Milk
- Molluscs (Mussels, Oysters, Snails)
- Mustard
- Peanuts
- Nuts (Almonds, Hazelnuts, Walnuts, Brazil Nuts, Cashews, Pecans, Pistachio & Macadamia)
- Sesame
- Soy
- Sulphites

It is common for people to have a serious allergy to any food. In recent years there has been discussion around increasing the number of regulated allergies, with common inclusions likely to include:

- Legumes, such as peas, chickpeas, beans, lentils
- Citrus Fruit
- Nightshades, such as Tomatoes, Aubergines, Peppers etc.
- Mycoprotein (found in vegan food)
- Banana
- Alpha-Gal

Most children who have a food allergy will have experienced eczema during infancy. The worse the child's eczema and the earlier it started, the more likely they are to have a food allergy. It's still unknown why people develop allergies to food, although they do often have other allergic conditions, such as asthma, hay fever and eczema.

IgE-Mediated Food Allergy

An IgE-Mediated Food Allergy is caused by the immune system producing IgE antibodies that recognise a food as harmful. These antibodies trigger the release of histamine and other chemicals, which cause immediate allergic symptoms such as:

- Hives
- Swelling
- Vomiting
- Coughing, wheezing or difficulty breathing

It can also cause anaphylaxis.

This type of allergy often happens quickly, usually within minutes and up to 2 hours after eating or drinking the food.

Non IgE-Mediated Food Allergy

Non IgE-Mediated Food Allergies often appear hours or even days after the food or drink is ingested because the immune response works differently.

Common signs can include:

- Tummy pain
- Reflux



- Diarrhoea/Constipation
- Eczema/Dry Skin
- Poor sleep
- Feeding aversion

Pupil's with an allergy will often have an Allergy Action Plan created by medical professionals and an Individual Health Care Plan (IHCP) should be created for the pupil specifying the arrangements the school, college or setting will put in place to help them.

Food Intolerance & Coeliac Disease

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating, diarrhoea and headaches hours or days after eating.

Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or gluten sensitivity.

Food intolerance is managed through dietary avoidance.

Coeliac Disease

Coeliac disease is an autoimmune condition where the small intestine is hypersensitive to gluten. Consuming gluten can cause significant illness and may result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks. Coeliac disease is also managed through dietary avoidance.

Children and young people with intolerances and Coeliac disease should therefore have an Individual Healthcare Plan (IHCP) specifying the arrangements the school, college or setting will put in place. This will include setting out the dietary restrictions established for the individual.

Skin Allergies

Skin allergies such as eczema, contact dermatitis, contact urticaria/hives, are often caused by contact with allergens including dust, pollen and substances like nickel, latex and some chemicals.

Animals

Allergies to animals are caused by the protein in its saliva, urine or dander (skin particles). It is a common misconception that 'hypoallergenic' animals are safe for allergy sufferers. While it is true that some breeds produce more allergens than others, all animals still produce dander and saliva, and so no breed can be classed as truly hypoallergenic.

Allergic Rhinitis

Allergic Rhinitis, also known as Hay Fever, is triggered by allergens carried in the air, such as pollen, dust, animal fur/feathers or mould. Symptoms can include sneezing, a runny or stuffed nose, itchy or watery eyes.

Asthma

Asthma in children is usually allergic in nature, meaning that it may be triggered by



airborne allergens such as dust, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.

Venom

Less common allergic conditions in children include venom such as insect stings.

Legal requirements for schools and caterers

Under section 100 of the Children and Families Act 2014, schools have a duty to support pupils with medical conditions, including allergies.

The new statutory guidance on allergy safety in schools outlines what schools must do support pupils with allergies, this is in line with Benedict's Law.

The Food Information Regulations 2014 require all food businesses, including school caterers, to show allergen ingredients information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

The Food Information Regulations include requirements for the labelling of allergens on PPDS foods. These are foods that are packaged on the premises before the consumer orders them such as sandwiches.

Further information can be sought through the Food Standards Agency's advice for schools, colleges and nurseries.

Identifying hazards

Some hazards to consider are:

- An allergenic ingredient found in a recipe substitution by breakfast/after school club/caterers
- An allergenic ingredient found in a supplier product substitution
- Allergen matrix incorrectly identifies allergens in menu items
- Cross contamination during preparation/cooking/following lunch
- Cross contamination in classrooms due to eating in classrooms
- Cross contamination in classrooms due to trace allergen on pupils hand (failure to wash)
- Deterioration of mental health in relation to bullying re allergies
- Food items spill over/drop into other products containers
- Separate serving utensils for each individual food item not used
- Parents fail to inform school of child with allergen
- Pupils remove, hide or swap identification (wristbands/lanyards/tray cards)
- Pupils purchase food for friends (Secondary only)
- Employees lack of knowledge concerning allergens and procedures (e.g. lunchtime supervisors using biscuit tongs in fruit, therefore contaminating the fruit)

Practical measures and advice

Some measure to consider for preventing allergic reactions in schools:

- Ensuring separate utensils are used for each individual food item



- Ensuring children and staff wash their hands after eating to prevent cross contamination
- Regularly sanitise surfaces that may have been in contact with known allergens
- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended
- Provide information on food allergens to parent/carers and have this available for the child to be able to check independently.
- Catering staff should be available to meet with parents/carers to discuss provision of allergen safe meals
- Ensure leaders engage with caterers to understand the controls in place to ensure that food service conforms with legislation
- Where food is provided by the school, school staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary (“may contain”) labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).



Dealing with a reaction

When a person comes into contact with something they are allergic to, a reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. When the allergen comes into contact with the antibodies, these cells respond by releasing certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues, which is extremely irritating and uncomfortable.

Some common symptoms of an allergic reaction include:

- Sneezing
- Wheezing / coughing / shortness of breath
- Sinus pain / runny nose
- Nettle rash / hives
- Swelling
- Itchy eyes, ears, lips throat and mouth
- Sickness, vomiting & diarrhoea

However, sometimes allergic individuals have a far more serious, life-threatening reaction. This is known as Anaphylaxis.

Anaphylaxis is a life threatening severe allergic reaction. It is a medical emergency, and requires immediate treatment. A severe allergic reaction can cause an anaphylactic shock and must be treated with an Adrenaline Auto Injector (AAI).

The most common causes of anaphylactic reactions include:

- Foods (including peanuts, tree nuts or shellfish). However, all foods can potentially cause anaphylaxis
- Insect stings
- Drugs and contrast agents (used in some x-ray tests), particularly those given by injection.

If it is thought someone has symptoms of anaphylaxis, 999 should be called immediately, an ambulance asked for, and the operator should be told the individual is experiencing anaphylaxis. Appendix 3 – Anaphylaxis Guidance has further information.

Blanket bans on allergens

Charities such as Anaphylaxis UK, Allergy UK and the Natasha Foundation do not necessarily support a blanket ban on any particular allergen in any establishment, including in schools e.g. peanuts and nuts. This is because nuts are only one of many allergens (14 legally recordable, plus many others outside of those) that could affect pupils. With milk being the number one cause of allergen-related death in school aged children.

Blanket bans on things like nuts in schools are common, but there is never a guarantee that any school is a truly allergen free environment for a child living with food allergies. For example: staff rooms often contain boxes of chocolate such as Quality Street and



Celebrations at Christmas which contain nuts and peanuts. There is also no guarantee that parents don't pack Nutella, packets of nuts or other items that contain nuts in their children's lunch box.

Why must we do this?

Recent changes have been made by the UK government due to the death of Benedict Blythe. Benedict is a five year old boy, who was failed by his school.

Benedict Blythe started his day on the 1st December 2021 excited to open his advent calendar, searching for the elf that had come to visit and looking forward to Santa coming in 24 days' time. Benedict went to school as normal and didn't return home. He died at just five years old, from ingesting food at school that contained one of his known allergies. The school stated that a pre-packaged biscuit, free from all of his allergens was to blame, yet he collapsed at milk time because he was given lacto-free milk, which still contains cow's milk, instead of the oat milk he was sent to school with. Due to the school's lack of disclosure, at the time there was no investigation, no evidence taken and no lessons learnt.

Statements from teachers at the time proved that a mix-up of milk was the absolute cause, with a clinical expert reinforcing it by stating Benedict had died through ingesting more than a teaspoon worth of cow's milk, as opposed to the oat milk he should have had.

The school had no allergy policy in place. Although Benedict's family had provided them with a draft plan, they had not filed it or made staff aware of the contents. The only training staff had received was a short, recorded video, meaning the staff had no knowledge of what his symptoms were, what to look for in an allergic reaction or what to do in an emergency.

When his parents were called, they were told he had "become sick and could he be collected" – but when his dad arrived, he was floppy and he had to immediately start CPR on Benedict.

This was a completely preventable accident that was caused by absolute failings from the school.

Other children who have died at school due to anaphylaxis caused by contact with their known allergens include:

- Karanbir Cheema who died aged 13 after a classmate threw cheese at his face on school grounds (his reaction was through contact with skin), was administered with an EpiPen that was a year out of date.

- Nasaar Ahmed who died aged 14 after ingesting milk and other known allergies from the tandoori chicken at lunch at school, two hours before he collapsed.

School had plenty of time to administer his EpiPen he carried with him, but failed to do so as they were unaware he needed it. A member of staff brought Nasar's personal first aid box, which contained an inhaler and EpiPen. However, staff



failed to administer the EpiPen in the five-minutes it took for paramedics to arrive, the inquest heard as they had focussed on the asthma.

- Mohammad Ismaeel Ashraf died aged nine in 2017 after eating a school lunch. The canteen had never read his care plan. He suffered an anaphylactic reaction to dairy in the meal and died despite being taken to hospital. The catering manager said that they had never looked in the red book of allergen children because they just knew the children. The lanyard he wore only stated one of his four allergies, and since his death the number of children listed in the red allergy book has gone from 7 to 57.

Statistics

Between 1 April 2019 and 31 March 2023 the statistics for deaths relating to anaphylaxis were as follows:

- 19 children died of Anaphylaxis. Two were under 10 years, seven were 10-14, and 10 were 15-17 years old.
- 18 of the children had allergies and they also had asthma.
- 10 children were Asian, black, mixed or other ethnic background and nine children were white.
- 10 children died at home or another private place. Five children died in a public place such as a restaurant. Four children died in places such as a school, a hospital or abroad.
- 9 children had to go to A&E one or more times in the year before they died.
- 4 of the children were admitted to hospital for a stay and three had stayed due to their asthma, in the year before they died.
- Most of the children with food allergies were allergic to either nuts, cow's milk, egg or seafood.
- Most of the children died because of their allergy to cow's milk
- The children who had non-food allergies were mainly allergic to house dust mite, followed by grass pollen or animal allergy.
- Not all the children had an adrenaline auto injector: for some, it had expired while others were not carrying them at the time of reaction.
- The death rate was four times higher for children living in the most deprived neighbourhoods of England

It is important to remember, whilst it may not occur often, an allergic or anaphylactic reaction can happen.



Appendix 3 – Anaphylaxis Guidance

Introduction

Anaphylaxis is a severe and life-threatening allergic reaction that happens very quickly, usually within minutes and rapidly progresses, but can occur up to 2-3 hours later. It can be caused by food, medicine or insect stings when the body has a serious reaction to something.

Managing Allergic Reactions

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



hormonal fluctuations. It cannot be assumed someone will react the same way twice, even to the same allergen. Reactions are not always linear. They do not always progress from mild to moderate to more serious; often 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 carer
- Continue to monitor the pupil

Serious Allergic Reactions (Anaphylaxis)

The most serious type of reaction is called ANAPHYLAXIS.

In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis is characterised by:

- Sudden onset and rapid progression of symptoms
- Airway and/or Breathing and/or Circulation problems
- Skin changes such as hives

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly.

Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises the blood pressure.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to



moderate allergic reactions previously, can experience anaphylaxis.

Delivering Adrenaline

Adrenaline should be administered to an individual within 5 minutes of signs of allergic reaction to AAI holders.

- The medication should be taken to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- It is not necessary to remove clothing but make sure adrenaline is not being injected into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- A note of the time the first dose was given should be taken and call 999 (or get someone else to do this while adrenaline is being administered) – state ANAPHYLAXIS, not allergic reaction. Tell them adrenaline has been given for anaphylaxis. The word anaphylaxis makes it a category 1 call.
- Whilst waiting for the ambulance, the child should be kept where they are. They should not be stood up, or sitting in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. Stay with the pupil.
- The pupil's emergency contact should be called.
- If their condition has not improved or symptoms have gotten worse, a second dose of adrenaline should be administered after 5 minutes, using a second device.
- Call 999 again and tell them a second dose has been given and to check that help is on the way.
- Start CPR if necessary.
- Hand over used devices to paramedics and remember to get replacements.

If someone experiences an unexpected reaction, a legal exemption under Regulation 238 allows a school's spare AAI to be used in exceptional, life-threatening situations even if:

- The individual has not been previously diagnosed with an allergy
- There is no medical authorisation or written consent in place.

However, AAI's that are prescribed for named individuals, legally cannot be used on another person unless administered by a qualified prescriber (e.g. a doctor) under the Human Medicines Act.

It is good practice for the academy to obtain advanced consent from parents for "spare" adrenaline devices to be used, so that in an emergency, consent is assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life with a spare AAI, without checking if prior consent has been given, in order to avoid



delay in treatment, under the Human Medicines (Amendment) Regulations 2017.

Reporting & After Care

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can reoccur after treatment, even the following day. In some cases the impact of exposure to an allergen whilst in an education setting can be delayed, i.e. not recognised until the child or young person is back at home and likewise an incident at home may not have symptoms appear until they are at school. Therefore, communication between the school and the parents is imperative.

All allergen incidents and near misses must be reported on SmartLog immediately.

These incidents and near misses should be then used as prompts to learn lessons to prevent fatalities.

NAME - Individual Healthcare Plan for Allergy	
Name:	Current photo
Date of birth:	
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Parental Consent to Share Information:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i> This allergy means that: Any physical restrictions caused by the allergy:	
How the allergy is managed:	



Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

How the allergy affects their life:

Any considerations needed at meal or snack times?

Arrangements for support from school:

Give details of the specific support or adaptations which the school or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Medication:

Awareness:

Curriculum:

Training:

Environment:

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.



<i>Otherwise summarise the signs or symptoms which would indicate an emergency.</i> <i>Set out what to do in an emergency, including whom to contact.</i> <i>If relevant, note where “spare” adrenaline devices are located.</i>	
Last discussed with parents	Date
Issued by - INSERT NAME	Date:
Next planned review	Date:

Appendix 5 – School Trips Checklist

	Have you...	Notes/Comments
☐	Identified all students with allergies attending?	
☐	Spoken with the parents/carers of the pupil with allergies to identify any trip-specific concerns?	
☐	Confirmed the pupil's allergens and symptoms with the parents/carers?	
☐	Reviewed the pupil's IHCP?	
☐	Asked the venue about allergen management procedures?	
☐	Obtained the venue's policy and relevant risk assessments?	
☐	Asked the venue about cross-contamination controls?	
☐	Confirmed the venue's table cleaning methods?	
☐	Checked the venue's "food in bedrooms" policy (if applicable)?	
☐	Reviewed the venue's tuck shop items (if applicable)?	
☐	Confirmed the venue's emergency procedures for both day and nighttime, including phone signal and back up plans for lack of signal?	



☐	Confirmed staff in attendance are trained, including volunteers?	
☐	Refreshed AAI training within the last 12 months?	
☐	Checked that attending staff have practised with trainer devices?	
☐	Checked if attending staff have any concerns?	
☐	Confirmed, if applicable, the pupil carries two prescribed, in date, AAI's?	
☐	Confirmed who is responsible for carrying the pupils prescribed AAI's on the trip? E.g. the pupil, the attending teacher etc?	
☐	Confirmed a suitable carrying case is available for the AAI's that suits the type of activities?	
☐	Identified a suitable storage location for the pupils prescribed AAI's? E.g. with them, in the teacher's room etc?	
☐	Created a plan for safe temperature storage e.g. insulin grade medical bags?	
☐	Confirmed a suitable handover procedure between the trip staff on duty?	
☐	Included food preparation hazards in the trip risk assessment?	
☐	Included travel hazards in the trip risk assessment - coaches, ferries, planes etc?	
☐	Included accommodation hazards in the trip risk assessment (if applicable)?	
☐	Documented the suitable control measures within the trip risk assessment?	
☐	Reviewed the risk assessment following a venue pre-visit?	
☐	Included the emergency procedures for the travel and trip in the trip risk assessment?	
☐	Reminded all families about packed lunches/snacks contents?	
☐	Reminded pupils that food sharing should not occur at any time?	
☐	Clarified any allergen restrictions for all trip attendees?	
☐	Confirmed the expectations for behaviour surrounding allergens/bullying etc?	

