ALLERGIES AND ANAPHYLAXIS POLICY

Twin Oaks Primary School

Governing Body with Responsibility	Resources
Agreed by Governors on	July 2026
Chair's Signature	Gavin Kennedy
Staff Member Responsible for Review	SBM/SENDCo
Date for Review	July 2028

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Appendix One: **Managing Allergic Reactions**

1. Introduction

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 sometimes causes a much more serious reaction called anaphylaxis. Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation). It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Twin Oaks Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

All Parents / Carers

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- 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 special events.
- Encouraging their child to be allergy aware.

Parent/**Carers of Pupils with Allergies** Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ /SENCO/office staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- **All staff** will complete anaphylaxis training. Training is provided for all school staff on an annual basis and on an ad-hoc basis for any new members of staff. This will include the SBM ensuring that any Agency / Supply staff have been trained.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution and a checklist completed.
- Staff leading school trips will ensure that spare emergency medications are accessible if required (Emergency medication taken from classroom and their extra epipen from the office must also be taken) .
- Trip leaders will check that all pupils with medical conditions, including allergies, have their medication available. Pupils unable to produce their required medication may not be able to attend the excursion.
- The Lead First Aider/classroom TA's will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Lead First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) on the schools MIS and a record of use of any AAI(s) and emergency treatment given is kept with the child's emergency medicine.
- The SBM will ensure that any reaction or near misses is recorded and reported internally, to the Local Authority or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector. British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.
The allergy action plans are designed to function as an individual healthcare plan.

Pupils with Epi Pens BSACI Plans
https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf

Pupils with Jext BSACI Plans
https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-Jext-Final-OCT-24.pdf

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

See Appendix 1

5. Supply, Storage and Care of Medication

Medication should be stored in a suitable container and clearly labelled with the pupil's name. Medication must not be locked away and be **accessible to all staff.**

The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade® (1 in classroom, 1 in the school office)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required.
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

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

Disposal

Disposal AAIs are single use only and must be disposed of as sharps.
Used AAIs should be given to ambulance paramedics on arrival.

6. 'Spare' adrenaline auto-injectors in school

Twin Oaks Primary School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).
These are stored in a container in the same drawer as the school defibrillator in the school office, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The Lead First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the same drawer as the spare AAIs.. If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS.
Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

In line with Benedict's Law (Sept 2026) all adults in Twin Oaks will receive Allergy and Anaphylaxis Awareness training. Those that attend first aid courses will also be trained in the administration of AAI's and emergency procedures.

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Kirsty Pearce
Rebecca Price

All staff will complete allergy and anaphylaxis training annually .
Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- The School has a training Epipen for staff to practice using.

8. Inclusion and Safeguarding

Twin Oaks is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at https://www.twinoaks.lewisham.sch.uk/.

The Lead First Aider will inform the chef of pupils with food allergies. The kitchen has a list of all children in the school with all their allergies with a photo and details of all allergies on the wall by the serving hatch. Once the office is informed of a new/change in allergies they will inform the kitchen to adjust their records.

Parents/carers are encouraged to meet with the Chef to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Lunch Boxes and Snacks

For the protection of the children in our school no nuts will be allowed in any area at any time. This includes any food that contains Nutella® or similar, peanut butter or any other foods containing nuts.

These restrictions also apply to any packed lunches and snacks that are created or sent in from home.

The school cannot check all lunchboxes and items brought into school, therefore will take measures as reasonably practicable.

Products that are labelled "May contain nuts" will be accepted into schools as these poses minimal risk and are labelled to protect the manufacturer.

Packaging

Any packaging that is brought to school must not have previously contained nut products, however, reused packaging for food described as may contain nuts will be accepted as these pose a minimum risk.

10. School Trips/ Off Site Visits

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will carry the medication for all pupils with medical conditions, including allergies. Pupils unable to produce their required medication may not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight/residential school trips should be possible with careful planning and a meeting for parents/carers with the lead member of staff planning the trip should be arranged.
Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue). A trained member of staff will always be present on a school trip where pupils with allergies are attending.

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.
Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Outdoor Lessons and Forest School

Staff leading outdoor lessons will ensure they carry all relevant emergency supplies and a qualified first aider will be in attendance at all times.
Consideration should be given to any children identified as having nut allergies and a risk assessment should be put in place for when children take part in Forest School activities or access areas of the outdoor area that contains trees.

11. Extended Service Providers (including Breakfast club and After School Club)

Twin Oaks requests from any extended service provider for evidence that their staff have received the requisite training in the administration of emergency medications / the symptoms of anaphylaxis and the food hygiene arrangements to alleviate the cross contamination of food allergens (providers that are directly involved with cooking / serving / storing of foods stuffs or managing activities where food is used).

Where these clubs are run internally by the school the ASC and BC Risk Assessment sets out how they deal with allergies. The school will provide the staff with a list of all the pupils with allergies and copies of their health care plans. Children with serious allergies have separate eating utensils and food is prepared separately. Staff speak to parents to discuss exactly what children can and cannot eat and records are kept.

Club managers have undertaken Level 2 allergy training and Level 3 Food Hygiene and safety.

12. Allergy Awareness

Nuts

Twin Oaks School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools.
They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools.
This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a **truly allergen free environment** for a child living with food allergy.
They advocate instead for schools to adopt a culture of allergy awareness and education. We are an Allergy Aware School. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Insect Stings

Pupils with a known insect venom allergy should:

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

The Premises Manager will monitor the grounds for wasp or bee nests.

Animals

It's normally the dander (flakes of skin) saliva or urine 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.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed and pupils allergies considered.

13. Risk Assessment

Twin Oaks has conducted a detailed risk assessment to cover all students with allergies and will update (or undertake individual risk assessments) for pupils with new types of allergies to the school, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

14. Confidentiality

The information collected regarding pupils and their medical requirements discussed in this policy, although should be easily accessible by those required, confidentiality should still be observed.

Photos of children with allergies should be displayed in an area that alerts staff to the children with allergies but not on general display. (e.g. inside a cupboard door where medications are stored)

15. Useful Links

Anaphylaxis Campaign- https://www.anaphylaxis.org.uk

AllergyWise training for schools - https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools

Allergy UK - https://www.allergyuk.org

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Department for Education Supporting Pupils at School with Medical Conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Whole School Allergy and Awareness Management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Spare AAI's in Schools http://www.sparepensinschools.uk

Appendix 1
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 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.

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.

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	**B – Breathing**	**C - Circulation**
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or cough	Pale or floppy
Difficulty swallowing		Sleepy
Swollen Tongue		Collapse or unconscious

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

DELIVERING ADRENALINE

- ✓ Take the medication 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 you're not injecting 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.
- ✓ 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.
- ✓ Whilst you are waiting for the ambulance, keep the child 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 drastically, causing their heart to stop. Stay with the pupil.
- ✓ Call the pupil's emergency contact.
- ✓ 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.
- ✓ Start CPR if necessary.
- ✓ Hand over used devices to paramedics and remember to get replacements.

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.