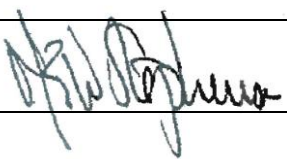




WISE
ACADEMIES
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Allergy Safety Policy

Bothal Academy

Date Agreed	Summer Term 2026
Date to be Reviewed	Summer Term 2029 (or sooner if required)
Signed	

Introduction

Wise Academies is committed to pupil safety and has created this policy to support children with existing allergies in order to reduce the risk of children having allergic reaction incidents in school.

What Is an Allergy?

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 bee sting), latex and medication.

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 common causes of “whole body” reactions, including anaphylaxis, are:-

- Foods (e.g. peanuts, tree nuts, cows milk/dairy foods, egg, wheat, fish/shellfish and sesame)
- Insect stings (wasps, bees and ants)
- Medication (e.g. antibiotics, pain medicines such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps)

This list of allergies is not exhaustive and the policy will apply to any allergy suffered by any child or member of staff in school of which the school has been notified.

Airborne allergic reactions are very rare. Usually, a person had to ingest or directly come into contact with the protein in order to suffer an allergic reaction. Being in the proximity of a person who has recently eaten nuts is therefore unlikely to trigger an allergic reaction. It would be extremely difficult to enforce a total nut ban in school as nuts or nut traces are present in a wide range of products from foods to hand creams, not all which may be obvious.

Under [section 100 of the Children and Families Act 2014](#), schools have a duty to support pupils at their school with medical conditions

The [Food Information Regulations 2014](#) requires all food businesses including school caterers to show the 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.

From October 2021, the Food Information Regulations will include new requirements for the labelling of allergens on PPDS foods. These are foods which are packaged on the premises before the consumer orders them. Read the [Food Standards Agency advice for schools](#), colleges and nurseries.

Identifying Children/Young People, Staff and Visitors with Allergies (in particular food allergy and/or asthma)

- Pupil contact information to include:-
Does your child have any known allergies – YES/No if yes please give as much information as possible including any medication.

If yes school medicators to contact parent to fill an IHCP if required or an asthma care plan.

- Automated sign in to include:-
Do you have any known allergies? If yes please give information
Do you carry an Adrenaline Auto-Injector (AAI) Yes/No
Do you have asthma? Yes/No
If yes, do you carry medication with you? Yes/No or N/A

Minimising the Risks of Exposure

- No aerosols to be used in school during term time
- When known triggers are identified where possible to remove the trigger from the school e.g. if a trigger is strong perfumes/aftershaves/deodorants work with staff and pupils to minimise this risk
- Where possible keep grass cutting to weekends or holidays

Manage the Risk of Food Allergy

- All food brought into school must be from a shop not home made e.g. birthday cakes
- School kitchens will have photographic identification of each pupil/staff and their specific food allergy
- Kitchens will be notified if any visitors have allergies and they are having a school lunch
- The Trust Catering Manager identifies all allergens for every school meal provided for the children.
- The Trust Catering Manager identifies all allergens when providing catering for events at Head Office.
- All catering staff have allergen awareness training

Catering

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff should be able to identify pupils with allergy and be able to provide them with safe meals. 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. Schools can therefore identify whether a food product is safe for allergic pupils to eat. School menus should be available for parents to view with the ingredients clearly labelled.

Training

- All staff to have anaphylaxis training This is included if Kitts are bought.
- [Beat Asthma](#) has free on-line training for all staff.

Pupil Access to their Medication

- Pupil medication will be in their classroom in the teacher's cupboard
- Any outdoor lessons staff leading the session will take the pupil's medication outside with them
- Pupils in Year 6 will carry their own inhalers, this is preparing them for secondary education.
- If the pupil goes on a residential all staff are trained in the use of AAI and asthma. The residential centre will be made aware of all allergens and medical conditions prior to the visit.

Spare Pens

Adrenaline Auto-Injector (AAI)

Single-use device which carries a pre-measured dose of adrenaline. Adrenaline Auto-Injectors (AAI) 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 two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy, we will refer to them as Adrenaline Auto-Injectors (AAI).

As of September 2026, all schools must have spare AAI's (Benedict's Law) The dose of AAI can vary according to the child's weight, so as the child grows the correct dose required may change from 150mg for early years and KS1 to 300mg for KS2 to an adult. 2 different pens must be purchased per school. Schools are able to purchase spare Adrenaline Auto-Injectors (AAI). These should be held as a backup, in case students' prescribed Adrenaline Auto-Injectors (AAI) are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline. The location of the Epi-pens are:

Lower Site - School Office

Upper Site - Outside DT room, near PE in medical cupboard, school office

A supplier e.g. pharmacy, will need a request signed by the Headteacher (ideally on appropriate headed paper) stating:-

- The name of the school for which the product is required
- The purpose for which that product is required, and
- The total quantity required.

A template letter which can be used for this purpose is provided in Appendix 1, and can be downloaded at www.sparepensinschools.uk Please note that pharmacies are not required to provide AAI's free of charge to schools, the school must pay for them as a retail item.

The retail price is circa £120 (as of 2020) and your local pharmacy may add a small handling charge. Some Local Authorities are now covering this cost.

Spare Asthma Packs

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Spare asthma packs should be held on site which should include: -

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- Guidance on the use of emergency salbutamol inhalers in schools
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans
- A record of administration (i.e. when the inhaler has been used).

A named member of staff in each setting will have the responsibility for ensuring that: -

- On a monthly basis the inhaler and spacers are present and in working order, and
- the inhaler has sufficient number of doses available
- That replacement inhalers are obtained when expiry dates approach

- Replacement spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and
- returned to storage following use, or that replacements are available if necessary.

Schools will wish to ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer **should not** be locked away.

Allergy Action Plan

This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. Allergy Action Plan <https://www.bsaci.org/resources/allergy-action-plans/> Individual healthcare plan (Proforma on Smartlog): A detailed document outlining an individual student's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. All students with an allergy have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan. Risk assessment: Allergy should be included on all risk assessments for events on and off the school site.

Children and young people with asthma should be provided with an Asthma Action Plan. This provides everything staff need to know about a child or young person's asthma in one place, including information about their triggers, symptoms, medicines to be used if they have asthma symptoms and when to seek emergency help when they have an asthma attack

These Action Plans should be attached to the child or young person's Individual Healthcare Plan. The plans include medical and parental consent for staff to administer medicines such as adrenaline in the event of an allergic reaction or the emergency reliever inhaler in the event of an asthma attack. Action Plans are reviewed and updated by healthcare professionals at regular intervals. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Staff Allergy Training

It is good practice to have a named member(s) of staff at school responsible for coordinating allergy management including the development and upkeep of the school's personalised Allergy Policy. However, an allergic reaction could occur at any time at school, so all staff should be trained on what to do in the event of an allergic reaction, as a student may be under their supervision when this happens. Allergy training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence. Acting fast is key in reducing the risk of a severe allergic reaction. Training should include:-

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) 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
- Associated conditions e.g. asthma
- Managing emergency care plans and ensuring these are up to date.

Allergy Bullying

The school has a Behaviour and Discipline Policy that includes measures to prevent all forms of bullying among pupils. Schools, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, in terms of both physical and mental health, are

properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Storage of AAI

Pupils should have two AAI with them or accessible at all times. If the pupil is unable to carry pens/ medication/inhalers themselves (e.g. primary school aged pupils) this medication should be stored safely but should be easily accessible in the event of an emergency and not locked away. Ensure that these are labelled for identification of the pupil e.g. with their name and photograph and Allergy Action Plan. Ensure that students know where their medication, AAI and inhalers are at all times.

Expiry dates

- It is the parent's responsibility to ensure that the child's AAI are within the expiry date, however it is good practice for schools to schedule their own regular checks
- of medication.
- Parents and schools can register AAI on the manufacturer's websites to receive text alerts for expiry dates.
- Schools should return expired medication to parents for safe disposal.
- Any sharp items such as AAI should be disposed of safely using a sharps disposal box
- If there is a time during which schools are closed for long periods, eg the 2020/21 COVID-19 lockdowns, it is likely that medication will have expired so it is essential that staff check the expiry dates of AAI as these may need replacing

Note that the dose of AAI can vary according to the child's weight, so as the child grows the correct dose required may change from a junior 150mg for early years and KS1 to 300mg for KS2 to an adult. 2 different pens per mg dosage (2 x 300mg 2 x 150mg) must be purchased per school.

Catering

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff should be able to identify pupils with allergy and be able to provide them with safe meals. 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. Schools can therefore identify whether a food product is safe for allergic pupils to eat. School menus should be available for parents to view with the ingredients clearly labelled.

Further Information and Advice

<https://www.anaphylaxis.org.uk/education/>

Allergy UK Helpline: Providing support, advice and information for those living with allergic disease
Monday - Friday, 9am-5pm Call: 01322 619898 Email: info@allergyuk.org

Anaphylaxis Campaign Helpline: Supporting people at risk of severe allergies
Monday - Friday, 9am-5pm Call: 01252 542029 Email: info@anaphylaxis.org.uk

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Further advice is available from the Academy's Health & Safety Manager and Estates Team.