WARBLINGTON SCHOOL

ALLERGY POLICY

Reviewed by:	Headteacher	
Approved by:	Full Governing Body	**Date:** October 2026
Next review due by:	September 2028	

Statement of intent

Warblington School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all students

The allergy safety policy will be formally reviewed at least annually and after any serious incident or near miss. The Headteacher (or named Medical Lead) is responsible for arranging the review and reporting outcomes to the governing body within 20 school days of the review.

Equalities statement

Warblington School is clear about the need to actively support students with medical conditions to participate in school life.

We will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in all aspects of school life.

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

Context

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy 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 allergic student. 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.

Schools have a legal duty to support students with medical conditions, including allergy.

Principles

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep student/students safe.
- To ensure students from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering team to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school.
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a student awareness programme through PHSE and other curriculum areas.

Allergy management checklist

- Does the child have an Individual Healthcare Plan
- Has your school purchased spare pens?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the allergy policy cover catering for children with allergies?
- Does the allergy policy include student allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying?

Practical steps (see also Appx I and Appx II)

In order to put these principles into practice we will:

Governors

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher
- Ensure the school's arrangements to identify and safeguard the wellbeing of students, because of their own or someone else's allergy, are robust and effective
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees.
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing students/students with allergies
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose

Headteacher

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Ensure the curriculum contains age-appropriate content so all students/students can learn about allergies and how everyone can support those who have them
- Create links at strategic level with Healthcare professionals and Catering teams and ensure at operational level that links are robust
- Ensure that up-to-date allergy information for students is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff.
- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year, ideally via the school management information system (MIS). Seek updated medical information at the commencement of each calendar year and for any student joining in year.
- Where the student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the student in establishing IHPs.

- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the student
- Ensure effective communication of individual student medical needs to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricula activities for students/students who have allergies
- Ensure records of students medically prescribed an AAI and its use are kept correctly
- Ensure student documentation and in date medication is kept correctly and safely
- Ensure best practice in the labelling of foodstuffs and their contents
- Report to the Board of Governors regarding the management of allergies within the school

Member(s) of Staff responsible for medical needs

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Report to the Headteacher regarding student with allergies
- Lead on the training of staff regarding allergy medical needs and their identification and management
- Work closely with in-house Catering Managers in assisting in the support of students/students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitor where there is a school 'tuck shop' or home baked items are brought into school
- Liaise with parents/carers of students with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Wherever possible use an AAP for students with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.
- If an additional written IHP is not required, ensure that the AAP is viewed and treated with the same level of seriousness.
- Ensure all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received.

- Where an AAP has not been received for a student with recognised allergies, or if the medication information is not clear, liaise with GP/school nursing team, to obtain an up to date copy and/ or clarification.
- Ensure medication is stored in a rigid box and clearly labelled with the students/student's name and a photograph (older students should carry their AAIs and medication with them)
- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the student/student's IHP and/or AAP
- Ensure that any other staff involved with those students/students requiring the use of an AAI are also adequately trained and competent
- Ensure all school trips, excursions or off-site extra curricula activities for students/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for students with allergies
- Ensure the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by students/students or external sources and are of the correct dosage
- Arrange for the correct disposal of out-of-date AAIs
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services (999) and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate
- Record all emergency uses of AAIs or reports of suspected emergencies
- Ensure that, if a student notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency
- Raise awareness about allergies and anaphylaxis amongst their students in the classroom and around school, especially in dining areas

- Encourage self-responsibility and learned avoidance strategies amongst students living with allergies
- Help all students/students understand which foods are safe for those with allergies and how they can support other students with specific dietary needs to stay safe
- Highlight the need for anti-bullying of students with the condition
- Be aware of the students in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them. Trip lead to complete the Allergy & Medical Risk Checklist (Appendix 5) and confirm all medication and plans are in place at least 10 working days before departure.

Parents/Carers

- Notify the school of the student's allergies.
- Inform the school of any changes as soon as known
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the student/student
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- If you require it, meet with the Catering Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering Team).
- Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction

- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Headteacher and/or Member of Staff responsible for medical needs, the student's doctor and the student (if age appropriate) after a reaction has occurred

Students with allergies

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAIs on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- Two AAIs 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 to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School's Wellbeing Officer 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.

Older children and medication

As an 11-16 school, our students should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/ local authority (delete as appropriate).

The sharps bin is kept in the following room: Health and Wellbeing, in the Maths corridor.

Spare AAIs

Schools can now legally purchase and store spare Adrenaline Auto-Injectors (AAIs For children at risk of anaphylaxis). Immediate access to an AAI can be life-saving. While it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies.

Warblington School will keep a minimum of 6 spare AAIs stored:

- In the canteen
- In the technology corridor, by the food tech room
- In the library

The Medical Lead is responsible for audit, expiry checks (termly) and safe disposal. Spare AAIs will be accessible (not locked) and available for trained staff to use in an emergency. Any use of a spare AAI will trigger an immediate 999 call and the incident reporting procedure.

It is deemed these locations will allow them to be reached within 2mins 30 seconds, in the event of an emergency. The location of these devices will be reviewed annually, pending the review of drills.

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 via the school newsletter sent out weekly.

The wellbeing officer will update the information stored on the system. This information directly links to the cashless catering system, which highlights allergens to the person serving food – reducing the risk of information not being passed on.

Parents/carers are encouraged to meet with the Wellbeing Officer or a member of the pastoral team 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 students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/snack shack, parents should check the appropriateness of foods by first checking the meuns on the newsletter and then speaking directly to the catering manager.
- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- 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). Transition events are an area of awareness.
- 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.

Allergy awareness and nut bans

Whilst we support the approach advocated by many allergy charities towards nut bans/nut free schools, we are unable to declare we are 'nut free' or any allergen free. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with food allergy. We advocate instead for a culture of allergy awareness and education.

We believe a 'whole school awareness of allergies' is a much better approach, as it ensures teachers, students and all other staff are aware of what allergies are, the importance of avoiding the students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk assessment

The School will conduct a detailed individual risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Training

All staff will complete the annual e-learning allergy awareness module and those named as emergency responders will attend a practical AAI hands-on session annually. New staff complete e-learning within two weeks of starting. A central training register will be maintained by the Safeguarding Team. Training is via High Speed Training (High Speed Training | Over 180 Online Courses) and includes a basic understanding of allergic disease and its risks which 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 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
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date

Allergies and bullying

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among students, and this is a policy decided by the school. All teachers, students and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, 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.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education. Please view the guidance here.

Other useful websites include:

- NSPCC
- National Bullying Helpline
- Family Lives
- Kidscape
- Anti-Bullying Alliance
- Young Minds
- Childline
- Bully Busters

Appendix 1: First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

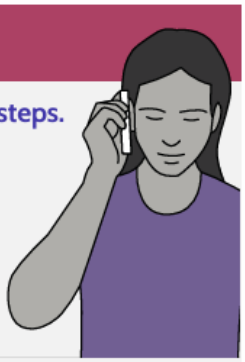
1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

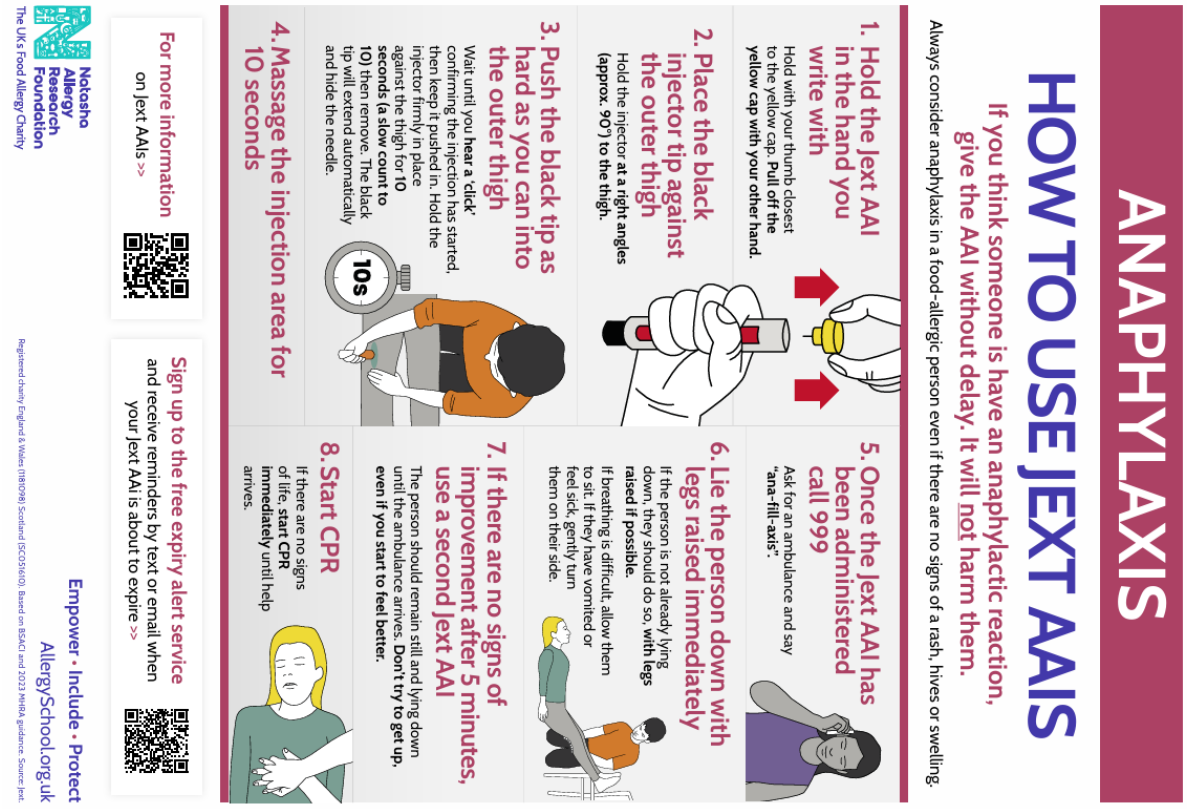
Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

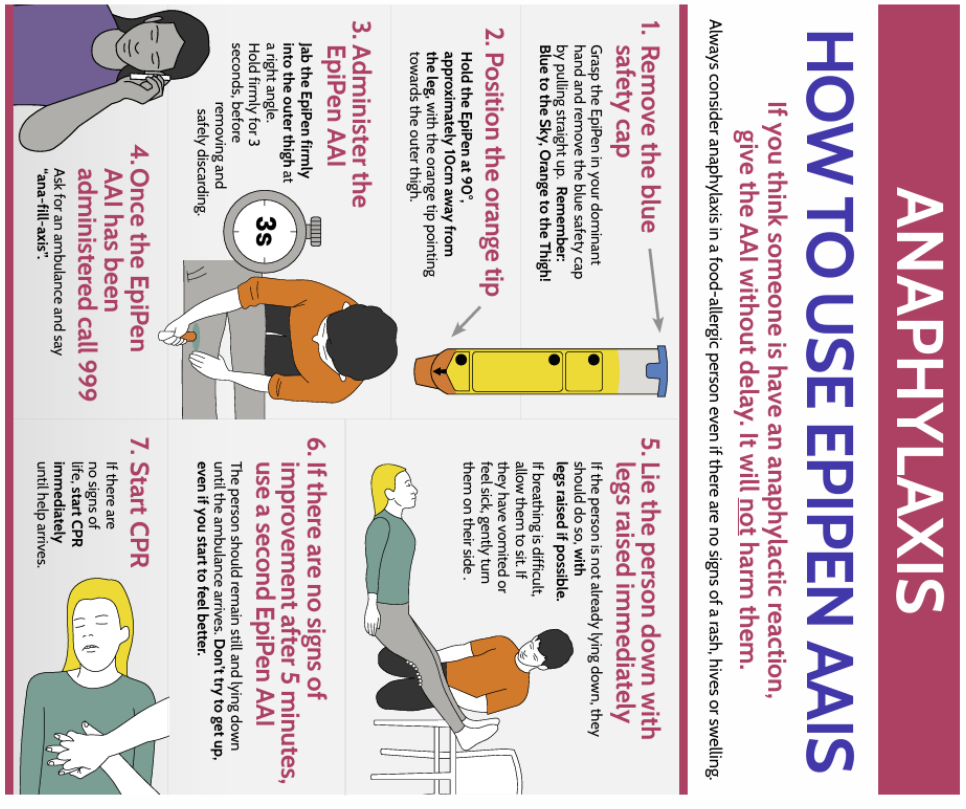
Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

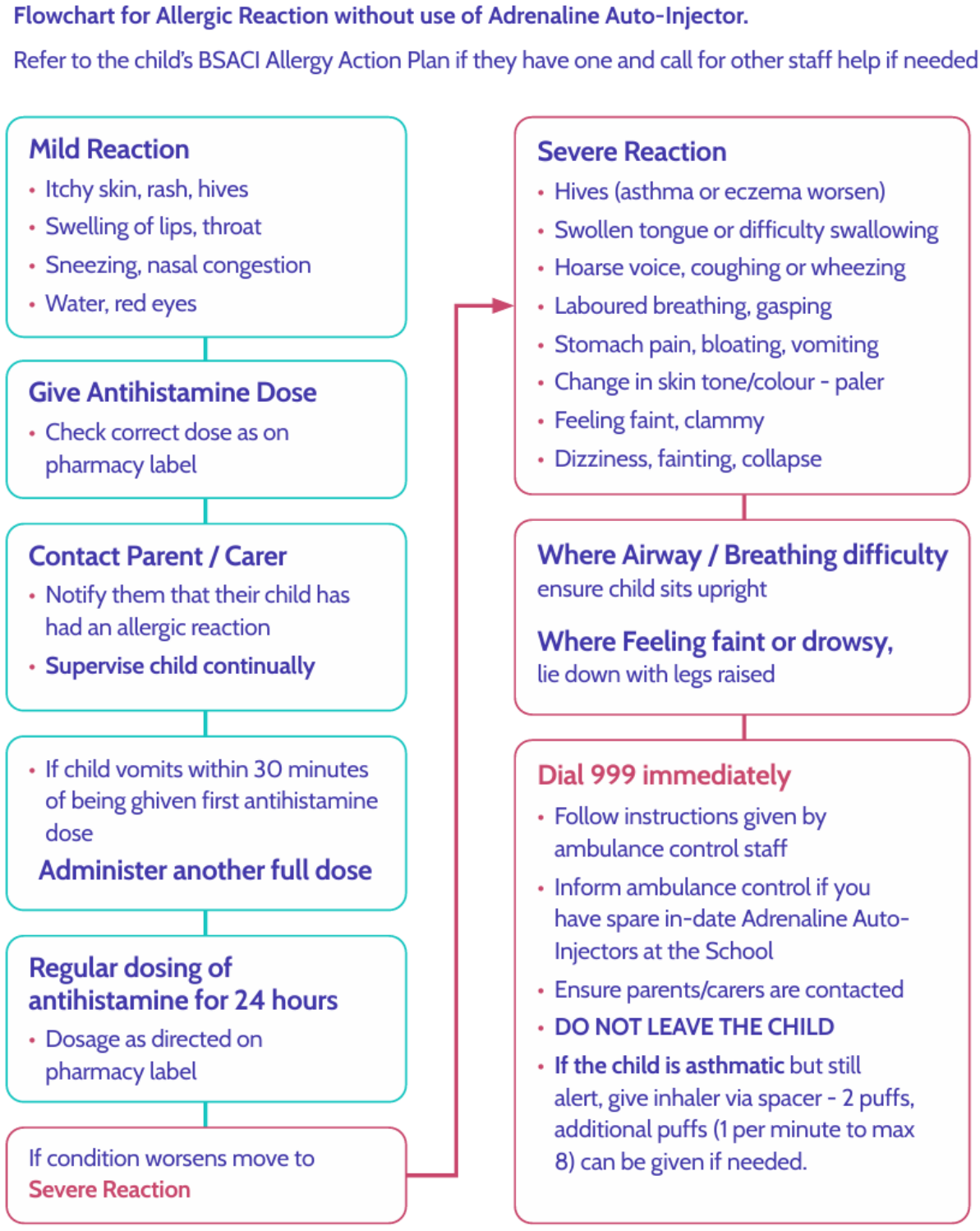
Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix 2: Epipen AAI and Jext AAI Instructions





Appendix 3: Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.



Appendix 4: Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.



Suspected anaphylaxis:

administer AAI → call 999 → inform parent → record → debrief + review

Appendix 5: Information on allergies

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- **Cereals containing Gluten**
- **Celery**
- **Crustaceans**
- **Eggs**
- **Fish**
- **Soya**
- **Milk**
- **Nuts**
- **Peanuts**
- **Mustard**
- **Sesame Seeds**
- **Sulphur dioxide/Sulphites**
- **Lupin**
- **Molluscs**

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Other support and resources

- Allergy Guidance for Schools - https://www.gov.uk/government/publications/school-food standards-resources-for-schools/allergy-guidance-for-schools
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Food Standards Agency food allergy and intolerance online training - https://allergytraining. food.gov.uk/
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)
- FSA reporting tool for allergies - https://www.gov.uk/government/news/fsa-launches allergy-and-intolerance-reporting-tool
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Training for Schools - https://www.anaphylaxis.org.uk/information-training/allergywise training/for-schools/
- Transitioning to Secondary School - https://www.anaphylaxis.org.uk/living-with-serious allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the transition-to-secondary-school/
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/ whole-school-allergy-awareness-andmanagement