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# Pupil Allergy Policy

The Charter East Dulwich School

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| **Author:** | Trust Head of Compliance | **Version 1** |
| **Approved by:** | Trust CEO | **Date:** 13 July 2026 |
| **Last reviewed on:** | July 2026 | |
| **Next review due by:** | July 2028 | |

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# STATEMENT OF INTENT

The Charter Schools Educational Trust and its schools are 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.

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 The Charter East Dulwich School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## 1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

## 2. Legislation and guidance

This policy is based on the Department for Education (DfE)'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, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

## 3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

### 3.1 School Allergy lead

The **nominated** allergy lead is Carolyn Ankrah.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Ensuring accurate and up to date recording and collating allergy and special dietary information for all relevant pupils although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the administrative staff/Lead First Aider who is Poppy Fisher and Unique Campbell-Solarin

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an up-to-date allergy action plan is kept with the pupil's medication and on their pupil records
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment

- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- It is the parent's responsibility to ensure all medication is in in date however the Allergy Lead will ensure that all allergy medication kept at school is checked on a termly basis and send a reminder to parents if medication is approaching expiry.
- keeping a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Regularly reviewing and updating the allergy policy

## 3.2 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Completing appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

## 3.3 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- On entry to the school, providing the school with up-to-date details of their child's medical needs, dietary requirements. 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. GP or allergy specialist.
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- keeping the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

## 3.4 Pupils with allergies

These pupils are responsible for:

- Being aware of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction
- Understanding how and when to use their adrenaline auto-injector

- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

### 3.5 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

## 4. 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.

The Charter School East Dulwich recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

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

## 5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog or if therapy dogs are visiting the site.

A Risk assessment template is in Appendix 1

## 5. Managing risk

### 5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

## 5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies. The Lead First Aider will inform the onsite Catering Chef of any pupils with food allergies.

Parents/carers are encouraged to meet with the school's caterers 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.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the school's catering manager.
- The pupil 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 school's 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.
- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

## 5.3 Food restrictions

The Charter East Dulwich 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.

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.

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

## 5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

## 5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

## 5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care eg, tutor AM check ins
- Regular check-ins with Student Services and Pastoral Manager

## 5.7 Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part

- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training. 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.

  Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).
- Overnight school trips should be possible with careful planning and a meeting for parents 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).

# 6. Procedures for handling an allergic reaction

## 6.1 Register of pupils with AAIs

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - o Known allergens and risk factors for anaphylaxis
    - o Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
    - o Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
    - o A photograph of each pupil to allow a visual check to be made is held on class charts and Bromcom for all staff to access

- The register is kept on central resources ' First Aid File' and can be checked quickly by any First Aider of staff as part of initiating an emergency response

## 6.2 Allergic reaction procedures

**See Appendix 1 for guidance on the emergency treatment and management of anaphylaxis**

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures
- A school AAI device will be used instead of the pupil's own AAI device if:
    - o Medical authorisation and written parental consent have been provided, or
    - o The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

# 7. Adrenaline auto-injectors (AAIs)

## 7.1 Purchasing of spare AAIs

The school Allergy Lead is responsible for buying AAIs and ensuring they are stored according to Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools

The Charter School East Dulwich 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 Main Reception : Student Services : PE Office colour pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature; kept safely, not locked away and accessible and known to all staff.

The Charter School East Dulwich holds 8 spare pens which are kept in the following location/s:-

Main Reception : Student Services : PE Office

The School First Aid Appointed Person is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

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.

## 7.2 Storage (of both spare and prescribed AAIs)

The school Allergy Lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

## 7.3 Maintenance (of spare AAIs)

The School's Allergy Lead and First Aid appointed person are responsible for checking termly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

## 7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions

## 7.5Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

### 7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with termly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

## 8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be arranged annually by the allergy lead for all staff and as part of any new member of staff's induction when they join the school. Any training will include:

- The recognition of severe allergic reactions (anaphylaxis)
- Prevention, day-to-day management, and emergency response
- Practical demonstrations on when and how to administer adrenaline auto-injectors (e.g. EpiPens)

## 9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First Aid Policy
- School food policy

# Appendix 1 Emergency Treatment and Management of Anaphylaxis

**What to look for:**
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is 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 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 up the airways
· It stops swelling
· It raises the blood pressure

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay.**

**Action:**

- Keep the child where they are, call for help and do not leave them unattended
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**
- If no improvement after 5 minutes, administer second AAI

- If no signs of life commence CPR
- Call parent/carer as soon as possible.

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.

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

## Appendix 2 Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-programme/
- AllergyWise for Schools online training –https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Resources for managing allergies at school - https://www.allergyuk.org/living-withan-allergy/at-school/
- BSACI Allergy Action Plans - https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools - http://www.sparepensinschools.uk
- 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
- 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
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

## Appendix 3 Charter Trust - Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

| | |
|---|---|
| Child/Young Person Name: | Date of Birth: |
| Setting/School:<br><br>Phase: Primary/Secondary: | Key Worker/Teacher/Tutor: |
| Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse): | |
| Date of Assessment: | Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed): |
| **I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:**<br>**Signatures:**<br>Setting Manager/Head teacher:<br>Date<br><br>Parents/Carers<br>Date<br><br>Child/Young Person<br>Date | |
| What is this child/young person allergic to?<br><br>Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐ | |
| Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐<br><br>Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐<br><br>Summary of current medical evidence seen as part of the risk assessment (copies attached) | |
| Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part. | |
| **Activities** | |
| Crayons/painting: | |
| Creative activities: i.e. craft paste/glue, pasta | |

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| Science type activity: i.e. bird feeders, planting seeds, food |
| Musical instrument sharing (cross contamination issue): |
| Cooking (food prep area and ingredients): |
| Mealtime:<br>kitchen prepared food (is allergy information available):<br>packed lunches: |
| Snacks (is allergy information available): |
| Drinks: |
| Celebrations: e.g. Birthday, Easter: |
| Hand washing (secondary school how accessible is this for the child): |
| Indoor play/PE (AAIs to be with the child): |
| Outdoor play/PE (AAIs to be with the child): |
| School field (AAIs to be with the child): |
| Forest school (AAIs to be with the child): |
| Offsite trips (are staff who accompany trip trained to use AAI?): |
| **Allergy Management** |
| Does the child know when they are having an allergic reaction? |
| What signs are there that the child is having an allergic reaction? |
| What action needs to be taken if the child has an allergic reaction? |
| If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐<br>If Yes state when and how this can be adjusted: |
| If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐<br>If No State Reason: |
| Does the child have two of their own prescribed AAIs? |
| How many staff need to be trained to meet this child's need? |
| Are there backup spare AAIs available and where are they located? |
| **Outcome of Risk Assessment**<br>**New Allergy Action Plan/Individual Healthcare Plan required? YES ☐ NO ☐**<br>**Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES ☐ NO ☐** |