

# Curry Rivel Church of England Primary School

## Little Pips Nursery and The Nest

‘Healthy trees bearing good fruit’ – Matthew 7 v 17



## Allergens Safety Policy

Agreed by Full Governors: September 2026

Review: September 2028

## **Introduction**

Curry Rivel Primary School, Little Pips Nursery and The Nest aims to minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. We are here to ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

This policy is compliant with the Allergy Safety in Schools statutory guidance published in July 2026. It has been written and reviewed by the team at Anaphylaxis UK who have worked with the Department for Education on creating the Allergy Safety in Schools statutory guidance.

## **Rationale**

At Curry Rivel Primary School, Little Pips Nursery and The Nest we are committed to ensuring a rigorous approach to allergy safety, in supporting pupils with medical conditions and ensuring all staff support pupils with medical conditions whenever they are dealing with a pupil with an allergy.

Some pupils with an allergy will have a disability as defined by the Equality Act 2010 and the school will comply with those duties in the implementation of this policy and in all decisions made about individual pupils with allergies. This policy sets out policies and procedures to ensure proactive steps are taken.

## **Core Principles**

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens, and airborne allergens. Allergic reactions can range in severity from mild symptoms (such as a rash or runny nose) to anaphylaxis, which is a severe and potentially life-threatening reaction.

Common allergic conditions include:

- Hay Fever (Allergic Rhinitis)
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives)
- Food allergy
- Asthma
- Less common allergic conditions include: insect stings, medicines

Curry Rivel Primary School, Little Pips Nursery and The Nest will ensure that the risk of exposure is minimised by:

- All school staff receiving allergy training every year
- Educating children through awareness assemblies and within PSHE
- Educating our PTA (Parent Teacher Association) about school expectations for allergy management

- Communicating with all visitors, temporary staff and cover staff that they will be teaching a child with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the child's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, children and visitors

### **Minimising Risk and Exposure to Allergens**

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Curry Rivel Primary School, Little Pips Nursery and The Nest is allergy aware ensuring that the staff and children are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

We will seek to minimise the risks of exposure to known allergens by:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the child who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, children, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after children have worked with the therapy dog

### **Medication and Adrenaline Devices (ADs)**

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Curry Rivel Primary School, Little Pips Nursery and The Nest holds spare adrenaline devices for use in emergency situations. These are not a replacement for a child's own adrenaline device. Children with prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

**These are located in: The Medical Room (in the locked cupboard with the key hanging above, out of children's reach)**

The Head Teacher (Allergy lead) and School Administrator is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

## **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
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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, persistent cough.
- **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.

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

#### Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- Lie individual 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 device without delay and note the time given. AAI's should be given into the muscle in the outer thigh or nasal into the nostril. 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 adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual 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 individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

#### Food Provision and Catering:

Curry Rivel Primary School, Little Pips Nursery and The Nest will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers
- Provide a child's allergen information to the caterers in a timely manner
- Enabling parents/carers to liaise with the catering company or Federation Kitchen Manager
- Identify a child with allergies at point of service by recent photographs of pupils with allergies
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.

- Teach children not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the children, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will sought in advance to ensure inclusion and safety for children with allergies.

These procedures apply to school led breakfast and after school provision.

### **Staff Training and Emergency Response**

All staff, including teaching staff, support staff, catering staff and others who may oversee children including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a child can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- All adrenaline devices should be used to train with as the child may have different ones to the spare adrenaline
- How to report an allergic reaction including
- Mild to moderate
- Anaphylaxis
- Near miss/incident
- Understand their responsibilities in risk reduction to ensure that children are prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a child's wellbeing
- Understand the school's allergy safety policy and
- How to check if a child is on the record of those with a known allergy
- How to use an allergy or asthma action plan

### **Emergency preparedness**

Curry Rivel Primary School, Little Pips Nursery and The Nest will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

We will communicate key messages regarding risk reduction leading up to sports events, trips and end of term celebrations. During fire drills and lockdown practices, a child's

adrenaline device is with them. Should a real evacuation happen, the child may have to go home without adrenaline if this has not been taken out during a fire evacuation.

## **Child Individual Healthcare Plans (IHPs) and Allergy Action Plans**

### Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the child's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices. Specific medications must also be consented to via the school Parent Consent to Administer Medication Form, available from school website or school office.
- These will only be updated by the medical professional following a review of the child's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the child annually so that the child is recognisable.

Allergy action plans are issued for children who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Children with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued. NHS plans must reflect the current dosage and where necessary parents will be requested to supply the school an updated Allergy Action Plan.

### **Roles and Responsibilities:**

The Head Teacher and School Administrator are responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering.
- Holding a register of children and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- Ensuring that systems are robust for the identification of children at mealtimes
- Communication with caterers to ensure the procedures in the kitchen and the procedures for ensuring that the children with allergies are provided with a safe meal
- Communicating with parents/carers to enable them to input and to request allergy action plans when appropriate
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- IHPs are created and communicated
- Ensuring that all staff receive annual training

All Staff are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Supporting the creation and implementing the child's IHP
- Creating an inclusive curriculum with adaptations to minimise risks

- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Reporting near misses and incidents

### **Identification of Individuals with Allergies**

Curry Rivel Primary School, Little Pips Nursery and The Nest endeavours to collect detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

UK GDPR does not prevent the sharing of a child's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

### **School Trips and External Visits**

Curry Rivel Primary School, Little Pips Nursery and The Nest ensures that children with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the child is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all children have their medication including adrenaline devices with them before departure. Childs unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Curry Rivel Primary School, Little Pips Nursery and The Nest will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that children remaining in school still have access to spare adrenaline devices should the need arise.

### **Serious Incidents and "Near Misses":**

We approach serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that the child is better protected in the future.

Allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) will be reported immediately. The incident or near miss will be reviewed and a report written. This will be shared with the child's parents/carers and the child's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

**Safeguarding:**

Curry Rivel Primary School, Little Pips Nursery and The Nest recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

**Further reading:**

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: <https://www.anaphylaxis.org.uk/education>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

<https://benedictblythe.com/benedicts-law>