

# Allergy Awareness Policy

## Myton School



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## Statement of Intent

At Myton, our Vision is to equip students for lifelong success. We do this through our core principles of:

- Developing self-assured learners
- Removing Barriers
- Working together
- Investing in futures

We guide students to CARE, so all students can achieve lifelong success by being:

- Community Minded: always thinking of others
- Aspirational: having high standards for themselves, their futures, and for those around them
- Respectful: of themselves, their peers and their community
- Engaged: in their learning and the world around them

## 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.

## Introduction

An allergy is a reaction by 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 severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic 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 often include foods, insect stings, or drugs.

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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

## 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](#)

## Roles and Responsibilities

We take a whole school approach to allergy awareness.

### **Parent/Carer responsibilities**

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers are to supply a copy of their child's Care Plan to school if there is one. If they do not currently have a Health Care Plan this should be developed as soon as possible in collaboration with a healthcare professional if there is a risk of anaphylaxis or if emergency treatment may be required.  
e.g. GP/allergy specialist.
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The Health Care Plan will be kept

updated accordingly.

- It is the responsibility of parents/carers to keep school up to date with any changes to their child's medical status, condition or medication.

### **Staff Responsibilities**

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and as part of induction for any new members of staff.
- Staff must be aware of the students in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. The school ensures that the management information system has a note on the student record and that a list is generated and shared termly with staff via the staff bulletin. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all Students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.
- The School's Lead First Aider will work with the relevant Pastoral Leaders to ensure that the Health Care Plan is up to date and fit for purpose..
- It is the parent's responsibility to ensure all medication is in date; however, the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Lead First Aider keeps a register of students who have treatment given.

### **Student Responsibilities**

- Students are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Students who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

## **Health Care Plans/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 auto-injector.

Myton School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Specialist), and in liaison with Student Support).

An Allergy Action Plan will form the basis for the school's Health Care Plan records.

# Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

If the Student 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. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- It opens up the
- airways It
- stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the

symptoms have become severe. ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)

- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline
- auto-injector If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

## Supply, Storage and Care of Medication

Students will be encouraged to take responsibility for and to carry their own adrenaline injectors on them at all times (in a suitable bag/ container).

For those not ready to take responsibility for their own medication their anaphylaxis kit is kept safely, accessible to all staff, in the first aid office or the Pastoral Base (whichever is more appropriate for access by staff and the student), stored securely, protected from direct sunlight and temperature extremes.

Parents should ensure medication is stored in a rigid box and clearly labelled with the Student's name and a photograph.

The Student's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

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

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

### 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 the sharps bin kept in the medical room.

### 'Spare' adrenaline auto injectors in school

Myton School will endeavour to purchase spare **adrenaline auto-injector (AAI)** in case of an emergency.

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

Written parental permission for use of the spare AAIs is included in the Student's Allergy Action Plan.

If anaphylaxis is suspected in an undiagnosed individual a call will be made to the emergency services. Advice from the emergency services will be obtained as to whether administration of spare AAIs is appropriate.

## Staff Training

All staff will complete online anaphylaxis awareness training towards the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) )

## Inclusion and Safeguarding

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

## Catering

Myton School operates a 'no nuts' policy. Students, staff and parents/carers are told that food must be checked before coming on site. Any food with ingredients listed as any form of nut is not permitted on site.

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.

A document listing all high needs medical students, including those with anaphylaxis, is shared with all staff, including catering staff.

Parents/carers are encouraged to contact the Catering Manager 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, parents/carers should check the appropriateness of foods by speaking directly to the catering manager.
- The student should 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.

## School Trips

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

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

Overnight school trips may 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).

## Sporting Excursions

Students with allergies should have every opportunity to attend sports trips to other schools. P.E. teacher/s and trip leaders are to be aware of the needs of students under their care. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

## Useful Links

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

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals\_ <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

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

- Whole school allergy and awareness management (Allergy UK) <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting Students with medical needs in schools: <http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

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>

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