The Federation of Boskenwyn & Germoe Schools and Nysgerrig Kindergarten

ALLERGY SAFETY POLICY

Introduction

Allergy is a medical condition in which the body reacts to normally harmless substances, such as food, insect sting, contact allergen or an airborne allergen such as pollen. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a reaction that can progress rapidly and may cause death. Anaphylaxis typically affects the Airway/Breathing/Circulation (ABC).

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy in order to take steps to reduce the risk of individuals being exposed to their known allergens, in order to reduce the risk of a reaction.

One in five children have their first allergic reaction while in school so it is not sufficient to only organise allergy safety measures around children/adults with known allergies. All staff must be able to recognise anaphylaxis and know how to treat it including how to administer adrenalin while awaiting for the arrival of emergency services.

Allergic conditions

Common allergic conditions include:

Hay fever (allergic rhinitis) triggered by allergens carried in the air such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, rnny or stuffed nose, itchy or watery eyes.
Skin allergies (eg eczema, contact dermatitis) cause by contact with allergens including house dust mite, pollen and substances like nickel, latex. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
Food allergy which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis. Some allergies do not cause immediate reactions but result in delayed gastrointestinal symptoms (eg stomach pain, vomiting) some hours later. 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame. Any food can cause an allergic reaction,

Asthma in children is usually allergic in nature so may be triggered by airborne allergens such as dustmites or pollen.
Less common allergic conditions in children include allergy to **insect stings** and **medicines.**

Allergic reactions

Allergic reactions vary in severity. From mild local reactions (eg. mild hayfever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. Most allergic reactions do not affect the Airways/Breathing/Circulation ABC and can be treated with a non-drowsy, oral antihistamine (available over the counter for those aged over 6) or local treatments such as nose sprays or eye drops. However, some are at risk of anaphylaxis and require emergency medication (eg. Self-administered adrenaline).

The most common causes of "whole body" allergic reactions, including anaphylaxis are:
Food allergens
Insect stings (e.g. bee, wasp)
Medication (e.g. antibiotics, ibuprofen)
Latex (e.g. rubber gloves, balloons, swimming caps)

Allergic reactions are unpredictable, most do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe, (eg skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored for at least 60 minutes afterwards.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:
Swollen lips, face or eyes
Itchy/tingling mouth
Mild throat tightness
Hives or itchy skin rash
Abdominal pain or vomiting
Sudden change in behaviour

Mild reactions can worsen and become anaphylaxis, affecting the airways/breathing and circulation ABC.
A – Airways – swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing).
B – Breathing – Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing.
C – Circulation – Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

Anaphylaxis reactions involve the ABC. Reactions usually progress quickly and can be life threatening – so **anaphylaxis always requires an immediate emergency response.**
Giving emergency adrenaline and calling emergency services (999) is essential.
Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.

Mild to moderation allergic reactions which do not involve ABC can be treated with oral antihistamines. Parents will be contacted and the child will be monitored for at least another 60 minutes to monitor escalation.

If in doubt, always treat for anaphylaxis. The child's prescribed adrenaline device should be used if it is available. School has a "spare" adrenaline auto injector (AAI) which is kept in the medical

cupboard. This will need to be replaced if used so please ensure the school secretary has been made aware.

At the federation of Boskenwyn and Germoe Schools and Nysgerrrig Kindergarten, the person responsible for allergy safety at our Federation is Paula Blackburn. The governing body will ensure that allergy safety policies are readily accessible to parents and staff. This policy is published on the school website and is made available in hard copy on request

Arrangements

Parents/carers complete a form before entry which discloses and informs us of any known allergies and their triggers and the scale of reaction. Information is gathered from the child's previous setting if available.

Children with known allergies need to bring medication to school. They will have an individual healthcare plan, written by parents with teacher/SENDco present. This healthcare plan will explain the medication needed for prevention or relief and what to do/administer in an emergency situation. Healthcare plans should be updated whenever there is a medication review and medication held in school should be checked annually.

Staff are trained in allergy awareness and emergency response, at least annually. This includes first aid at work/paediatric training and an annual refresher/update from a healthcare practitioner.

Allergy awareness training should ensure all staff:
1 • Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
• Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
• Understand the difference between food allergy, coeliac disease and food intolerance;
• Know where to find information on allergy triggers;
• Can identify the range of symptoms of allergic reactions; • Understand and can recognise anaphylaxis;
• Know how to respond in an emergency, including:
calling emergency services and informing parents;
•how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
•training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
• Understand the impact allergy can have on a child or young person's wellbeing;
• Understand the school, college or setting's allergy safety policy;
• Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
• Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
• Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Minimising risk
At the federation of Boskenwyn and Germoe Schools and Nysgerrig Kindergarten, we aim to minimise the risk of individuals coming into contact with their known allergens by:
•Obtaining information about special dietary requirements, preferences, food allergies and intolerances, triggers and health requirements before a child is admitted to the setting

•Share this information with all staff involved in preparing/handling of food
•Have ongoing discussions with parents about a child's allergy
• keeping parents informed of menu changes, trip and visit destinations etc
• Reduce exposure by becoming a nut free school, asking parents not to send a child with certain foods
• when planning any activity, consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
•Conduct individual risk assessments ahead of visits for those at risk of anaphylaxis
•Take "spare" adrenaline device on trip/residential
• Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.
•Identify those with allergies and inform all staff via email
•Ensure healthcare plans are in place for those who require medication
•Assessing mental health and impact on wellbeing
•Ensuring no child is subject to bullying related to their condition
•Ensure children do not trade/share food at meal-times
•Consider alternative foods to those with risk at fetes, cultural events etc.
•Consider catering requirements of off-site activities before booking
•Make reasonable adjustments to enable pupils with allergy to access free school meals
•Ensure a member of staff is present when children are eating
•Record and learning from any near misses or serious incidents

Allergy safety on educational visits and residentials – see Educational Visits policy

Prescribed adrenaline
We will ensure that all children and young people who are prescribed adrenaline devices have rapid access to their devices at all times, AAI devices will be kept in the classroom, out of reach of children. These will be taken on trips/visits that the child participates in.

"Spare" devices will be available from the school office. They are labelled "spare."

Risk assessments will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises. Children and young people at risk of anaphylaxis will have their own adrenaline device with them, and there will be staff trained to administer adrenaline in an emergency.

We will record, report and respond to serious incidents or "near misses" involving allergy safety on My Concern and discuss at governing body meetings/staff meetings.

All staff are aware of and understand this policy, as part of annual allergy awareness training. This policy has been shared, reviewed and agreed by the governing body and placed on our school website for reference.

Executive Headteacher: Paula Blackburn

Chair of Governors: Lucy Yeomans

Date policy reviewed: 7th September, 2026

Next review: September 2027