Allergy Policy

Date completed: September 2026

Completed by: Samantha Wilson

Review: In light of new guidance

Policy Development & Consultation

Ladywood staff have contributed to the development and understanding of this policy during staff and curriculum meetings, and have been consulted throughout the process.

Background Information about the School

Ladywood School is an Outstanding Special School situated in Bolton. It caters for primary aged pupils with complex learning difficulties and pupils with a diagnosis of Autistic Spectrum Disorder.

Our pupils come from a large, and very mixed area, and are transported to school by the local authority. At Ladywood we aim to provide all our pupil with a broad and relevant education. We do this is in a positive environment that reflects our commitment of high expectations for all.

Due to the high demand for school places, Ladywood has opened a second site, Little Ladywood, which is situated on Lever Edge Lane, Bolton.

At Ladywood, our pupils are given the very best care and support to ensure that they gain essential skills and receive the very best from their educational experiences. Our team work in close partnership with our parents and the wider professional community to ensure a holistic and dynamic network of support for all pupils. Our curriculum is designed with pupils' individual strengths and needs at the heart of their learning. Every step is taken to ensure that our children develop a love of learning, in an engaging, challenging and creative environment.

Philosophy

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.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

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

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 not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

Ladywood is committed to safeguarding the health and wellbeing of all pupils, including those with allergies. In line with the principles of Benedict's Law, we recognise the importance of clear communication, accurate identification of allergens, and the prevention of avoidable harm.

We ensure that all food provided on site is carefully monitored, with allergen information clearly recorded and accessible. Staff are trained to understand the risks associated with allergies, including the signs and symptoms of allergic reactions and anaphylaxis, and know how to respond appropriately in an emergency.

Individual healthcare plans are in place for pupils with diagnosed allergies, developed in partnership with parents, carers, and healthcare professionals. We promote a culture of awareness, vigilance, and inclusion, ensuring that children with allergies are safe, supported, and able to fully participate in school life.

This policy sets out how Ladywood School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Aims

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity.

To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

To ensure that Ladywood have procedures in place to minimise risk of reaction via cross contamination and that all staff are allergy aware.

Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform key staff (School nurse/ SLT/ office staff) *of* any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan 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. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents have the opportunity to consent their child to access Emergency medication held in school should their personal medication have any issues.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care who have known allergies (through their Health Care Plans) as an allergic reaction could occur at any time and not just at mealtimes. 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 pupils with medical conditions, including allergies, have their medication.
- School Nurse will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School Nurse will check medication kept at school on a

termly basis and send a reminder to parents if medication is approaching expiry.
- The School Nurse and Assistant Head keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.
- Staff are made aware of the signs and symptoms to watch out for as per each child's care plan.
- Staff are encouraged to be allergen aware and a good level of hygiene to be practiced.
- Staff to complete food hygiene training.

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. These are written in conjunction with both the school nurse and the allergy nurse.

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

Health Care plans are shared with relevant stff and kept on the childs CPOMs file.

Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the eyes, 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 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. 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 pupils 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

Medication should be in the form of an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored safely and clearly labelled with the pupil's name.

It should contain:

- adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (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 to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse *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.

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.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS.

'Spare' adrenaline auto-injectors in school

Ladywood School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis, (New guidance for Sept 2026)**
These are stored in a the medical cabinet which is clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'. This is accessible to all staff.

The School AHT is responsible for checking the spare medication is in date and to replace as needed.

Written parental permission for use of the spare AAIs is included attached to the Emergency Medication.

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.

If a child (or adult) experiences an **unexpected anaphylactic emergency**, there may be exceptional circumstances where adrenaline is administered to save life, even if prior consent is unavailable. However, this is outside the routine

policy for pupils with known allergies and does not replace the requirement for written consent in a school's normal procedures and we would consult with medical professionals on 999 first.

Staff Training

The School Nurse and AHT responsible for Medical are responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The School Nurse will conduct a practical anaphylaxis training session at 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

Inclusion and Safeguarding

Ladywood 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

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.

Parents will be invited into school to meet with the catering team to discuss menus and each child's needs where necessary.

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.
- Parents to be informed that we are an allergen aware school and to avoid sending any food that contains nuts.
- 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).
- 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.

Ethnicity & Equal Opportunities

Our policy is designed to be culturally appropriate and inclusive of all children. We will aim to avoid any form of racism, sexism and stereotyping.

School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils 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 pupils and alternative activities planned to ensure inclusion.

Monitoring the Policy

This will be monitored by the School Nurse and the Assistant Head responsible for Medical.

Dissemination of the Policy

Headteacher, Trustees, all staff members and health professionals will have access to this policy. Copies are available in school for parents on request.