



Lancaster Christ Church C of E Primary School

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Allergy Safety Policy

Introduction

Lancaster Christ Church C of E Primary School is fully committed to safeguarding and promoting the welfare of all its pupils, and to providing an environment where children feel safe and are kept safe. All adults in our school recognise that **safeguarding is everyone's responsibility** irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not.

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.

This policy has been written in accordance with the requirements the DfE statutory guidance ['Allergy Safety in Schools'](#).

Lancaster Christ Church C of E Primary School has a **whole school awareness** approach, ensuring that all staff and children are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms of an allergic reaction, how to deal with allergic reactions, and ensuring that procedures are in place to minimise risk of exposure.

The **Senior Leader responsible for allergy safety** is Miss Emma Simpson (Headteacher).
The **Nominated Governor responsible for allergy safety** is Rev'd Carol Backhouse.

What is an allergy?

Allergy is a **medical condition** in which the body reacts to normally harmless substances, such as a food, insect sting, contact allergen (e.g. nickel) or an airborne allergen such as pollen. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. **Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.**

Allergic reactions vary in severity from **mild local reactions** (e.g. mild hay fever) to "**whole body**" reactions (common with food allergy) to more serious reactions like **anaphylaxis**.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen (i.e. eating a trigger food), though can occur several hours later (i.e. allergy to mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling the Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**



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Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk /dairy foods, egg, wheat, fish / shellfish and sesame).
- insect stings (e.g. bee, wasp).
- medication (e.g. antibiotics, pain medicines such as ibuprofen).
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Children who have a skin reaction need monitoring for at least an hour.

Asthma is a lung disease caused by inflammation and tightening of the airways. It is **frequently associated with allergy and anaphylaxis** because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Emergency Treatment and Management of Anaphylaxis

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 can be fatal.



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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.
- **LAY the 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. AAls 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.

Aim and Objectives of the Policy

The **aim** of this policy is to ensure children and young people with allergy are both enabled and supported to attend as fully as possible, and to participate as fully as possible in all aspects of life in the school, including trips and extracurricular activities, as well as to identify the role played by all staff in achieving this.

The **objectives** of the policy are to identify:

- How Lancaster Christ Church C of E Primary School will identify children and young people with allergy and minimise the risks of exposure to known allergens, including managing the risk of food allergy.
- How staff will be trained in allergy awareness and emergency response.
- How individuals at risk of anaphylaxis will have access to their prescribed adrenaline devices, alongside “spare” adrenaline devices.
- How children and young people with allergy will be able to participate in visits and trips.
- How Individual Healthcare Plans will capture specific arrangements (including any Allergy Action Plan).
- How the wellbeing and inclusion of children and young people with allergy will be promoted.

Links with other Policies

- Asthma
- Behaviour
- Safeguarding and Child Protection

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- Supporting Pupils with Medical Needs

Identifying Individuals with Allergy

Children and Young people

Before a child starts school, we obtain written information from parents / carers about any known allergy which a child may have via a data collection sheet. If a child has a known allergy, school will meet with parents to gather relevant information, including known allergens and whether the child or young person may require medication (for example prescribed adrenaline).

Copies of any Individual Healthcare Plan (from a previous settings or relevant healthcare professionals) and/or Allergy Action Plan will be sought. This information will be used to create an **Individual Healthcare Plan (IHP)**.

Lancaster Christ Church C of E Primary School will make every effort to ensure that all necessary arrangements relating to a child or young person's allergy will be in place at the start of the relevant school term. In cases where children join the school mid-term, we will ensure that arrangements are put in place within two weeks, where it is appropriate for the school to do so.

All allergies must be disclosed to the school by parents and carers prior to the child starting school. Should allergy develop whilst the child is already at the school, parents should inform school immediately.

Individual Healthcare Plans (IHP)

Individual Healthcare Plans are essential communication tools. They will provide the child or young person and their parents with clarity about the arrangements which will be in place and how they will ensure the child or young person is as fully included in the life of the school as possible. The IHP will provide staff in the school with clarity about what they need to do. It will also include information which will be essential in managing an emergency situation. If the child or young person moves, their new school or setting will need to draw up a new IHP.

Not all children with an allergy will require an Individual Healthcare Plan. Children and young people will have an Individual Healthcare Plan (IHP) if:

- They have an allergy which has a functional impact on them in school.
- They are at risk of harm as a result of their allergy.
- They require arrangements which are additional to or different from those made generally.

Individual Healthcare Plans will be developed in collaboration with the child or young person and their parents, taking account of any advice received from healthcare professionals, and will set out what needs to be done to support a specific child or young person with an allergy, how, when and by whom, including in an emergency.



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Care plans, action plans, medication plans and advice letters are distinct documents, separate from the IHP. Where a plan issued by a healthcare professional contains information that staff need in order to support the child or young person safely (including in an emergency) the IHP should refer to the relevant plan and ensure that staff who need to act have appropriate access to it. The IHP should not duplicate or summarise clinical instructions in a way that could become a substitute for the original plan (potentially introducing errors).

Allergy Action Plan

Children and young people who have a **known allergy** to a food or insect stings should be issued with an appropriate **Allergy Action Plan** by their healthcare professional. Allergy Action Plans are medical documents designed to facilitate emergency response to reactions including anaphylaxis, by people without any special medical training or equipment other than access to an adrenaline device (e.g. adrenaline autoinjector "pen"). The relevant healthcare professional is responsible for determining the content of each child or young person's Allergy Action Plan.

Allergy Action Plans should be attached to the child or young person's Individual Healthcare Plan. The plans include medical and parental consent for staff to administer emergency medicines, such as adrenaline for anaphylaxis. Action Plans are reviewed and updated by healthcare professionals at regular intervals. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Lancaster Christ Church C of E Primary School will ensure that:

- Children with an Allergy Action Plan have an individual healthcare plan.
- Children without an allergy action plan but who have an allergy that needs active management over and above what other children need will have an Individual Healthcare Plan.
- Children who are waiting for an allergy diagnosis will have an Individual Healthcare Plan.

Staff and Visitors

Lancaster Christ Church C of E Primary School recognises that the measures intended to keep children and young people with allergy safe are equally relevant to adults.

School will request information from staff regarding any known allergy as part of their induction so that they can be supported appropriately. If an allergy is declared, an individual risk assessment will be co-produced to ensure that the member of staff has a safe working environment.

Visitors will be asked if they have allergy which the school should be aware of, especially if they are likely to be served food. If an allergy is declared, the Allergy Lead will be notified, and an individual risk assessment will be completed. This information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.



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For members of staff, any necessary arrangements will be in place when they commence work. For visitors, information on allergy should be sought in advance of their visit wherever possible.

Prescribed Adrenaline Devices

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Currently two types of adrenaline devices (ADs) are licensed for use: an adrenaline auto-injector (AAI) and a non-injectable nasal adrenaline device. Clinical advice recommends that people at risk of anaphylaxis **carry two devices with them at all times**, regardless of the type of device, since two doses of adrenaline may be required.

Lancaster Christ Church C of E Primary School will ensure that children and young people who are prescribed adrenaline devices have rapid access to these **at all times**. This includes while travelling to and from school, in the classroom, on the playground or sports field, and at lunchtime, or when on visits or trips. In a case of anaphylaxis, adrenaline should be administered within five minutes. **Prescribed adrenaline devices must be close enough to hand that they can be used within five minutes.**

- Children and young people are encouraged to keep their adrenaline devices with them in their school bags when travelling to or from school to ensure they have access to them.
- The class teacher must ensure that any child requiring adrenaline devices has them in school each day and should accompany the child to store their adrenaline devices safely and accessibly on arrival.
- Adrenaline devices will be stored in the school office, a central location that is unlocked and accessible at all times. All staff will be made aware of the exact location of adrenaline devices in case of emergency.
- Adrenaline devices which are prescribed for individual children must be taken onto the school field by the class teacher to ensure rapid access if required.
- When participating in off-site activities, including day trips, residential visits and/or sporting activities, the Visit Leader is responsible for ensuring that:
 - Individual children's adrenaline devices are accessible at all times.
 - A copy of a child's IHP is available.
 - All relevant staff are briefed with regard to emergency procedures.
 - The Base Contact is immediately made aware of any issues that arise.
 - Adrenaline devices are returned after the visit / event.
- The class teacher must ensure that individually prescribed adrenaline devices are taken home at the end of the school day. These should be handed directly to the adult who is collecting the child, or to the After School Club Supervisor, as appropriate. If a child walks home independently, the class teacher must ensure that they have their adrenaline devices with them in their school bag before leaving school.
- A copy of the individual's Allergy Action Plan will be kept together with their medication.

Allergy Aware Culture

Awareness Training

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All staff will receive allergy awareness training **at least annually**. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers, as well as catering staff and others who may oversee children and young people at breakfast or after school clubs.

Training may be delivered **in person, online, or via e-learning** and will ensure that all staff:

- 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").

Lancaster Christ Church C of E Primary School will ensure that all new staff and volunteers undertake allergy awareness training as part of their induction. Written assurance will be sought from agencies that supply teachers, peripatetic staff and catering staff have undertaken appropriate allergy awareness training.

Minimising Risks of Exposure to Known Allergens

It is essential that schools take steps to reduce the risk of individuals being exposed to their known allergens, in order to reduce the risk of a reaction. Around one in five children and young people with allergy have their first allergic reaction while in their school, college or early years setting. Therefore, it is not sufficient only to organise allergy safety measures around children and young people with known allergy. All staff must be able to recognise anaphylaxis and know how to treat it.

Lancaster Christ Church C of E Primary School will:

- Ensure that all school staff complete allergy training every year.
- Educate children through awareness assemblies and within PSHE.

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- Communicate 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.
- Work closely with parents/carers and health professionals to understand the child's allergy.
- Monitor this policy to ensure that the agreed practices are implemented.
- Establish and maintaining high hygiene standards amongst staff, children and visitors.

Lancaster Christ Church C of E Primary School ensures 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.

Lancaster Christ Church C of E Primary School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Children and young people will not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most children and young people using a material which might contain an allergen known to affect one of the group (for example), alternatives will be found for the whole group which do not exclude individuals.

Airborne and/or Contact Allergens

Airborne allergens are particles in the air, including **fungal spores and pollutants**, that can cause or worsen allergic reactions and respiratory conditions such as **hay fever and asthma**.

Contact allergens are chemicals or natural substances that trigger allergic reactions when they come into direct contact with the skin, often causing itchy rashes known as allergic contact dermatitis. Common examples include **nickel, fragrances, preservatives, cosmetics, certain plants (like poison ivy), topical medications, and chemicals in personal care products**.

Where children have a known allergy to airborne or contact allergens, the school will work with the child and their parents to undertake a risk assessment in order to minimise the risk of exposure to the allergen and/or to support the child in alleviating symptoms.

Reducing the Risk of Allergen Exposure in Children with Food Allergy

Food Provision and Catering

The [Requirements for School Food Regulations 2014](#) (known as 'The School Food Standards') regulates the food and drink provided at breakfast service, lunchtime and across the school day. Compliance with the School Food Standards is mandatory for maintained schools, academies and free schools.

Under [section 100 of the Children and Families Act 2014](#), schools are expected to make reasonable efforts to cater for pupils with medical conditions, including food allergies and hypersensitivities. The headteacher and governors will work with caterers, parents and



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pupils to ensure risks are identified, minimised and managed effectively so that individuals with allergy and hypersensitivities can be fully included in meals.

School meals at Lancaster Christ Church C of E Primary School are provided by [Lancashire Catering Service](#).

In accordance with the Food Information Regulations (2013), allergen information is available for all foods served at lunchtime in relation to the following allergens:

- Celery
- Cereals containing gluten
- Crustaceans
- Eggs
- Fish
- Lupin
- Milk
- Molluscs
- Mustard
- Nuts
- Peanuts
- Sesame seeds
- Soya
- Sulphur dioxide / Sulphates

This information is available on the [Lancashire School Meal Menu Portal](#). Printed copies are available from the school office on request.

Roles and Responsibilities

Catering Service Management

- To provide planned menus for:
 - Gluten intolerance – a gluten free menu is available using specific gluten free products such as flour and pasta.
 - Lactose intolerance – a lactose free menu is available and soya milk available to drink if applicable.
 - Vegetarian – Each day a vegetarian option will be made available as part of our standard menu.
 - Nut allergies – Standard school menus do not contain nuts as an ingredient in the recipe.
- To collate and provide allergen information relating to recipes and planned menus and communicate to catering staff and schools.
- To agree any product substitutions made to kitchens prior to delivery.
- To provide nutritional data if requested.
- To provide appropriate signage to advise customers on where to access allergen information.
- To ensure ingredient specifications for all products included in our menus are checked to ensure they meet the dietary requirements of our customers.



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- To monitor the provision of special diets, communication of allergens and compliance with this policy.

Parent/guardian

- To inform school of their child's allergy or intolerance and provide supporting medical evidence relating to their child's condition. This can be provided as a letter from their GP or a consultant paediatrician, together with any information received from their dietician.
- To seek medical or dietetic advice if they consider their child to have a medical condition that affects eating requirements.
- To provide as much information as possible to their child's school to assist in the provision of a suitable menu.
- To discuss the menu with their child and/or dietician to assist in making suitable choices.
- If necessary to meet with the school and catering supervisor to discuss the menu provision.

The school

- To make the catering staff in the production kitchen aware of pupils who require a special diet or who have an allergy.
- To ensure catering staff (kitchen and if applicable, the dining centre) are made aware of any relevant information that will assist in the provision of a suitable menu.
- To facilitate a meeting with the parent/guardian, dietician and catering supervisor when this is necessary.
- To provide information, regarding the pupil's dietary needs, to any staff members who will be supporting the pupil.
- To provide a suitable level of supervision for pupils when lunches are selected and served so that the welfare of the pupil is safeguarded.
- To communicate seasonal menu changes to the parent/guardian when these are published by the catering service.
- To inform the catering supervisor of any changes to a pupil's dietary requirements.
- To inform the catering supervisor of any absences so a meal is not prepared when not required.
- In respect of gluten and lactose free menus; where more than one choice is available, ask the child to choose one dish only and inform the catering supervisor before 9:30am.

Catering Service kitchen staff

- When required, provide a suitable meal using the standard menu recipes, allergen table and special diet checklist provided.
- To advise customers of the allergen information as and when requested.
- To follow a specific set of working instructions which ensures the meal is prepared to minimise the risk of cross contamination.
- To check that the products delivered are the correct brands.
- Prior to a meal being produced for a customer with a special diet or allergy ensure that the labelling of the products being used is checked to determine that it does not contain the allergen relevant to that customer.



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- To display the appropriate signage and advise customers of where to access allergen information.
- To record all special dietary requirements in section 9 of the kitchen management portfolio / on the Allergen Diet Register on the Tablet. If using the kitchen tablet complete one form per child, put the child's name as the title, record all the required information and then you must sign off each form and SYNC the tablet so that in the event of staff absence or Tablet accessibility issues the relevant information is available for temporary staff.
- Communicate with and supervise catering assistants in the serving of special diets and meals to those pupils with allergies.
- When transporting to another school, ensure the name of the child and the items that contain the allergen are recorded on the delivery sheet. The supply kitchen must identify the meal that is suitable on the delivery sheet and in the packing.

Children with known food allergy are highlighted on lunch registers as well as on a visual which is displayed in the school kitchen and on the salad bar at lunchtime. In each year group, children with food allergy **must** be served first using red crockery.

Two members of staff will always be present when food is being served and staff are encouraged to cross check with their colleagues to ensure that the correct products have been used, and that children with allergy receive the correct food items.

Packed Lunches

Lancaster Christ Church C of E Primary School requests that bottles, other drinks and lunch boxes provided by parents are clearly labelled with the name of the child for whom they are intended.

'No Nut' Policies and Allergen Bans

'Banning' certain foods from school premises creates a false sense of security and does not safely prepare children for environments where allergens may be present. Therefore, at Lancaster Christ Church C of E Primary School, whilst there may be occasions where certain types of foods are discouraged from being brought onto the site, we have adopted an allergy aware policy, rather than implementing a blanket ban on certain products. This means that we will:

- Remain actively aware of the risks posed by allergens.
- Take steps to minimise the risk of exposure to known allergens.
- Have robust emergency response plans in place.

Food Provided by the School

Where food is provided by the school, for example at Breakfast and After School Club, school staff will 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.

All staff involved in the preparation or service of food through Breakfast or After School Club provision will:

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- Undertake [Allergy and Anaphylaxis Training](#) at least annually.
- Undertake [Food Allergen Training](#) annually.
- Undertake Level 2 Food Hygiene and Safety for Catering every three years.

A visual is kept with the Breakfast and After School Club crockery which details all children with known food allergy. When preparing breakfast or After School Club snacks, staff **MUST** be vigilant in ensuring that the correct products are used according to a child's allergy.

At Breakfast Club, children are served as they arrive. Staff **must** refer to the visual prior to serving children to ensure that they are fully aware of any food allergy. Breakfast for children with food allergy **must** be served using **red crockery**.

At After School Club, snacks for children with food allergy **must** be plated separately onto a **red plate** and clingfilmed once prepared. These children **must** be served first using the **red plates and cups**.

Two members of staff will always be present when food is being served and staff are encouraged to cross check with their colleagues to ensure that the correct products have been used, and that children with allergy receive the correct food items.

Avoiding Allergen Cross Contamination

In order to reduce the risk of cross-contamination with allergens in food preparation and/or service, all staff involved in the preparation and service of food will:

- Clean utensils before each usage, especially if they were used to prepare meals containing allergens.
- Wash hands thoroughly between preparing dishes with and without certain allergens.
- Store ingredients and prepared foods separately in closed and labelled containers.
- Keeping ingredients that contain allergens separate from other ingredients.

Children will be encouraged to wash their hands before and after meals to help prevent cross-contamination.

Food Not Directly Provided by the School

Where food is not directly provided by the school, parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.

Children are discouraged from bringing cakes / biscuits / food based treats from home to share with others as it may not be possible to identify allergens which may be present in such foods.

When planning whole school events, such as cake sales, Lancaster Christ Church C of E Primary School will follow the [Bake Sale guidance](#) from Anaphylaxis UK.



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Children are not permitted to share food from packed lunches, or which is brought in as a snack. Staff will remind children regularly why the sharing of food is not permitted, with the school newsletter also being used to provide a regular reminder to parents.

Staff are not permitted to use food-based rewards in class.

Use of Food Products in other Curriculum Areas

Lancaster Christ Church C of E Primary School expect all staff to consider the risk of exposure to allergens when planning activities in wider subject areas, for example, Art and Design, Science, or Design Technology.

Staff must consider that, for example:

- old food boxes or packaging may contain traces of allergens.
- some products contain wheat flour, including play dough.
- some glues contain milk, wheat or soya.
- bird feed may contain nuts and sesame.

Staff must take measures to reduce the risk of exposure to known food allergens by, for example:

- Using alternative, non-food containers for craft activities, where possible.
- If essential to the activity, e.g. junk modelling, ensuring that all materials used are free from any allergens that might pose a risk for a specific child.
- Substituting ingredients for alternatives where a child has a known food allergy (e.g. wheat-free flour for play dough or cooking).

In Design and Technology, where a unit of work involves food, the class teacher will work alongside the Headteacher and parents to develop a risk assessment to ensure that the child can safely take part in all activities. During such units, staff will ensure that all ingredients are labelled, prepared and stored safely in order to reduce the risk of allergen cross contamination.

When planning activities in wider subject areas, staff will follow the [‘Food in activities, events and festivals in education and childcare settings’](#) guidance from Anaphylaxis UK.

Wellbeing and Support

At Lancaster Christ Church C of E Primary School allergy safety is a priority and actions to ensure that children are included and safe are embedded into the school’s culture. We recognise that many children with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema. We seek to create a supportive, inclusive environment and to reassure children with allergy of their safety in school through:

- regular communication with children, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks.



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- Inviting new starters and their parents to meet with kitchen staff, view the school kitchen, and discuss menus.
- Inclusive practices in relation to celebrations, rewards and communal events.
- Proactive engagement with new starters with known allergy, and their parents, setting out the school policy and the support available.
- Involving children with known allergy and their parents in developing and reviewing the policy and procedures for allergy management.

Lancaster Christ Church C of E Primary School are aware that children with allergy can experience allergy bullying and actively take steps to prevent this through:

- Educating all children on the importance of allergy safety – Teaching children about the dangers of allergies and anaphylaxis helps children to understand the potential consequences of allergy bullying.
- Embracing inclusivity – Using positive language and talking openly about allergies helps normalise them.
- Ensuring that the school has an up-to-date behaviour policy which outlines the consequences of bullying, including allergy bullying.

School-wide Policies

“Spare” Adrenaline Devices

Lancaster Christ Church C of E Primary School recognises that anaphylaxis reactions are unpredictable, and, in addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of allergy.

The [Human Medicines \(Amendment\) Regulations 2017](#) permit “spare” adrenaline devices to be used without prior consent for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy.

As such, the **school maintains a stock of Adrenaline Auto Injectors (AAIs)**, which can be used without prescription, in case of emergency, to treat anaphylaxis.

Lancaster Christ Church C of E Primary School holds:

- 1 pair of Epipen Junior 150 micrograms Adrenaline Auto Injectors.
- 1 pair of Epipen 300 micrograms Adrenaline Auto Injectors.

“Spare” AAIs should not be considered a replacement for a child or young person’s own adrenaline device, but should be used in the event a child or young person’s own devices are not available or misfire. If a child or young person has been prescribed non-injectable adrenaline devices (nasal spray) but it is not available, the school’s “spare” AAIs may be used in an emergency instead.

Storage and care of “Spare” Devices

Lancaster Christ Church C of E Primary school ensures that:



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- “Spare” AAls are readily accessible and not locked away.
- “Spare” AAls are stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- “Spare” AAls are clearly labelled, to avoid confusion with ADs prescribed to a named individual.

“Spare” Adrenaline Auto Injectors (AAls) are stored in the “Emergency Anaphylaxis Kit” in the School Office. The kit contains:

- Two pairs of Adrenaline Devices.
- Instructions on using the devices.
- Manufacturer’s information.
- A checklist of Adrenaline Devices, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the devices.
- A record of administration.

The Emergency Anaphylaxis Kit will be checked monthly by a member of school staff to ensure that the AAls are present, in date, and remain clear (not cloudy). Replacements will be secured one month before the current AAls expire. Any AAls which are used will be replaced as soon as practicably possible.

The Emergency Anaphylaxis Kit will be stored at an appropriate temperature (in line with manufacturer’s guidelines), protected from direct sunlight and extremes of heat.

Disposal of Devices

Once an adrenaline device has been used it cannot be reused and must be disposed of according to manufacturer’s guidelines. Used AAls can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

School Trips and External Visits

Lancaster Christ Church C of E Primary School ensures that children with allergy 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. This will include the safe storage of adrenaline devices for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Children at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency. Trip leaders will check that all children have their medication including adrenaline devices with them before departure. Children unable to produce their required medication will not be able to attend the excursion.



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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. Lancaster Christ Church C of E Primary School will provide additional spare adrenaline devices should the risk assessment for the trip deem it 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"

Children may be at heightened risk of harm as a result of their allergy. If not treated quickly, anaphylaxis can be fatal. This is why it is so important for schools to be active and conscious in managing the risks associated with allergy. Lancaster Christ Church C of E Primary School recognises that the most effective settings are self-reflective, regularly challenging and testing their own arrangements and seeking to improve them wherever possible.

What are serious incidents?

- A serious incident is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A "near miss" is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

"Near misses" are as important as actual incidents, since they may highlight weaknesses in school policies, procedures, training or communication and arrangements which, if not addressed, might have serious consequences in the future. While the "near miss" may not have led to harm on this occasion, they are a warning that, if circumstances had been different, serious harm could have occurred.

Not all serious incidents and "near misses" will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the child or young person is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school. The child or young person, their parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

Following any serious incident or "near miss" involving a child, young person, member of staff or visitor with a medical condition or allergy, the school should record what happened, report it as appropriate, and consider what lessons can be learned.

Incident recording

Any serious incident or near miss involving a child, member of staff or visitor with a medical condition or allergy is recorded as soon as is feasible in the accident book. The report will set out:



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- Who was affected.
- What happened, when and where.
- Why the incident occurred (as far as is known).
- How staff and children responded.
- What was done to support the individual.
- Whether emergency services were called.
- How the incident concluded.

Incident reporting

The report will be shared with the child's parents and the child involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will confirm what it has learned from the incident and outline any actions it is taking as a result.

In addition, it may also be necessary to share the report with other agencies.

- Schools acting as food businesses must report any allergen-related food safety incidents to their local authority ([Report a food safety issue](#)).
- Schools, colleges and early years settings must report incidents which arose directly from the way they undertook a work activity which resulted in death or immediate hospitalisation to the Health and Safety Executive ([RIDDOR – incident reporting in schools \(accidents, diseases and dangerous occurrences\)](#)).
- In the event that the incident or “near miss” related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional should be notified.

The governing body of the school will receive reports of any serious incidents and “near misses”. When the school reviews its allergy safety policy, any serious incidents and “near misses” which have occurred will be considered, since they will indicate potential areas for improvement.

Learning Lessons from Incidents and “Near Misses”

Schools should **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 children and young people are better protected in the future.

The report should be submitted to the school's designated leader responsible for allergy. The designated senior leader and any staff involved in supporting the child or young person with their allergy should consider:

- Could the school reasonably have foreseen an incident of this nature?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
- Were the circumstances of the incident covered by a policy (for example a medical conditions policy, allergy safety policy) and/or a plan (for example an Individual



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Healthcare Plan or a care or action plan issued by a healthcare professional) which set out how to respond to an incident of this nature?

- If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
- Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
- Should the school's policies be changed as a consequence?

Any learning will be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring.

Record keeping and Information Sharing

School maintains written records of individuals with known allergy, including those who have been provided with prescribed adrenaline (and an Allergy Action Plan). These records are available in the School Office and the Headteacher's Office, and are available to all relevant staff.

Staff will be made aware of individuals with known allergy within their class. A visual prompt in each classroom informs staff which children have known allergy and/or Individual Healthcare Plans. Copies of Individual Healthcare Plans and any Action Plans are stored securely and are available to all staff.

A list of individuals with known allergy, which includes an up-to-date photo and list of known allergens, is displayed in the school kitchen. Copies of Individual Healthcare Plans and Allergy Action Plans are stored securely and are available to all relevant staff.

Lancaster Christ Church C of E Primary School takes its role as a Data Controller, as defined by article 4 (7) of GDPR, seriously. We recognise that a child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections.

Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, and this will always be done in a controlled and respectful way.

Further information about how we share information can be found in our [GDPR Policies](#).

Related Documents

The following documents have been referenced in developing this policy:

- [Allergy Safety in Schools – GOV.UK](#)
- [Using emergency adrenaline auto-injectors in schools - GOV.UK](#)
- [Allergy Guidance for Schools – GOV.UK](#)
- [Supporting Pupils at School with Medical Conditions](#)
- [Standards for school food in England - GOV.UK](#)
- [Allergen guidance for food businesses - GOV.UK](#)



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Further Reading

- <https://www.anaphylaxis.org.uk/education>
- <https://www.allergyuk.org/about-allergy/types-of-allergies>
- <https://www.gov.uk/government/publications/allergy-safety-in-schools>
- [Airborne allergens - a quick guide - GOV.UK](#)

Benedict's law:

- <https://benedictblythe.com/benedicts-law>
- <https://www.anaphylaxis.org.uk/education/benedicts-law>

Policy Awareness, Adoption, Monitoring and Review

This policy is available via the school website. Printed copies of the policy are available on request.

The policy is reviewed at least annually as part of the school's evaluation cycle.

This policy is shared with staff as part of their annual induction.

This policy was reviewed by the Board of Governors of Christ Church Church of England Primary School on:

The scheduled review date of this policy is:

Signed: (Chair of Governors)

Date:

REVIEW

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).



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Version Number	Version Description	Date of Revision
1	Original	August 2026