

Date: 9/2026

Review: 9/2028

Rush Green Primary School



Allergy Safety Policy

Allergy Safety Policy

Under Benedict's Law (2026), part of the Children's Wellbeing and Schools Act, Rush Green Primary School is committed to promoting a whole school approach to those members of our school community who live with allergies. Creating a safe and nurturing school that embraces diversity and individual needs is crucial for the safety, well-being of every pupil and adult, especially those managing allergies.

Context

Allergy is a spectrum of different allergic reactions. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonable rhinitis (hay fever) are all forms of allergy. Coeliac disease and intolerance can present symptoms which are similar to those of a food allergy.

Our Aims

Rush Green Primary School adopts a 'whole school awareness of allergies' approach. The school has robust systems in place to ensure early identification. Staff are aware of the importance of avoiding the pupils' allergens, knowing signs and symptoms, how to deal with allergic reactions, recording allergic reactions and to ensure policies and procedures are in place to minimise risk, including the stock, storage and use of spare emergency Adrenaline Auto Injectors (AAIs). All teaching and support staff who oversee pupils, will receive annual anaphylaxis and asthma training from the School Nurse.

By our actions we will work proactively to:

- Minimise the risk of exposure within the school setting
- Have robust plans for the prevention of possible emergencies
- Have robust plan for an effective response to possible emergencies, including Individual Healthcare Plans and spare AAIs
- Encourage self-responsibility
- Ensure inclusivity and wellbeing for all people with allergies

Roles and Responsibilities

Rush Green Primary School takes a whole-school approach to allergy awareness. The following responsibilities are not exhaustive.

Governors, Head Teacher and Senior Leadership Team

Mervin Milton (Health and Safety Governor) and all senior leaders will actively oversee allergy safety, including running incident reporting and anaphylaxis drills.

The school's nominated allergy lead

The school's nominated allergy lead is Mrs Strizovic, with the support of Mrs Fellowes. Mrs Strizovic and Mrs Fellowes are responsible for:

- Early identification through robust school admission systems and/or parent/carers communications
- Promoting and maintaining allergy awareness across our school community
- Ensure all school consent forms, for example all admission forms, trips, sporting events, class parties, cooking in school etc, ask parents/carers about known allergies.
- Ensure an Allergy Action Plan is always requested.
- Maintaining a register of pupils (with a photograph of each pupil to allow a visual check to be made) who have been prescribed AAIs in the event of anaphylaxis, have allergies or asthma. This includes recording and collating allergy and special dietary information for all relevant pupils, in collaboration with the families and the school nurse.
- Update Medical Tracker and Abour with this information so it is available to all staff and catering team. Medical Tracker informs staff of a child's allergies when completing first aid.
- Arrange a meeting/call with the pupil's class teacher, parents/carers and the school nurse to create a Healthcare Plan. The Healthcare Plan will include what the pupil is allergic to, how their symptoms have presented in the past, medication details/dosage, an emergency action plan and any reasonable adjustments that need to be in place across the school day.
- Every child with a Healthcare Plan, with their photograph, including those with allergies, has a printed Healthcare Plan passport which will be displayed in the class. In addition, every staff member in the pupil's year group is informed, by email, of that pupil's health needs.
- Ensuring all medication is stored in a rigid box and clearly labelled with the pupil's class. Allergy Awareness Plans and Individual Healthcare Plans will be stored with the medication, in a coloured zip bag (matching their EpiPen colour) with the pupil's name, photograph and class. Pupils should have rapid access to their medication bag at all times. The box will be kept in class and go wherever the pupil goes, for example but not exhaustive, to break/lunchtime, PE and school trips.
- Ensure all school trips, excursions or off-site extra curricula activities for pupils are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies.
- Ensure the school has an audited spare emergency supply of in date AAIs that are kept in the school office, in the Emergency Anaphylaxis Kit, at room temperature that is accessible, secure but not locked away and all staff are aware of the location. Emergency Anaphylaxis Kit signs are located around the school to guide staff and visitors to the school office.
- Spare emergency AAI's should also be taken on all school trips and will be stored in an Emergency Anaphylaxis Kit Pouch.
- Rush Green Primary School have x8 spare emergency AAI's
 - X4 EpiPen Junior - Green

- X4 EpiPen - Yellow.
- Used AAI's will be given to emergency services, unused and out of date will be taken to the local pharmacy for safe disposal.
- Staff with known allergies, meet annually with Mrs Strizovic, to review their Rush Green staff healthcare plan.

Staff

Every member of the school community should understand their responsibility for reducing risk.

Anaphylaxis UK - What the law allows.



What the Law Allows: Clarification on Regulation 238

Under Regulation 238 of the Human Medicines Regulations 2012, anyone—including school staff—can administer adrenaline in an emergency to save a life, even without formal medical training.

This life-saving exemption ensures that nobody is denied emergency treatment in a situation that could not have been anticipated.

In addition:

- Schools can legally purchase spare AAIs without a prescription for use in emergencies.
- The original intent was for use only in pupils with a known allergy who have medical authorisation and written parental consent.
- Updated clarification confirms: schools may also use a spare AAI in exceptional emergencies where a child or adult has a severe allergic reaction without a prior diagnosis or known allergy.

ALL teaching and support staff are responsible for:

- Maintaining awareness of the school's Allergy Safety Policy and procedures.
- To attend staff training (annual), by the School Nurse, to recognise the signs and symptoms of an allergic reaction, are able to manage it safely and effectively and emergency responses. See Appendix I - First Aid for Anaphylaxis.
- Promoting and maintaining allergy awareness amongst pupils.
- Staff must contact the office immediately if a child is having an allergic reaction. An ambulance will be called by the office staff. Office say must clearly say "Anaphylaxis" so the ambulance staff know it's a life-threatening, time-critical emergency. Office staff to then call parents/carers.
- *Recording allergic reactions on Medical Tracker.*
- *They have SOS cards to inform them of an allergic reaction/medical emergency.*
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.
- Notifying the school immediately of their allergies so a Rush Green Primary School Staff healthcare plan can be created.

If a pupil or adult has a severe allergic reaction, and does not have a prescribed AAI, Allergy Action plan and/or an Individual Healthcare Plan, 999 will be called and then their parents/carers. Schools may use a spare AAI in exceptional emergencies, where a child or adult has a severe allergic reaction, **without a prior diagnosis or known allergy.**

Parents/carers

Parents and carers are responsible for:

- Being aware of the school's Allergy Safety Policy and any arrangements for managing children with allergies and at risk of anaphylaxis.
- Notifying the school immediately of pupil's allergies.
- Informing the school of any changes as soon as known.
- Providing an Allergy Action Plan (AAP) completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student.
- Providing written medical documentation, instructions and prescribed medications as directed by a health professional. This includes two AAIs of the correct dosage.
- Contributing to the provision of an Individual Healthcare Plan in partnership with school staff, health visitor and/or school nurse.
- Talking with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- If required, meet with the school's Catering Manager to discuss any specific requirements relating to your child's allergy. Catering staff can easily identify pupils with allergies due to the School Grid linked to their catering systems.

Pupil with allergies (as age appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe.
- Be proactive in the care and management of their food allergies, reactions and medication.
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction.
- Read food labelling but, if unsure, avoid the food.
- Avoid eating anything with unknown ingredients.
- Know where their medication is kept at all times.
- As soon as they suspect they are experiencing signs of an allergic reaction, tell an adult.

Training for ALL staff (including teaching, support, catering and others who oversee pupils)

Allergy training should include an annual practical session and include an understanding of allergies and its risks which include:

- Knowing the common allergens and triggers (see Appendix II - Top 14 Allergens).
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis (see Appendix III - information on allergies including mild to moderate and severe symptoms. Early recognition of symptoms is key, including knowing when to call for emergency services.
- Administering AAIs in the event of anaphylaxis (see Appendix IV and V).
- 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.
- Storage off AAIs and other medication.

Safeguarding children with allergies, including bullying

Rush Green Primary school has a behaviour policy in place that includes measures to prevent all forms of bullying among pupils. Allergy bullying should be treated seriously, like any other bullying.

Pupils with allergies, will take a special visit to the canteen and meet the catering staff, at the start of each academic year, as an extra layer of protection. This will allow the catering staff to familiarise themselves with the pupils and their allergies.

Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

Links to other policies

First Aid Policy

Medication Policy

Asthma Policy

PSHE

Behaviour Policy

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information. You never know when you will need to act in an anaphylaxis emergency.

Appendix II – Top 14 Allergens



Appendix III - Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child. Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction,
give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh!



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.



3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information
on EpiPen AAIs >>



Sign up to the free expiry alert service
and receive reminders by text or email when
your EpiPen is about to expire >>



ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



2. Place the black injector tip against the outer thigh

Hold the injector at a right angle (approx. 90°) to the thigh.



3. Push the black tip as hard as you can into the outer thigh

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

8. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on Jext AAI's >>



Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAI is about to expire >>

