

ANGLO EUROPEAN SCHOOL



ALLERGY POLICY

Last reviewed 08/09/2026

This policy is regularly reviewed following recommended guidelines

Contents

1. Introduction
2. Roles and Responsibilities
3. Allergy Action Plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto injectors in school
7. Staff Training
8. Inclusion and safeguarding
9. Catering
10. Food and Nutrition procedures in classrooms
11. School Visits
12. Sporting Excursions
13. Allergy awareness
14. Risk Assessment
15. Useful Links

1. Introduction

This policy sets out how Anglo European School ensures the safety, inclusion, and wellbeing of all pupils with allergies, in line with statutory duties under:

- Supporting Pupils with Medical Conditions (DfE)
- Food Information Regulations 2014
- Benedict's Law (2026)

It establishes a whole-school, proactive safeguarding approach, ensuring pupils are not disadvantaged and risks are effectively managed.

The Business Manager and The Designated Health and Safety Governor are the named staff members responsible for co-ordinating staff Allergy Awareness training and the upkeep of the school's Allergy policy.

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.

Anaphylaxis 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 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.

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

2. Role and Responsibilities

Parent / Carers responsibilities

- On entry to the school, it is the parent's / carers' responsibility to inform the Medical Support Officer of any allergies at the point of entry and throughout their time in the school. This information should include all previous allergic reactions, any history of anaphylaxis and details of all prescribed medication.
- Parents / carers are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to 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. GP/allergy specialist.
- Students should carry their own emergency medication, and parents / carers are responsible for ensuring any medication carried by their child or held by the school at their request, is in date and replaced as necessary.
- Parents / carers are requested to keep the school up to date with any changes in the allergy management plan and keep this updated accordingly.
- Parents / carers should update their child's dietary requirements and allergens on the Arbor system when appropriate,

Staff Responsibilities

- All staff should undertake relevant training in allergy awareness and anaphylaxis management. Training is to be completed by all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the needs of the students in their care (regular or cover classes) who have known allergies, as an allergic reaction could occur at any time

and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school visits are responsible for ensuring that all necessary medication is carried and accessible. Visit leaders will check that all students with medical conditions, including allergies, carry their medication. Students who do not have their required medication will not be able to attend the visit.
- The Medical Support Officer will ensure that the up-to-date Allergy Action Plan and/or Individual Healthcare Plan is available to all staff and a copy sent to parents / carers to be kept with the student's medication.
- It is the parent's / carer's responsibility to ensure all medication is in date. The Medical Support Officer will check emergency medication held by the school.
- The Medical Support Officer keeps a register of students who have been prescribed an AAI (Adrenaline Auto-Injector) and a record of use of any AAI(s) and emergency treatment given, on Arbor.

Student Responsibilities

- Students should have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Students should take responsibility for carrying and administering their emergency medication (AAIs), where possible.

3. Allergy Action Plans (AAPs)

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.

Anglo European School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school. The Allergy Action Plan will be used to create an Individual Healthcare Plan which will be sent parents / carers to be agreed and signed.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

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

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

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

If the student has been **exposed to something they are known to be allergic to**, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

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

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

What to do if a child has a reaction:

- 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) or in a sitting position if this makes breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- **CALL 999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, **administer second adrenaline auto-injector**
- If no signs of life, commence CPR
- Phone parent/carer as soon as possible

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment. The school will contact the parent as we require the parent to accompany the child to hospital.

5. Supply, storage and care of medication

Benedict's Law places a clear emphasis on the accessibility and availability of life-saving medication. Students, therefore, should carry their own medication. Students must consider this on non-uniform days and carry the medication in their bag.

Each student should carry two adrenaline auto-injectors, an up-to-date Allergy Action Plan, antihistamine medication where prescribed, and additional items such as inhalers where required.

The school will hold medication at the request of parents / carers if needed. Any medication held in school on a child's behalf should be stored in a clear plastic wallet, clearly labelled with the student's name, with a copy of their Individual Healthcare Plan which should include a photograph.

Each student's allergy kit (whether stored in school or carried in person) should contain:

- 2 adrenaline injectors i.e. EpiPen® or Jext®
- an up-to-date allergy action plan or Individual Healthcare Plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of parents / carers to ensure that all medication is up-to-date and clearly labelled. The Medical Support Officer will check medications held by the school.

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. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto injectors in school

Anglo European School has purchased 2 spare **adrenaline auto-injector (AAI) devices for emergency use on children at risk of anaphylaxis**, if their own devices are not available or not working (e.g. because they are out of date).

These will be stored in a plastic wallet, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'. They will be kept safely, not locked away and **accessible and known to all staff** in the following locations:-

1 in the School Office, in the first aid box

1 in C4 (Student Services) in the first aid box on the self

The Medical Support Officer is responsible for checking that the spare medication is in date and to replace as needed.

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

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.

7. Staff Training

The Medical Support Officer and The Designated Health and Safety Governor are the named staff members responsible for co-ordinating all staff allergy awareness training and the upkeep of the school's Allergy policy.

All staff will complete annual allergy awareness training. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of an allergic reaction
- 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 AAI's) 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
- A practical session using trainer devices will be offered to all staff (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

Anglo European 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.

9. 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.

The Catering Department maintains, through the food safety management system, pre-requisite food sensitivity control, and the procedure for allergen record keeping and verification. The Medical support Officer will inform the Catering Manager of students with severe food allergies / anaphylaxis.

In addition, the allergen matrix is available to provide a summary of all allergens in products provided by the catering department.

The school menu is available for parents to view on the school website at www.aesessex.co.uk/home/parents/catering-and-menus/ with all ingredients listed and allergens highlighted.

A list of students with severe allergies / anaphylaxis, together with their photos, is available in the catering department for all catering staff and is updated when the Medical Support Officer informs the Catering Manager. Allergen information is also included on students' profiles on our database, Arbor, which is linked to the catering tills. However, it is the child's responsibility to check with the catering staff regarding their allergies.

Parents are responsible for ensuring the allergen and intolerance information is up to date on the Arbor database and amending it if needed or by contacting the Medical Support Officer by email at medical@aessex.co.uk.

Parents/carers can raise any concerns with the Catering Manager, by email at enquiries@aessex.co.uk.

The school adheres to the following [Department of Health guidance](#) recommendations:

- If food is purchased from the school canteen/food outlet, students should check the appropriateness of foods by speaking directly to the catering staff.
- Students should check with catering staff, before purchasing food or selecting their lunch choice, if they are unsure about allergens
- Catering staff are trained on how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.
- Parents / carers should discourage students with allergies from sharing food or accepting food from other students.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) will be reviewed and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. Food and Nutrition Procedures in classrooms

The following measures to support students with allergies will be implemented by Food and Nutrition teachers:

- An annual ingredient list and allergen matrix for all practical recipes will be shared with families in Arbor and via the KS3 and KS4 portals.

- Students will participate in age-appropriate discussions about allergies, cross-contamination and safe working practices.
- Students with allergies will be identified on staff seating plans and provided with designated aprons and equipment where required.
- All food taken home from lessons will be clearly labelled with allergen information.
- Staff will always work toward the aim of providing a safe, inclusive environment where all students can participate confidently in Food & Nutrition lessons.

11 School Visits

Staff leading school visits will ensure that they carry all relevant emergency supplies. Party Leaders will check that all students with allergies carry their own medication. Students unable to produce their required medication will not be able to attend the visit.

All activities on the school visit will be risk assessed to see if they pose a threat to allergic pupils and, where possible, alternative activities planned to ensure inclusion.

Residential school visits will be carefully planned. Staff at the venue of a residential will be briefed early on that an allergic child is attending and will need appropriate food adaptations (if provided by the venue).

12. Sporting Excursions

Students with allergies should have every opportunity to attend sports fixtures off site. The Medical Support Officer will provide details of allergies and medical conditions of those students attending the fixture and if necessary, P.E. staff will inform the host school. All members of staff are trained in administering adrenaline.

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

13. Allergy awareness

Anglo European School do not support a blanket ban on any specific food products, e.g. nuts, in schools. This is because no school can guarantee a truly allergen free environment for a

child living with food allergy. Instead, the school advocates a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, students and all other staff are aware of what allergies are, the importance of avoiding allergens, the signs, symptoms and how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

14. Risk Assessment

Anglo European School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping all students with allergies safe.

The risk assessment will be reviewed at least annually and will take into account any incidents or near misses.

Incidents and near misses should be reported to The Medical Support Officer who will record this information and report it to the Personnel Committee to be reviewed.

15. Useful Links

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

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

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

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

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

Official guidance relating to supporting pupils with medical needs in schools:

<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

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

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Keeping Children Safe in Education;

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>