Watermill School

Allergy Policy

Policy Information		
Policy Author: Helen Clayton Governing Board approval date/date policy is in effect from: September 2026		
Latest Review information:	**Summary of amendments**	**Date of next review:**
Adopted by Governors September 2026		September 2027

Purpose

This policy outlines how Watermill school supports pupils with allergies to ensure their safety, inclusion, and wellbeing. It applies to all staff, pupils, parents, and visitors.

Watermill school including the Brindley site are nut free environments.

Aims

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Promote awareness and understanding among staff, pupils, and parents.

Legislation and Guidance

This policy is based on the Department for Education (DfE) guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Roles and Responsibilities

We take a whole-school approach to allergy awareness.

Allergy lead:

The nominated allergy leads are Helen Clayton (Assistant headteacher) and Donna Dodd (Level 7 teaching assistant).

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have a health care plan, which details their allergy action plan/ risk assessment
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- Co-ordinating the paperwork and information from families

- Co-ordinating medication with families
- Checking spare AAIs are in date
- In collaboration with the school nursing team, create Individual Health Care Plans, which includes a risk assessment

Teaching and Support Staff
All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any observations/ concerns immediately
- Ensuring they do not bring high-risk products into school
- Checking any items donated by parents before they are given to a pupil e.g. in raffles etc.
- Ensuring risk assessments are read and understood.

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date, clearly labelled adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included, ensuring high risk foods are avoided
- Any food which is brought into school to be shared, must be shop bought, with a clear list of ingredients, all food must be handed to the class staff
- Updating the school on any changes to their child's condition

Identification of Pupils with Allergies:

- Parents/carers must inform the school of any diagnosed allergies and provide medical documentation.
- An Individual Healthcare Plan (IHP) will be created for each pupil with a significant allergy, detailing triggers, symptoms, and emergency procedures.
- Photos of pupils with severe allergies will be displayed discreetly in staff areas.

Staff Training

- All staff will receive annual training on allergy awareness, recognising symptoms, and using adrenaline auto-injectors (e.g., EpiPen).
- All staff must complete an appropriate food hygiene course, providing staff with comprehensive training on allergen awareness and the correct hygiene practices to prevent cross-contamination.
- Designated first aiders will receive advanced training.

Prevention Measures

- **Watermill school, including the Brindley site are nut free environments.**
- Allergen-safe zones will be implemented where necessary,
- Parents will be reminded not to send in foods containing high-risk allergens.
- Food preparation areas will follow strict cross-contamination prevention protocols.

Procedures for Handling an Allergic Reaction

Register of pupils with Adrenaline Auto-Injectors (AAIs)

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made
- The register is kept with the Anaphylactic Kit in the **main reception office** and **staff room** on both sites and can be checked quickly by any member of staff as part of initiating an emergency response.

Allergic Reaction Procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately (see Appendix 1)
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan

- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, the school's emergency one
- If the pupil has no allergy action plan, staff will follow the procedures below on responding to a possible severe allergic reaction:
- Call 999 for an ambulance and say that you think named pupil is having an anaphylactic reaction.
- Seek advice from 999 as to whether administration of the spare emergency AAI is appropriate.
- If advised, use the school's adrenaline auto-injector (such as an EpiPen) – follow the instructions included on the side of the injector.
- Lie the pupil down – they can raise their legs, if they are struggling to breathe, they should raise their shoulders or sit up slowly
- If a pupil has been stung by an insect, try to remove the sting if it is still in the skin.
- If the pupil's symptoms have not improved after 5 minutes, use a second adrenaline auto-injector.
- Do not allow the pupil to stand or walk at any time, even if they feel better.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, **and**
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- 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
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

Communication

- The policy will be shared with all staff, parents, and relevant pupils.
- The policy will be uploaded to the school website.
- Updates will be made annually or after any significant incident.
- All staff and visitors to the school will be made aware of where the emergency anaphylactic kit and EpiPens are kept.

Review

This policy will be reviewed every 12 months or sooner if guidance changes.

Appendix 1

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.