

'To unite all things in Christ'. Ephesians 1:10

Bishop Thomas Grant School

Allergy Policy

'In accordance with the Equality Act (2010), we will strive to eliminate all forms of discrimination, harassment or bullying. All individuals will be treated fairly and will not be treated less favourably on the basis of protected characteristics detailed in the Equality Act including race, gender, age, sexuality, religion and disability'

Review Cycle

Reviewed:	**Approved by:**	**Next Review:**	**Staff Responsible:**
September 2026	Ethos Committee	September 2028	Mrs A O'Donovan



'To unite all things in Christ'. Ephesians 1:10

Bishop Thomas Grant School will play a key role in the formation of our young people so that they become responsible Christian adults. Inspired by the message of Jesus Christ they will contribute effectively to society by promoting justice, honesty and charity in all aspects of their lives.



A Voluntary Aided School in the Trusteeship of the Archdiocese of Southwark

The Governing Board of Bishop Thomas Grant School is committed to safeguarding and promoting the welfare of children and young people and expect all staff, volunteers and external agencies to share this commitment.

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1. Introduction

Effectively managing allergies is a safeguarding priority.

An allergy is a reaction of 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 serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, contact allergens and airborne allergens.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):
peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen, animal dander, dust mites, grass and tree pollen, mould, household chemicals, even some common medications such as aspirin or ibuprofen.

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.

This policy sets out how Bishop Thomas Grant School will comply with Benedict's Law in adopting an allergy aware environment and supporting students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Allergic conditions

Common allergic conditions include:
• **Hay Fever (Allergic Rhinitis)**, triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
• **Skin allergies** (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
• **Food allergy**, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis. Some food allergies do not cause immediate reactions but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.
• **Asthma** in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or pollen.
• Less common allergic conditions in children include allergy to **insect stings** (e.g. bee, wasp) and **medicines**.

2. Role and responsibilities

The Governing Board

The governing board has general responsibility for all the school's policies, including all health and safety and medical related policies. They will review this policy and reports of detailing allergy related incidents shared with them.

Headteacher

The headteacher has overall responsibility for putting the governing board's policy into practice and for developing detailed procedures. This includes making sure that parents/carers are aware of the school's arrangements for managing students with allergies and at risk of anaphylaxis. It is also the headteacher's responsibility to ensure that all staff are trained and aware of this policy.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and as part of induction when new staff join.
- Staff must be aware of the students in their care 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 trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.
- The First Aid Co-ordinator will ensure that the up-to-date Allergy Action Plan/Asthma Plan is kept with the student's medication.
- It is the parent's/carer's responsibility to ensure all medication is in date however the First Aid Co-ordinator will check medication kept at school on a monthly basis and send a reminder to parents/carers if medication is approaching expiry.
- The First Aid Co-ordinator keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The First Aid Co-ordinator ensures that any reaction or near misses is recorded and reported accordingly.

Parent Responsibilities

- On entry to the school, it is the parent's/carer's responsibility to inform the school/First Aider of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers are to supply a copy of their child's Allergy Action Plan 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.
- Parents/carers are to supply a copy of their child's Asthma Card to school. This should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/asthma clinic.
- Parents/carers are required to complete school's Emergency EpiPen/Inhaler Consent Forms to allow school to administer school's own medicines in case of emergency.

- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary (e.g. AAI, Inhaler, Antihistamine, Eczema Cream)
- Parents/carers are requested to keep the school up to date with any changes in allergy management. This includes any changes in factors which can increase the rise of a severe allergic reaction such as stress or current or recent infections. The Action Plan will be kept updated accordingly.
- Parents/carers can sign up for a free expiry alert service and receive reminders by text or email when their child's AAI is about to expire at their child's AAI provider website.

Students Responsibilities

- Students are encouraged to have a good awareness of their symptoms and to let member of staff know as soon as they suspect they are having an allergic reaction or asthma attack
- Students are required to always carry two prescribed AAI and a prescribed inhaler with them at all times to ensure they have rapid access to them while travelling to and from school, in the lunch area, playground or when on visits and trips.

3. Allergy Action Plans

Allergy Action Plans are designed to function as individual healthcare plans for students with food allergies, providing medical guidelines for the students individual allergy symptoms and actions and parental consent for schools to administer medicines in the event of an allergic reaction.

The school's own Emergency EpiPen Consent Form must be completed by the parent/carer providing consent to the school to administer a school's spare AAI.

Allergy Action Plans are produced by a medical professional and should not be created by the school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

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.

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.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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, on rare occasions, can be fatal.

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.

What does adrenaline do?

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action in an emergency

If an individual (whether a student, member or staff or visitor) experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.
Staff in schools should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

- Keep the student where they are, call for help and do not leave them unattended.
- **LIE THE STUDENT 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 AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. 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 AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the student 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 students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

For further information on the management of Asthma, including the measures and procedures in place to support students with asthma in school, please refer to the school's Supporting Students with Medical Conditions Policy and First Aid and Medicine Policy available on our website.

Allergy incidents will be reviewed by the school Health and Safety Committee.

5. Supply, storage and care of medication

Students are required to carry their own **two** AAIs/an inhaler on them at all times in a suitable bag.

The student's spare allergy kit/asthma kit provided by the parent/carer is kept in Reception in an unlocked cupboard **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan/asthma card
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the student's parents to ensure that the allergy/asthma kit is up-to-date and clearly labelled, however the First Aid Co-ordinator will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

All expired medication will be returned to parent/carer for a safe disposal. With parental consent, medication can either be returned directly to the student, or arrangements can be made for the parent/carer to collect the medication in person.
Used AAIs will be given to ambulance paramedics on arrival.

6. 'Spare' adrenaline auto-injectors in school

Bishop Thomas Grant School has purchased two spare **AAIs for emergency use in students who are at risk of anaphylaxis, for use when** their own devices are not available or not working or are experiencing anaphylaxis for the first time.

The school's spare AAI should only be used on students whom both medical authorization and written parental consent for use of a spare AAI has been provided, or in an emergency situation where it is deemed reasonable action to save a life at risk of Anaphylaxis.

Any AAI/Inhaler held by the school is considered a spare/back-up device and not a replacement for a student's own AAI.

These are stored in Reception, in clearly labelled 'Allergy Response Kit' kept safely, not locked away and accessible and known to all staff.

The First Aid Co-ordinator is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the school's spare AAIs is included in the student's allergy box. A list of students whom parental consent to administer the spare AAI has been provided is included inside the 'Allergy Response Kit' which houses the schools spare AAI's.

7. Staff Training

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a student having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what

8. Inclusion and safeguarding

Bishop Thomas Grant School is committed to ensuring that all students with medical conditions, including allergies and asthma, 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

Pabulum, our catering contractors follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

Our caterers 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.

The catering staff is informed of students with food allergies, and the till system provides the staff with the student's allergy information when they are looked up, a photograph is also displayed for easy identification.

We are inclusive school, so students with allergies are not separated from their peers at mealtimes. Students are taught to check with the catering staff or check the allergen information before purchasing food or selecting their lunch choice.

The use of food in cooking classes, other lessons, experiments and social events is considered and if necessary is restricted and/or risk assessed depending on the student's allergy.

Neither the school nor our caterers can be expected to best guess allergic reactions of guests or external visitors of the school. Visitors are asked to disclose any allergies prior to their visit.

The school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on our website.

First Aid Co-ordinator will inform the Catering Manager of students with food allergies.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to students with allergies and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip might be arranged. Staff at the venue for an overnight school trip should be briefed early on that a student with allergies is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Students with allergies should have every opportunity to attend sports trips to other schools. All PE staff are First Aid and Allergy & Anaphylaxis trained and will carry with them a spare 'Emergency Allergy Kit'.

11. Vulnerable Student Plan

Bishop Thomas Grant School will conduct a detailed individual student plan, known as a vulnerable student plan, in collaboration with a parent/carer for all new joining students with asthma and allergies, and any students newly diagnosed. Vulnerable Student Plans will help capture key information and action required to support those students effectively. Plans are easily accessible to all who need to refer to them, while maintaining confidentiality.

12. Useful Links

For further guidance please refer to our **First Aid and Medicine Policy**, **Supporting Students with Medical Conditions Policy** and **Child Protection and Safeguarding Policy** available on our website.

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

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

EpiPen - http://www.epipen.co.uk

Jext – http://jext.co.uk

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/