Sands School

Allergy and Anaphylaxis and Intolerance Policy

Relevant Guidance	Health and Safety at Work Act 1974, First Aid Regulations (1981), FSA Guidance, Benedicts Law, Natashas Law
Responsible person(s):	Leah Sheehan
Latest update:	August 2026
Review date:	August 2027
Approved by Governors	August 2026
Links	Critical Incident Policy Educational Visits and Trips First Aid and Medicines Policy Health and Safety Policy

48 East Street, Ashburton, Devon TQ13 7AX . Tel +44 (0) 1364 653 666
E-mail: enquiry@sands-school.co.uk Web Site: www.sands-school.co.uk
Department for Education number: 878/6042

Key Contacts

Internal Contacts

Head Sean Bellamy	sean@sands-school.co.uk 07432 557723
Health and Safety Coordinator Leah Sheehan	leah@sands-school.co.uk
Designated Allergy Lead Leah Sheehan	leah@sands-school.co.uk
Health and Safety Governor Huw Morgan	huw@sands-school.co.uk
School Chef TBC	TBC
Chair of Governors Diarmid MacKenzie	chairofgovernors@sands-school.co.uk

External Contacts

Food Standards Agency Allergen guidance for food businesses | Food Standards Agency
Gov.Uk Stronger protections for children with allergies in school - GOV.UK Supporting pupils with medical conditions at school - GOV.UK

Contents

1. Statement of Intent

Sands School takes a whole school approach to the health care, wellbeing and the safe management of those members of the community suffering from specific allergies/intolerances. We believe that allergies/intolerances should be taken seriously and dealt with in a professional and appropriate way.

Whilst we are aware that children in our community may suffer from various food allergy/intolerances as well as other allergies including respiratory, skin, insect, animal and drug allergies, our aim is not to guarantee a completely allergen free environment but, through this policy to work proactively to:

- Minimise the risk of exposure within the school setting
- Encourage self-responsibility
- Learn avoidance strategies
- Have robust plans for an effective response to possible emergencies
- Encourage inclusivity for all pupils

Our school is clear about the need to actively support pupils with medical conditions to participate in school life. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Arrangements to implement these commitments are contained within this policy. This policy applies to all staff, volunteers, students and visitors at all times during school hours, when on the school site or taking part in school organised activities and events and should be read in conjunction with its linked policies, specifically the First Aid and Medicines Policy.

This policy will be brought to the attention of all members of staff through the induction process for new staff and during and annual briefing at the start of each academic year. An electronic copy is available on the school website and a printed copy is available in the school reception on request. This policy will be reviewed annually and approved by the board of governors.

1.1 Legislation and Guidance

This policy is based on advice from the Department of Education for Allergy Guidance for Schools. Allergy guidance for schools - GOV.UK. and the following guidance/legislation:

- Children and Families Act 2014 which requires schools to make arrangements for pupils with medical conditions (including those with allergies). It also requires schools to be able to care for students with allergies and provide emergency care for a child having anaphylaxis.

- Statutory Guidance for supporting pupils at school with medical conditions requires all students with medical conditions – including allergies – to have Individual Healthcare Plan agreed between the parents and the school. Particularly important where an adrenaline auto injector (AAI) has been prescribed for use.

- Food Information Regulations 2014 require all food business, including school caterers to share allergen ingredients information for the food they serve.

- Allergen Information for non-prepacked foods best practice – FSA – sets out guidance for food businesses such as schools serving non prepacked foods.

2. Types of Allergies/Intolerances

Allergies happen when the immune system overreacts to an allergen. Many foreign substances can trigger an allergic reaction. Depending on the allergy type and the severity of the reaction, the symptoms can vary from mild unpleasant symptoms to severe and at times life threatening. **As much as 25% of severe allergic reactions in schools occur without a prior diagnosis**

2.1 Food Allergy

Food Allergies are the most common cause of anaphylaxis in children. Around 5 – 8% of children in the UK live with a food allergy. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction and are able to manage it safely and effectively.

The 14 most common food allergens are Celery, Cereals containing gluten (wheat, rye, barley and oats), Crustaceans, Eggs, Fish, Lupin, Milk, Molluscs, Mustard, Peanuts, Sesame Seeds, Soybeans (Soya), Sulphur Dioxide and Sulphites, Tree Nuts.

2.2 Skin Allergy

Skin allergies are more common in people with sensitive skin and skin conditions like eczema an allergic reaction may be triggered by chemicals in skincare products, detergents, and soaps as well as contact with plants such as poison ivy, poison oak and poison sumac.

2.3 Drug Allergy

A drug allergy is the abnormal reaction of your immune system to a medication. Any medication, over the counter, prescription or herbal, is capable of inducing a drug allergy. However, a drug allergy is more likely with certain medications. A drug allergy is not the same as a side effect (a known possible reaction listed on a drug label). It is also different from a drug toxicity cause by an overdose of medication. There are many ways in which people can react to drugs and medicines but not all of these are allergy related, which can cause confusion. Some people are genuinely allergic to certain drugs, but this is quite rare. Common medication allergies frequently stem from antibiotics (especially penicillin), non-steroidal anti-inflammatory drugs (NSAIDs like asprin and ibuprofen) and certain anaesthetic agents.

2.4 Airborne Allergy/Allergic Rhinitis

Airborne Allergies also known as allergic rhinitis is an allergic reaction that occurs when the immune system overreacts to allergens present in the air. When these particles are breathed in, they can cause inflammation and swelling of the nasal passageways and the delicate tissue around the eyes. This in turn, causes symptoms commonly associated with allergies such as itchy, watery eyes, congestion, runny nose and sneezing. Common airborne allergens include – Dust mites, Mould, Animal Dander, Pollen and Cockroach droppings. While not an allergen Air pollution like vehicle exhaust, industrial emission and cigarette some can exacerbate allergic rhinitis symptoms and increase sensitivity to other allergens. Occupational Allergens such as chemicals, dust, fumes or animal proteins can trigger allergic rhinitis in some individuals.

2.5 Insect Allergy

It is normal to have a localised reaction, like itching, swelling or redness or discoloration where the bit or sting occurred but some people have an outsized reaction to the bites. Stinging insects like bees, wasps, hornets are most likely to cause an allergic reaction and reactions can be severe. If you do have an allergic reaction, it can be life threatening so its important to seek medical attention immediately.

2.6 Latex Allergy

Latex is found in natural rubber products made from the sap of the Brazilian rubber tree. An allergic reaction can occur from both coming in physical contact with a latex product or from breathing in latex powder. Some products that contain latex include the following: Rubber balls, bandages, balloons, rubber bands, condoms and diaphragms, rubber household gloves.

2.7 Food Intolerances

Food intolerances can take some time to diagnose. Although not life-threatening, food intolerances can and often do make the sufferer feel extremely unwell and can have a major impact on working and social life.

Food intolerance is used to describe many different conditions where food causes unpleasant symptoms that happen each time that food is eaten but are not a food allergy. A food intolerance is different to a food allergy and intolerances are not caused by the immune system and do not have the risk of a severe and potentially life-threatening allergic reaction (anaphylaxis).

Symptoms commonly effect the digestive, skin and respiratory systems. Reactions are usually delayed, occurring several hours and sometimes up to several days after eating the offending food.

Common types of food intolerances are:

- Lactose Intolerance
- Gluten Intolerance
- Non Coeliac Gluten Sensitivity
- Food additives and food chemicals such as:
    - Benzoates
    - Caffeine
    - Alcohol (ethanol)
    - Monosodium Glutamate
    - Salicylates
    - Sulphur Dioxide
    - Vaso Active Amines (including Histamine)

3. Types of Reaction and Their Signs and Symptoms

3.1 Anaphylaxis

Anaphylaxis is a life threatening severe allergic reaction. It is a medical emergency and requires immediate treatment. A severe allergic reaction can cause an anaphylactic shock and must be treated with an Adrenaline Auto-Injector (AAI).

Knowing how to recognise the symptoms of anaphylaxis can provide individuals and their caregivers with peace of mind, empowering them to navigate their allergy management confidently. Anaphylaxis can occur rapidly and escalate quickly, making it essential to recognise the signs and symptoms early on.

Airway	Breathing	Circulation
Swollen Tongue	Difficulty breathing	Feeling dizzy or faint
Difficulty swallowing	Chest tightness	Collapse
Throat tightness	Noisy breathing	Loss of Consciousness
Change in voice (hoarse)	Persistent cough	Pale and Floppy (in babies)
	Wheeze	

The most common causes of anaphylactic reactions include:

- Foods – including nuts, milk, fish, shellfish, eggs and some fruits
- Medicines and drugs – including some antibiotics and non steroidal anti-inflammatory drugs (NSAIDs) like asprin
- Insect stings – particularly wasp and bee stings
- General anaesthetic
- Contrast agents – dyes used in some medical tests to help certain areas of your body show up better on scans
- Latex – a type of rubber found in some rubber gloves and condoms

In some cases, there is no obvious trigger. This is known as idiopathic anaphylaxis.

3.2 Mild/Moderate Allergic Reaction

Allergic reactions usually happen quickly within a few minutes of exposure to an allergen. The body releases certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues which is extremely irritating and uncomfortable. Common symptoms of an allergic reaction include:

- Sneezing
- Wheezing/coughing/shortness of breath
- Sinus pain/runny nose
- Nettle Rash/Hives
- Swelling
- Itchy eyes, ears, lips, throat and mouth
- Sickness, vomiting and diarrhoea

3.3 Food Intolerance Reactions

Symptoms occur several hours and sometimes days after ingestion of the food. Symptoms can include:

Skin	Digestive	Respiratory
Flushing of the skin	Abdominal pain	Rhinitis
Urticaria	Diarrhoea	Breathing difficulties
Eczema fares	Bloating	Wheezing
Angioedema	Stomach Cramps	
	Constipation	

4. Roles and Responsibilities

Governors/Trustees

- Ensure that there is an effective Allergy, Anaphylaxis and Intolerance Policy in place and implemented in the school
- Ensure those staff within the school with specific responsibilities have received effective training to undertake their role including refresher training at the designated intervals
- Monitor the effectiveness of the implementation of this policy.

Headteacher

- Reviewing and understanding the Allergy, Anaphylaxis and Intolerance Policy.
- Ensure that the Allergy, Anaphylaxis and Intolerance Policy has been fully implemented by reviewing associated records and procedures.
- Ensuring that all staff have received and undertaken appropriate training.

Designated Allergy Lead and First Aid Lead

The designated allergy lead is Leah Sheehan (Health and Safety Coordinator) and First Aid Lead (Kate Shillaker). The Designated Allergy Lead and First Aid Lead are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with an allergy
- Taking decisions on allergy management across the school
- Championing and practicing allergy awareness across the school
- Being the point of contact for staff, pupils and parents with concerns or questions about allergy management

- Ensuring allergy information is recorded, up to date and communicated to all necessary staff
- Reviewing the stock of the medication stored for students with allergies and ensuring staff know where they are
- Record any allergic reactions or near misses

Health and Safety Coordinator

- Review records of any allergic reactions or near misses and ensure an investigation is held as to the cause and put in place any learnings
- Make sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management.
- Collecting and coordinating the paperwork (including allergy action plans and Student Allergy Records) and information from families (this is likely to involve liaising with the admissions team for new joiners). Communicate any relevant findings to appropriate staff members.
- Ensure the information from families is up-to-date and reviewed annually/termly depending on the individual
- Arrange adrenaline pen training for other members of staff and refresher training as required e.g. Before school trips.
- Encourage a whole school approach and collective responsibility.
- Implementing the Allergy, Anaphylaxis and Intolerance Policy.
- Reporting to the Head Teacher and Governors on issues with adherence to the policy.
- Regularly reviewing and updating the policy
- Conducting and reviewing Allergy and Anaphylaxis and Intolerance Risk Assessment

Admissions/HR Administrator

The admissions/HR administrator is likely to be the first to learn of a child/visitor/new staff member's allergy. They should work with the designated allergy leads and Health and Safety Coordinator to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (this is in place before a school visit, an open day or taster days if food is offered or likely to be eaten)
- There is a clear structure in place to communicate this information to the relevant parties (Health and Safety Coordinator, First aiders, Designated Allergy Leads and Chef/Servers)
- Visitors (for example at Open Days, Try Outs and events) are aware of the catering set up and if food is to be offered and plans for medication if a child is to be left without parental supervision.

- On making initial appointment, details of allergies and dietary requirements are requested.

School Chef

- Ensure there is an appropriate food option for all students on school lunches
- Ensure food allergens can be clearly communicated to students or visitors when asked at point of service
- Ensure food allergen information is recorded on the FSA Food Allergy Matrix and handed to the server covering the chef's days off.
- Ensure Allergen/intolerance information is present in the kitchen and any server covering absence is aware of its location
- Practice good food hygiene to prevent cross contamination
- Ensure food hygiene training and allergy and anaphylaxis training is kept up to date

Staff Serving/Preparing Food

- Ensure they are aware of the allergen information for the food they are serving
- Ensure they are aware of the students/staff/visitors on school lunches with allergies and intolerances and able to inform the student/staff/visitors of the allergens contained in the dish clearly
- Undertake training on Allergy and Anaphylaxis and Food Hygiene when it is issued.
- Practice good food hygiene to prevent cross contamination

All Staff

- Championing and practising allergy and awareness across the school
- Reporting incidents or near misses to the Health and Safety Coordinator
- Understanding and putting into practice the Allergy and Anaphylaxis and Intolerance Policy and related procedures and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/appropriate
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in allergy and anaphylaxis training at least once a year
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying in line with the school's behaviour policy

Parents/Carers

All parents (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis and Intolerance Policy and considering the safety and wellbeing of pupils with allergies
- Providing the schools Designated Allergy Leads and Health and Safety Coordinator with information about their child's medical needs, including dietary requirements, allergies, history of their allergy, previous allergic reactions or anaphylaxis. They should also inform the school of related conditions, for example asthma, hay fever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for community events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

Parents/Carers of Pupils with Allergies

- Work with the school to fill out a Student Allergy Record and Action Plan, individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable provide the school with two spare labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser) inhalers or creams
- Ensure medication is in date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to

Pupil with Allergy

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best they can
- Understand they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction
- If required, carry their two adrenaline auto-injectors with them at all times. They must only use them for the intended purpose.
- Understand how and when to use their adrenaline auto-injector

- Talking to the Designated Allergy Leads or Health and Safety Coordinator or other member of staff if they are concerned by any school process or systems related to their allergy/intolerance
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies/intolerance
- Pupils must know what to do if they have an allergic reaction off school premises during the day. This should include how to treat themselves and raise the alarm to get help.

5. Emergency Management of Anaphylaxis

All pupils at risk of anaphylaxis should have a Student Allergy Record (Appendix 1) and Action Plan (see section 6.3) that describes exactly what to do and who to contact in the event they have an allergic reaction. The plan includes First Aid procedures for the administering of adrenaline. Identify activities which the child may be at risk – for example food based and outdoor activities. These will be kept in reception (or with trip leader on trips) and available digitally for ease of access.

Symptoms of anaphylaxis include one or more of the below:

Airway	**Breathing**	**Circulation**
Swollen Tongue	Difficulty breathing	Feeling dizzy or faint
Difficulty swallowing	Chest tightness	Collapse
Throat tightness	Noisy breathing	Loss of Consciousness
Change in voice (hoarse)	Persistent cough	Pale and Floppy (in babies)
	Wheeze	

Action to be Taken

- Position is important – lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Call parent/carer
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenalines, give a second dose using another AAI
- A person who has a serious allergic reaction and/or is given adrenaline should always be taken to hospital for further observation and treatment

- Sometime anaphylaxis symptoms can recur after the first episode has been treated. This is called biphasic reaction.

For a Pupil, Member of Staff or Visitor who you suspect may be having an Anaphylactic Reaction but who doesn't have a prescribed AAI

- Position is important – lie the person flat with legs raised (or sit them up if having breathing problems)
- Call 999 telling the operator you suspect it is anaphylaxis and tell the operator you have access to a generic AAI
- Send another person to locate the generic adrenaline auto-injector
- With the agreement from the operator, administer the generic AAI. Note the time given
- Stay with the person until medical help arrives
- Call parent/carer
- If symptoms do not improve within five minutes of a first dose of adrenalines, give a second dose using another AAI
- A person who has a serious allergic reaction and/or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometime anaphylaxis symptoms can recur after the first episode has been treated. This is called biphasic reaction.

Post Emergency

The priority should always be the individual. When the emergency has been dealt with and the individual is safe, the incident needs to be further investigated. Report the incident to the Health and Safety Coordinator for investigation.

6. Information and Documentation

6.1 Register of Students with an Allergy

The school has a register of students who have a diagnosed allergy on the Engage Computer System. This includes children who have a history of anaphylaxis or have been prescribed Adrenaline Auto Injectors, as well as students with an allergy where no adrenaline pens have been prescribed. The register also includes details of students with intolerances. The register is managed and updated by the Designated Allergy Lead. A paper copy of the register is kept in the kitchen and notification is given to school chef and those serving foods of any updates.

6.2 Student Allergy Record

Each student with an allergy or intolerance has an Student Allergy Record. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A history of their reactions
- Detail of the medication the student has been prescribed including dose, this should include Adrenaline Auto-Injectors, antihistamine etc.
- A copy of parental consent to administer medication, including the use of AAI in case of suspected anaphylaxis.

6.3 Allergy Action Plan

Allergy Action Plans are designed to function as individual healthcare plans for children with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare AAI. Sands School uses British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. https://www.bsaci.org/new bsaci-allergy-actions-plans-for-children-available/

It is the parent'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.

7. Staff Allergy Training

All staff will have Allergy and Anaphylaxis training. This should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence.

Allergy training should include a basic understanding of allergic disease and its risks which include:

- 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 child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date

Practical training should also be provided to all staff to include use of a trainer AAI.

Designated Allergy Leads should have appropriate training and refreshed annually to keep up to date of any changes.

8. Catering in School

The school is committed to providing a safe meal for all students, staff and visitors requiring a school meal, including those with food allergies and intolerances.

All catering staff and other staff preparing food will receive relevant and appropriate allergy awareness training annually.

Anyone preparing food for those with allergies/intolerances will follow good hygiene practices, food safety and allergen management procedures.

The school chef will know the students with allergies and what their allergies are supported by school staff. They will also provide varied meal options to students and staff with allergies and intolerances.

Those serving food in the chef's absence will be provided with allergen information for the dishes using the FSA food allergy matrix by the chef and have access to the information of student/staff allergies and intolerances.

The school has a robust procedure (appendix 2) in place to cover periods when the school chef is absent and ensure those with allergies/intolerances are catered for safely.

The school has an up to date register available to servers and the school chef to identify students and staff with food allergies and intolerances. This will include students/staff who do not currently access school lunches.

The server/chef must be able to list the "main 14" allergens contained in all components of the food provided if requested in addition to any additional ingredient information depending on the current allergies/intolerances within the school community.

9. Storage of AAIs

Students who have been prescribed AAIs, should carry two with them at all times. All staff should be aware of the usual location of their AAI (i.e. in bag or on person). If for any reason the student is unable reliably carry the AAIs, these should be stored safely but should be

easily accessible in the event of an emergency and not locked away, ensuring they are labelled for identification of the pupil with their name and photograph and Allergy Action Plan.

Students should know where their medication, AAIs and inhalers are at all times.

If a pupil has anaphylaxis and their AAI is stored away from them, then the AAI must be brought to them. They must not be told to go to the room where the AAI is stored, in order for it to be administered.

Dosage

The dosage of AAI varies according to the child's weight, so as the child grows, the correct dose may change. For Example: Epipen suggest a higher dosage (adult EpiPen) may be required for children over 25kg. Parent's should speak with their physician to confirm this. Annual checks for updates on medical conditions including anaphylaxis will include a reminder of this.

Expiry Dates

It is the parents' responsibility to ensure that the child's AAIs are within the expiry date. However, the school will endeavour to log expiry dates and set reminders to check they have been replaced. **NOTE:** Parents and schools can register AAIs on the manufacturer's website to receive text alerts for expiry dates.

The school will return expired medication to parents for safe disposal.

Spare AAIs in School

There are two Spare Epi Pens kept in reception in the first aid cupboard at all times. In addition to this, there are a further two Epi Pens that are kept in the school safe and are available to take on school trips. The Designated Allergy Lead is responsible for monitoring expiry dates and replacing as and when required.

10. Assessing and Managing Risk

Allergens can occur in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include classroom activities such as craft using food packaging, science experiments where allergens are present. Bringing animals into the school for example hatching chick eggs pose a risk. Planning special events, such as cultural days and celebrations. Inclusion of students with

allergies must be considered alongside safety and they should not be excluded. If necessary the activity should be adapted.

The health and safety coordinator will conduct a detailed risk assessment for all new joining pupils with allergies/intolerances and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping children safe.

10.1 Managing Food Allergies and Intolerances

As part of the school's duty to support children with medical conditions, we must be able to provide safe food options to meet dietary needs including food allergy/intolerances. Catering staff must be able to identify pupils with allergy. An up to date list of students should be available at all times in the kitchen area and all catering staff must be aware of its location. The First Aid Responsible Person will be responsible for keeping this record up to date.

The school chef, in accordance with the Food Information Regulations 2014 should ensure that allergen information relating to the "top 14" food allergens is available for all food products. This can be given verbally at point of sale but there must be a written matrix of the allergens contained in each dish so that they can be viewed/communicated if asked.

There must be clear guidance on the menu and at point of sale to instruct those with allergies/intolerances to ask the server if they have any queries in relation to the food.

The kitchen frequently handles most of the "top 14" and so we are unable to ensure foods may not contain traces of these allergens. This would need to be reviewed should we have a student on roll who has to strictly avoid any of the top 14 allergens.

10.2 Managing Insect Sting Allergy

Students with Insect Sting Allergy and all staff to be made aware of the following preventions of Insect Stings:

- Clothing and Scent. Wear light-coloured clothing (white, beige) and avoid dark or flowery patterns. Avoid scented perfumes, lotions and hairsprays
- If possible keep arms and legs covered
- Outdoors Hygiene. Avoid walking barefoot or in sandals; wear closed toe shoes
- Food Safety. Keep food and drinks covered, especially sugary beverages, to avoid attracting insects. Check cans and straws before drinking.
- Safety Measures. Do not swat at stinging insects, move away slowly.
- Avoid nests. If nests are spotted or suspected in the school grounds where possible arrangements for immediate removal should be made. Where this is not possible, the area should be clearly marked and students/staff made aware. Those students/staff

members with known allergies should be made aware of location and asked to keep away from the area.

10.3 Managing Skin Allergies

Skin allergies can mainly be managed by avoiding the known triggers. Students with skin allergies should notify the school of any known triggers. These will be communicated amongst the staff team and a risk assessment made to ensure triggers are removed from the school environment if possible and controlled or substituted if removal is not possible. This will be done by the Health and Safety Coordinator on a case by case basis.

10.4 Managing Airbourne Allergies

The management of Airbourne allergies involves reducing exposure to triggers like pollen, dust mites and mould. The school will undertake a risk assessment on a case by case basis and make any reasonable adjustments where possible. Control of some triggers may be difficult due to the age and status of the school building and environment. Some students will be able to manage their airbourne allergy such as pollen allergies with regular prescribed antihistamines. This will be identified in the individuals Student Allergy Record and Action plan.

10.5 Managing Latex Allergies

The only definitive treatment for latex allergy is strict avoidance of latex products to prevent reactions. Preference is to use non latex products within the school however, should a student attend the school with a latex allergy, a thorough risk assessment and stock check would be undertaken and training and information given to all members of the school community to ensure latex balloons and other items are kept out of the school.

10.6 Managing Drug Allergies

Staff with sufficient training are able to provide students with Paracetamol and Ibruprofen. As part of the procedure, staff members must check the student's permissions on the Engage system where any drug allergies are recorded. Students will also be able to request the type of medicine they are used to taking. The medicines are kept in the office safe and are locked at all times. Details of medicines given are kept on Engage.

Any prescription medicine required to be stored and handed to student by staff member will be clearly labelled for the specific student and checks will be made to ensure it is the right

dose and person. The staff member will be trained and able to provide the medication. Records will be made in the Engage system.

In the event of an emergency, the student's medical information will be accessed via the Engage portal and all details of allergies will be notified to the Emergency Services. This information will also be available on trips. Staff will also contact parents to inform them.

11. "No Nut" policies and Allergen Bans

Sands School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including schools. This is because nuts are only one of many allergens that could affect pupils and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

12. Dogs in School

As part of the school admissions process, the presence of dogs within the school environment is communicated clearly to prospective parents and visitors. The presence of dogs within the school has been a long established practice. It has a number of benefits to the community such as comfort, connection, regulation and emotional support. Requests to attend the school from prospective students and visitors with allergies will be handled on a case by case basis, a risk assessment undertaken and considerations will be given to all potential reasonable adjustments.

13. Trips/Sports Sessions/Offsite Activities

- Staff leading the trip will have a register of pupils with allergies with medication details
- Allergies will be considered on the risk assessment by staff leading the trip and catering provision put in place
- Consult with the parents if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction

- Allergens will be clearly labelled on catered packed lunches. If a child with an allergy to a food outside the main 14 there should be a clear system in place to ensure they always receive a safe meal.
-

14. Inclusion and Mental Health

The school is committed to ensuring that all students and staff 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 potential.

15. Change Log

Version	Date	Summary of changes	Responsible person

Appendix 1 – Student Allergy Record

NOTE: - one form should be filled out for each allergy/intolerance. If multiple – please fill out page number in section one

1. Student Details

Full Name:		Parent/Guardian:	
Year Group:		Emergency Number:	
Date of Birth:		Page number:	…….. of ……..

2. Details of Condition

Allergen	**Type**	**Diagnosis Confirmed by?**	**Date Diagnosed?**
	☐ Allergy ☐ Intolerance ☐ Coeliac		

3. Reaction and Severity

Allergen	**Reaction**	**Severity**	**Ever had Anaphylaxis?**
	☐ Rash/Hives ☐Swelling (lips,face,eyes) ☐Breathing Difficulty ☐Vomiting/stomach pain ☐Dizziness/fainting ☐Other	☐Mild ☐Moderate ☐Severe (Anaphylaxis risk)	☐Yes ☐No

4. Triggers

☐ Ingestion	☐ Skin Contact	☐ Airborne/Inhalation
☐ Exercise Induced	☐Cross contamination	Other:

5. Medication and Treatment

Name of Medication	Location of Meds	Dosage	Can student self administer?

6. Daily Management

Preventative Measures

List all preventative measures to be taken, consider classroom activities, food requirements, trip requirements.

Details of Preventative Measures	Responsible Staff Member

Student Awareness Levels

Give details of students level of awareness to their allergy and ability to self manage:

7. Consent and Medical Information

GP Name and Contact:	
Hospital Consultant:	
Parent Consent for Treatment?	
Parent Signature:	
Date	

8. Review Information

Date Created:

Last Reviewed:

Next Review Due:

Completed by:

Checked by:

Appendix 2 – Procedure for Chef Absence