Pegasus Academy Trust – Allergies policy

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2. Introduction

2.1 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 serious reaction called anaphylaxis.

2.2 Anaphylaxis is a serious, life-threatening 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 can include foods, insect stings, and drugs.

2.3 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).

2.4 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.

2.5 Common UK Allergens include (but are not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

2.6 This policy sets out how Schools in the Pegasus Academy Trust (PAT) will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

3. Roles and responsibilities

3.1 Parent and Carer responsibilities

a) On entry to the school, it is the parent s or carer's responsibility to inform schools staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed or GP recommended medication;
b) Parents or 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 (AAP) this should be developed as soon as possible in collaboration with a healthcare professional - e.g. School nurse/GP/allergy specialist. Parents should inform the school if the severity of their child's

allergy means that an AAP is necessary

c) Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. Parents are responsible for replacing medication in a timely manner after expiry
d) Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

3.2 Staff responsibilities

a) All staff will complete anaphylaxis training, usually on 'Schoot'. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff;
b) Staff must be aware, through speaking to Inclusion Managers and SLT, of the pupils 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;
c) Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion;
d) Inclusion Managers will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication;
e) It is the parent's responsibility to ensure all medication is in date. However, school office staff will check medication kept at school on a termly basis and may send a reminder to parents if medication is approaching expiry;
f) The school Inclusion Manager keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

3.3 Pupil responsibilities

a) Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction;
b) PAT takes the view that it is not appropriate for primary aged pupils to carry AAIs on their person at all times and AAI at our schools are held by staff;

4. Allergy Action Plans

4.1 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.

4.2 At the Pegasus Academy Trust we recommend using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

4.3 It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

5. Emergency treatment and management of anaphylaxis

5.1 **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) a red raised rash (known as hives or urticaria) anywhere on the body;
b) a tingling or itchy feeling in the mouth;
c) swelling of lips, face or eyes
d) stomach pain or vomiting.

5.2 More serious symptoms are often referred to as the ABC symptoms and can include:

a) **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
b) **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
c) **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

5.3 The term for this more serious 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 pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

5.3 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:

a) opens up the airways;
b) stops swelling;
c) raises the blood pressure.

5.4 **As soon as anaphylaxis is suspected, adrenaline must be administered without delay.** The actions are:

a) keep the child where they are, call for help and do not leave them unattended;
b) **LIE THE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible;
c) **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;
d) Call **999** and state **ANAPHYLAXIS (ana-fil-axis).**
e) if no improvement after 5 minutes, administer second AAI;
f) if no signs of life commence CPR or use one of the school's defibrillators (AEDs)
g) call parent/carer as soon as possible.

5.5 Whilst you are waiting for the ambulance, keep the child 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.

5.5 All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

6. Supply, storage and care of medication

6.1 Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times (in a suitable bag/container).

6.2 For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, **not locked away** and **accessible to all staff.**

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

a) Two AAIs i.e. EpiPen® or Jext® or Emerade®. The Trust acknowledges that sometimes parents and carers may struggle to get two AAI's prescribed;
b) An up-to-date allergy action plan;

c) Antihistamine as tablets or syrup (if included on allergy action plan);
d) Spoon if required;
e) Asthma inhaler (if included on allergy action plan).

6.4 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled with the **name and photograph of the child.**

6.5 Parents can subscribe to expiry alerts through AAI manufacturer websites for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time. Our schools will **return all expired medication to the parents for disposal**.

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

6.7 **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. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the medical room in each school.

7. 'Spare' adrenaline auto-injectors in school

7.1 The Trust has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

7.2 These are stored in a container, clearly labelled '**Emergency Anaphylaxis Adrenaline Pen'** or the like kept safely, not locked away and accessible and known to staff.

7.3 Staff in school front offices are responsible for checking the spare medication is in date on a regular basis and to replace as needed.

7.4 Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

7.5 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.

8. Staff training

8.1 The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

a) Jolyon Roberts (CEO)
b) Members of the staff development team

8.2 All staff will complete periodic online anaphylaxis training. Training is also available on an ad-hoc basis for any new members of staff. Training will include:

a) Knowing the common allergens and triggers of allergy;
b) 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;
c) Administering emergency treatment (including AAIs) in the event of anaphylaxis;
d) knowing how and when to administer the medication/device;
e) Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what;
f) Managing allergy action plans and ensuring these are up to date;

g) The Trust will also periodically arrange a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk), normally on a school by school basis

9. Inclusion and safeguarding

9.1 The Pegasus Academy Trust 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.

10. Catering

10.1 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;

10.2 Each school menu is available for parents to view advance with all ingredients listed and allergens highlighted on the school website at https://www.pegasusacademytrust.org/lunches-at-pegasus

10.3 The school office will inform the chef of pupils with food allergies. Each school does this slightly differently and parents should speak to the Inclusion Manager at their child's school to familiarize themselves with the system in place – lanyards etc.

10.4 Staff from our chosen Caterer, Harrison Catering Services, meet with the parents of children with allergies at the beginning of each year to discuss their child's needs.

10.5 The Trust adheres to the following Department of Health guidance recommendations:

a) Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended;
b) Parents should check the appropriateness of school dinners by speaking directly to the catering company in meetings which are arranged annually or on an ad hoc basis through the school office;
c) The pupil should be taught to also check with catering staff before selecting their lunch choice;
d) Where food is provided by the school, catering staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager;
e) Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday cakes, food treats);
f) Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

11. School trips

11.1 Staff leading school trips will ensure they carry all relevant emergency supplies and complete the risk assessment. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

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

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

11.4 **Sporting excursions**. Allergic children should have every opportunity to attend sports trips to other schools. A member of staff trained in administering adrenaline or a parent will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

11.5 Most parents 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.

12. Allergy awareness and nut bans

12.1 The Trust supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. **Our schools are 'Nut aware' rather than 'Nut free'**. 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. We adopt a culture of allergy awareness and education and ask children not to bring nuts as part of any packed lunch.

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

13. Risk assessment

13.1 When any school in the Trust is made aware by parents of a child joining a school who has severe allergies, we may conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

a) Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template

14. Useful links

14.1 Useful links for staff are:

a) Anaphylaxis UK - https://www.anaphylaxis.org.uk/;
b) Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-%20schools-programme/
c) Allergy UK - https://www.allergyuk.org
d) Resources for managing allergies at school - https://www.allergyuk.org/living-with- an-allergy/at-school/
e) BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

15. Revision history

Date	Brief description of changes made
V1 March 2026	a) Policy formulated from model policy provided by various allergy organisations; b) Discussed at SLT 24th March 2026;

V2 March 2026	a) Various changes made as a result of Inclusion Manger and HoS input on the practicality of this policy; b) Suggestion that older children (e.g. Year 6) should take responsibility for their own medication **[6.6]** in school removed