



Allergy at School Policy

September 2026

Version 1.0

Date of approved by headteacher: 30.09.26

Date of ratification by governors: 07.10.26

Next review date: September 2027

1 Introduction

1.1 These pages set out information about how Sonning Common Primary School aims to minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity and to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise. The policy is made up of the following sections:

- Introduction
- Roles and responsibilities
- Allergy Action Plans
- Emergency Treatment and Management of Anaphylaxis

1.2 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: 3 • 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 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. 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: • Keep the child where they are, call for help and do not leave them unattended. • LIE 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. • USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAls 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 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. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment. Staff training and support

- The child's role in managing their own medical needs
- Managing medicines on school premises
- Specific actions for emergency salbutamol asthma inhalers
- Emergency procedures
- Educational visits and sporting activities
- Unacceptable practice
- Liability and indemnity
- Complaints
- Disposal of medicines and medical equipment
- Dissemination
- Reviewing the Policy

- 1.3 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. 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. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure.
- 1.4 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 and Animal Dander.
- 1.5 This policy sets out how Sonning Common Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2 Roles and responsibilities

- 2.1 The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:
- *Tim Coates*
 - *Rachel Salmons*
- 2.2 The Governor responsible for monitoring is *Izzy Taylor-Wood*
- 2.3 Parent Responsibilities:

- *On entry to the school, it is the parent's responsibility to inform school staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.*
- *Parents 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. School nurse/GP/allergy specialist.*
- *Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.*
- *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.*

2.4 Staff Responsibilities:

- *All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.*
- *Staff must be aware 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.*
- *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.*
- *The named staff members (above) will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.*
- *It is the parent's responsibility to ensure all medication is in date however the named staff members will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.*
- *The school 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.*

2.5 Pupil Responsibilities:

- *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.*
- *Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.*

3 Allergy Action Plans

- 3.1 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 autoinjector.
- 3.2 Sonning Common Primary School recommends 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.

- 3.3 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.

4 Emergency Treatment and Management of Anaphylaxis

4.1 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 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: 3*
 - *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 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. 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: • Keep the child where they are, call for help and do not leave them unattended. • LIE 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. • USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAls 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 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. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment. Staff training and support*

- 4.2 All members of staff providing support to a child with medical needs will have been trained beforehand so that they are competent and have confidence in their ability.

- 4.3 Only the trained staff will be able to give prescription medicines or undertake health care procedures.

- 4.4 It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.

- 4.5 The type of training, and frequency of refresher training, will be determined by the child's medical condition and the staff's existing knowledge.
- 4.6 The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained.
- 4.7 Parents can provide advice but they will not be the sole trainer.
- 4.8 Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- 4.9 All staff will be made aware of children with an IHP and who the trained staff are.
- 4.10 This policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

5 The child's role in managing their own medical needs

- 5.1 Children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff.
- 5.2 If a child refuses to take medicine or carry out a medical procedure, staff will not force them to do so, but follow the procedure agreed in the IHP.
- 5.3 Parents will be informed so that alternative options can be considered.

6 Managing medicines on school premises

- 6.1 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:
 - *Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.*
 - *The school will keep a written record of doses administered, stating what, how and how much was administered, when and by whom. The administration of medicine MUST be completed by two staff members who will check to ensure that the right dose is given to the right pupil.*
 - *No child will be given prescription or non-prescription medicines without their parent's written consent.*
 - *Non-prescription medicines will be administered by parents, should they be needed during the school day.*
 - *For the administering of non-prescription medicines during an educational visit, parents should provide written consent.*
 - *No child will be given a medicine containing aspirin unless it has been prescribed by a doctor.*

- *The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.*
- *Medicines will be stored safely and be readily accessible to involved staff.*
- *Children who need to access their medicines immediately, such as those requiring asthma inhalers, will know where they are kept.*
- *On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.*
- *If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child.*
- *Any side effects of the medication to be administered will be noted and parents informed.*
- *When no longer required, medicines will be returned to the parent to arrange for safe disposal.*

7 Specific actions for emergency salbutamol asthma inhalers

7.1 The emergency salbutamol inhaler should only be used by children:

- *who have been diagnosed with asthma, and prescribed a reliever inhaler;*
- *OR who have been prescribed a reliever inhaler;*
- *AND for whom written parental consent for use of the emergency inhaler has been given*
- *This information should be recorded in a child's individual healthcare plan.*
- *on a monthly basis the inhaler and spacers are checked to ensure they are present and in working order, and the inhaler has sufficient number of doses available;*
- *that replacement inhalers are obtained when expiry dates approach;*
- *replacement spacers are available following use;*
- *the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.*

7.2 There are two emergency inhalers in school. One is located in the Main School Office and the other is in the Year 6 classroom with the First Aid kit.

7.3 A record form for parental consent to staff administering medicines and a record form for long periods of medication is provided in Appendix C.

8 Emergency procedures

8.1 A child's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

8.2 It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

8.3 If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

- 8.4 Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

9 Educational visits and sporting activities

- 9.1 The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- 9.2 The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

10 Unacceptable practice

- 10.1 Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:
- *Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.*
 - *Assume that every child with the same condition requires the same treatment.*
 - *Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).*
 - *Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.*
 - *If the child becomes ill, send them to the school office or head teacher's office unaccompanied or with someone unsuitable.*
 - *Penalise children for their attendance record if their absences are related to their medical condition e.g. Hospital appointments;*
 - *Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;*
 - *Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.*
 - *Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the child.*

11 Liability and indemnity

- 11.1 The Governing Body at Sonning Common Primary School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions, with administration of medication and any necessary health care

procedures. Any requirement of the insurance company, e.g. training for staff, will be complied with.

12 Complaints

- 12.1 Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should make a formal complaint via the school's complaints procedure.

13 Disposal of medicines and medical equipment

- 13.1 We will always send home medicines and medical equipment that has been prescribed or allocated to an individual. However, in the case of school asthma inhalers, we will return them to our local pharmacy to be recycled.

14 Dissemination

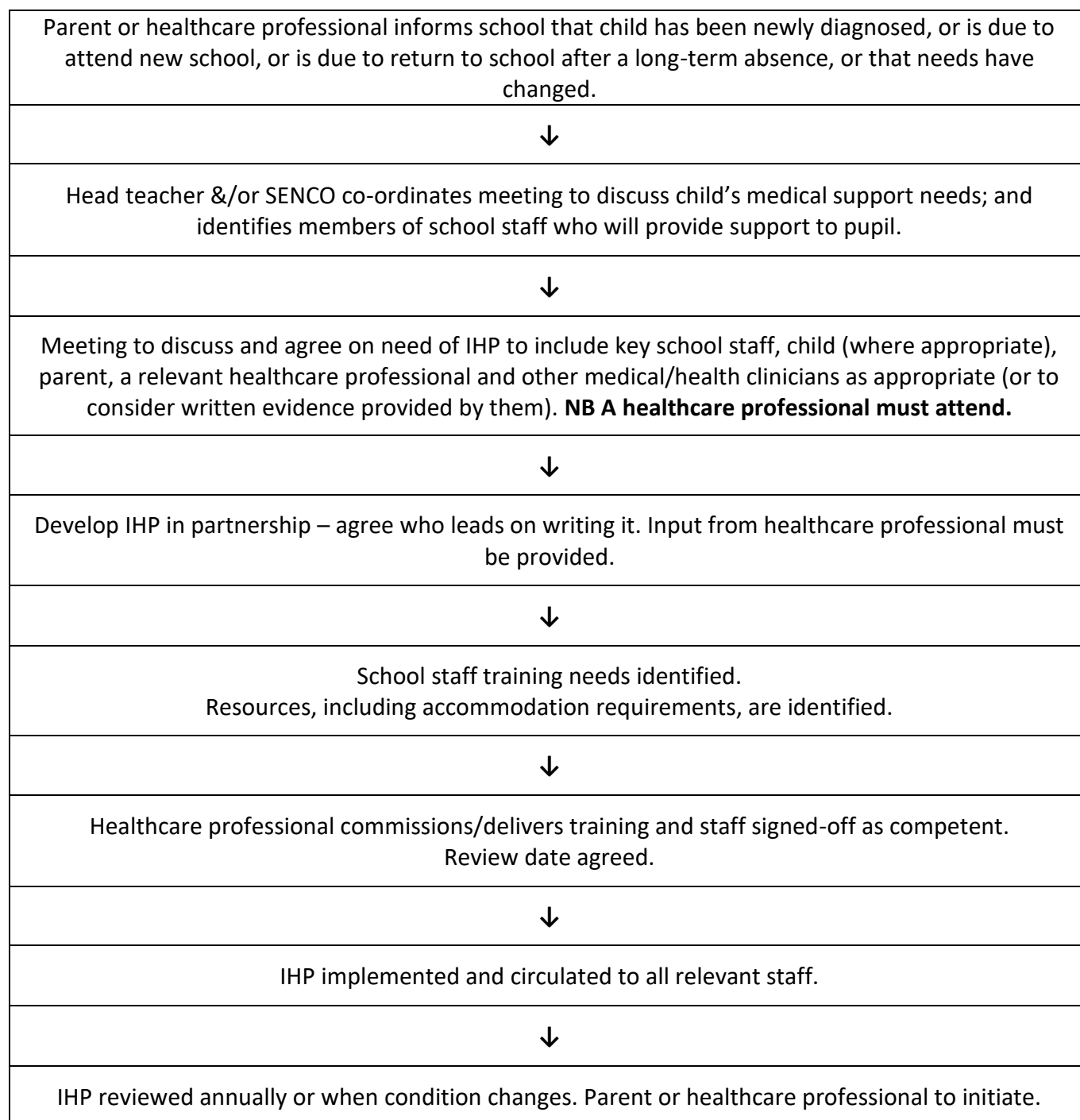
- 14.1 The Policy is available on the school website and a paper copy is available from the main school admin office on request.

15 Reviewing the Policy

- 15.1 This policy will be reviewed annually by the head teacher and monitored by a Governor to ensure that the Policy is relevant and up to date.

16 Appendix A

Flow Chart for developing Individual Healthcare Plans (IHPs) (*from DfE Guidance*)



Appendix B Sonning Common Primary School Individual Healthcare Plan (IHP)

Child's name	
Date of birth	
Year Group & class teacher	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
Contact Phone numbers	
Name	
Relationship to child	
Contact Phone numbers	
Clinic/Hospital Contact	
Clinic/Hospital address	
Name of contact	
Phone no.	
G.P.	
Name	
Address	
Phone no.	

School Key Personnel	
Who is responsible for providing support in school?	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc.	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency? <i>(state if different for off-site activities)</i>	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

17 Appendix C Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the	
Self administration	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date _____ Signature(s) _____

18 Appendix D Record of Medicines administered to all children

[illegible]

19 **Appendix E**

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

20 **Appendix F**

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

21 Appendix G: CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Sonning Common Primary School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date: _____

Name (print): _____

Child's name: _____

Class: _____

Parent's address and contact details:

Postcode: _____

Telephone: _____

E-mail: _____