Allergy Policy

July 2025

ALLERGY AND ANAPHYLAXIS POLICY

Wimbledon Common Preparatory School

July 2025

Review July 2026

Sharon Lisk / Andrew Forbes

CONTENTS:

1. AIMS AND OBJECTIVES

This policy outlines WCPS' approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

Asthma, First Aid and Administering Medicines policy

2. WHAT IS AN ALLERGY?

An allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by the school in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline. These are located on the side wall of Andrew Forbes' (Headteacher) office.

4. ROLES AND RESPONSIBILITIES

WCPS takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Sharon Lisk. Sharon and Andrew Forbes are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Taking decisions on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the overarching 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 staff.

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill once a year

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

4.2 School office/ Sharon Lisk (First Aid Lead/Designated Allergy Lead)

is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including Lunchmunch4kidz, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families and ensuring medication is in date with support from class teachers.
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required eg. before school trips

4.3 Admissions Team (Jo Salibi and Vanessa Germond)

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity This is carried out following acceptance of a place at our school, a medical questionnaire form is sent to parents for completion
- There is a clear structure in place to communicate this information to the relevant parties. All relevant information is passed to Sharon Lisk who will liaise with the parents and class teacher/TA
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

4.4 All staff

All school staff, to include teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running morning and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils (and staff, when necessary) 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/or appropriate. Alternative playdough is used when there is a wheat allergy and careful consideration is given with box craft.
- Ensuring pupils always have access to their medication. Children's Auto-injectors are kept in their classrooms. They are taken to Orchard Hall at lunchtime and hung on a peg outside Andrew Forbes (Head teacher) office when doing morning or after school clubs.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell SLT if you have not received any in the last 12 months
- 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 anti-bullying policy.
- Knowledge of location of generic auto- injector pens on school site

4.5 All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school office/ Sharon Lisk with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any 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 fundraising 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

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to complete an Individual Healthcare Plan and provide an accompanying Allergy Action Plan

- If applicable, provide the school with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser ie. spoon or syringe), 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
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- 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 eg. not eating the food they are allergic to.

4.7 All pupils

All pupils at the school should:

- Be allergy aware. All children with learn about allergens in Learning for Life lessons.
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are (where possible) and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- Understand when they need their adrenaline auto-injector
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions

- A history of their allergic reactions
- Detail of the medication the pupil has been prescribed including dosage, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A photograph of each pupil
- A copy of their Allergy Action Plan.

6. ASSESSING RISK

Allergens can crop up 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, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

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

- All staff preparing or serving food will receive relevant and appropriate allergen and hygiene awareness training
- Anyone preparing or serving food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- Our food provider will know which children have allergens and will label food appropriately
- Our food provider will endeavour to provide varied meal options for the children with allergies.
- The school has robust procedures in place to identify pupils with food allergies, these are: Lanyards with their photo and allergens on. Their red auto-injector bags have a tag with their photo and allergens on and inside their bag is a copy of their allergy action plan. In the staffroom is a board that has photos of all children with allergies and what they are allergic to.
- Food packaged to go will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging.

- Where changes are made to the ingredients by our food provider, this will be communicated to the office staff and information passed on to class teacher/TA
- Wherever possible the school will avoid using ingredients with “may contain” advisory notification but if it does then appropriate signage will be used.
- Not serve any products with nuts as an ingredient. However the school cannot guarantee that some of the constituent ingredients used are wholly nut free because of the possibility of cross contamination in the production process.
- At cake sales a separate table is set up for Free From cakes.
- Children have to be accompanied by a carer/staff member to buy cakes at cake sales or family events.

7.2 Food brought into school

- All food brought into school for family events must come in its original packaging with ingredients clearly visible.
- Cakes are not allowed for birthdays but small packets of Haribo sweets may be given to take home and not eaten at school.
- Staff monitor lunchtime and snack time to insure children don’t swap food.
- Only free from packet biscuits are allowed at sports events

7.3 Food bans or restrictions

- This school is an Allergen Aware school. We have a school community with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming in for cake sales and family events
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces

7.4 Food hygiene for pupils

- Pupils with allergies will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled
- EYFS pupils must be supervised at all times when eating

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place

- Parents may be consulted if considered necessary
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- Staff leading the trip will have details of those children who have not been given permission to consume food or drink that has not come from home and make sure alternatives are organised.
- Packed lunches are provided by parents so children with allergies know they have safe food.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe snack. Parents may also send in their own.
- See Auto-injector Pens section for School Trips and Sports Fixtures

9. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered.
- Avoid wearing strongly perfumed suncream
- If a bee or wasp comes near, do not try and swat the insect but move away slowly and calmly. If the insect lands on a child, try not to panic. Keep them calm and be patient. The insect will usually fly away after a few seconds
- Make sure children have no crumbs or drink on their face, which will interest the insect.
- Food attracts insects. When outside, keep food covered. Always look at what you are eating before you take a bite or a sip of a drink as wasps will slip into food and even into open drink cans.
- Boxed drinks with a straw when eating outside may be safer, but keep an eye on the straw.

The school Site Assistant will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It is normally the dander(flakes of skin in an animal's fur) that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed

11. ALLERGIC RHINITIS/ HAY FEVER

The medical room holds a stock of antihistamine medicine and hay fever eye wipes which can be administered if permitted. The class teacher/ TA will take a child to the medical room and Sharon Lisk or Andrew Forbes will be called to administer medication if needed.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils with allergies may experience anxiety or depression and could become susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teacher/TA or Head of Pastoral care (Deputy Head A Thomson)
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

13. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Pupils prescribed with Auto-injector pens will have easy access to two, in-date pens at all times.
- Auto-injector pens are kept in the child's classroom as it is predominantly where they spend most of the day
- Spot checks will be made to ensure auto-injector pens are where they should be and in date
- Auto-injector pens must not be kept locked away
- Auto-injector pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Used or out of date pens will be disposed of as sharps

13.2 Spare pens

WCPS has five spare auto-injector pens too be used in accordance with government guidance.

The auto-injector pens are clearly signposted and are stored on the side wall of Andrew Forbes' (Head teacher) office. One is stored in the medical room for trips and sports fixtures and two are on the wall in Orchard Hall.

Sharon Lisk is responsible for:

- Deciding how many spare pens are required

- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline pens
- Distribution around the site and clear signage in conjunction with SLT

13.3 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms
- Adrenaline pens will be protected from extreme temperatures
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction
- Spare pens for sporting fixtures and on trips will either be with the sports TA or the class TA accompanying the child with allergies.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

15.2 The school will carry out an anaphylaxis drill once a year. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

15. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

See Asthma policy. Link to be added

16. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses on SharePoint.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.