Bentham Community Primary School

Allergy & Anaphylaxis

Frequently Asked Questions (FAQs)

This document should be read alongside the Bentham Community Primary School Allergy & Anaphylaxis Policy and Medical Conditions Policy.

General Questions

1. Why does the school have an Allergy & Anaphylaxis Policy?

The school is committed to providing a safe, inclusive and supportive learning environment for all pupils, including those with allergies.

The policy explains how the school:

- reduces the risk of allergic reactions;
- supports pupils with allergies;
- prepares staff to respond to emergencies;
- works with parents and healthcare professionals;
- fulfils its legal responsibilities.

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2. What is an allergy?

An allergy is the immune system reacting to a substance that is normally harmless.

Common allergens include:

- peanuts
- tree nuts
- milk
- eggs
- wheat
- sesame
- fish
- shellfish
- soya
- celery

- mustard
- lupin
- sulphites
- insect stings
- medicines
- latex.

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3. What is anaphylaxis?

Anaphylaxis is a severe allergic reaction that develops rapidly and can become life-threatening.

It requires immediate emergency treatment using adrenaline.

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4. Does the school operate a "nut-free" policy?

No.

It is not possible to guarantee that any school is completely free from allergens.

Instead, Bentham Community Primary School operates an **allergy-aware, risk-managed environment** which aims to minimise exposure to allergens while ensuring pupils can participate fully in school life.

Parents and pupils are asked to support this approach by following school guidance and avoiding unnecessary risks.

Supporting Children with Allergies

5. Can children with severe allergies attend school safely?

Yes.

Children with allergies are welcomed into school and every reasonable adjustment will be made to enable them to participate safely in education and wider school activities.

Support may include:

- Individual Allergy Management Plans
- risk assessments
- staff training
- emergency medication
- adjustments to activities where appropriate.

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6. Will my child be treated differently because of their allergy?

No.

The school aims to ensure pupils with allergies are included in all aspects of school life wherever it is safe to do so.

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7. What information should parents provide?

Parents should provide:

- details of diagnosed allergies;
- healthcare professional advice where available;
- prescribed medication;
- emergency contact details;
- notification of any changes to medical advice or treatment.

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8. What happens if my child's allergy changes?

Parents should inform the school immediately.

The school will review:

- Individual Allergy Management Plans;
- medication;
- risk assessments;
- staff information;
- training requirements.

Medication

9. Who provides medication?

Parents are responsible for supplying prescribed medication.

Medication should:

- be in date;
- clearly labelled;
- supplied in accordance with healthcare advice;
- replaced before expiry.

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10. Can my child carry their own adrenaline auto-injector?

Where appropriate, yes.

This decision will depend upon:

- age;
- maturity;
- healthcare advice;
- Individual Allergy Management Plan.

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11. Where is medication kept?

Medication may be:

- carried by the pupil;
- stored in an agreed accessible location;
- carried by staff during visits and activities.

Emergency medication must always be quickly accessible.

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12. Does the school keep spare adrenaline auto-injectors?

Where approved by the Governing Board and managed in accordance with current national guidance, the school may keep spare adrenaline auto-injectors for emergency use.

These do **not** replace the need for pupils to have their own prescribed medication available.

Food

13. Can pupils share food?

No.

Food sharing is discouraged because it increases the risk of accidental allergen exposure.

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14. Can parents send birthday treats?

Yes, but parents should always discuss this with the class teacher beforehand.

The school may recommend non-food alternatives to ensure celebrations are inclusive for all pupils.

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15. Why does the school encourage non-food rewards?

Non-food rewards reduce allergy risks and ensure all children can participate equally.

Examples include:

- stickers;
- certificates;
- books;
- pencils;
- games;
- extra play opportunities.

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16. How are school meals managed?

The school works closely with its catering provider to:

- identify pupils with allergies;
- provide allergen information;
- reduce cross-contamination;
- communicate menu changes where necessary.

Educational Visits

17. Can children with allergies go on school trips?

Yes.

Having an allergy should not prevent participation.

The school will undertake appropriate planning and risk assessment to ensure pupils can attend safely wherever reasonably practicable.

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18. What happens before a school trip?

Staff will:

- review Individual Allergy Management Plans;
- check medication;
- complete risk assessments;
- brief accompanying staff;
- ensure emergency contacts are available.

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19. What if medication is forgotten?

The visit leader should stop and seek advice from the Headteacher or senior member of staff.

The visit should not proceed until suitable arrangements have been made.

Emergencies

20. How do staff recognise an allergic reaction?

Staff receive training to recognise symptoms including:

- rash;
- swelling;
- breathing difficulties;
- coughing;
- wheezing;
- collapse.

Any concerns will be treated seriously.

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21. What happens if anaphylaxis is suspected?

Staff will:

- stay with the pupil;
- obtain emergency medication;
- administer adrenaline if required;
- call 999;
- contact parents;
- monitor the pupil until emergency services arrive.

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22. Will my child always go to hospital after adrenaline has been used?

Yes.

Anyone receiving adrenaline for suspected anaphylaxis should be assessed by healthcare professionals.

Staff Training

23. Do all staff receive allergy training?

Yes.

All staff receive allergy awareness training appropriate to their role.

Additional practical training is provided for staff expected to administer emergency medication.

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24. How often is training refreshed?

Training is refreshed regularly and whenever significant changes occur to national guidance, school procedures or individual pupil needs.

School Activities

25. Can children with allergies take part in cooking lessons?

Yes.

Activities will be planned carefully and adapted where necessary to reduce risks whilst allowing participation wherever reasonably practicable.

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26. Can children with allergies attend Forest School?

Yes.

Additional planning will include:

- medication;
- emergency procedures;
- environmental risks;
- supervision.

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27. Are allergens considered during science and design technology lessons?

Yes.

Teachers consider allergy risks during lesson planning and adapt activities where appropriate.

Bullying

28. What if another child deliberately exposes someone to an allergen?

This will be treated extremely seriously.

Deliberately threatening or exposing another person to an allergen may be considered:

- bullying;
- unsafe behaviour;
- a safeguarding concern.

Appropriate action will be taken in accordance with the school's Behaviour and Safeguarding policies.

Communication

29. How does the school keep staff informed?

Relevant staff have access to:

- the Allergy Register;
- Individual Allergy Management Plans;
- emergency procedures;
- training.

Information is shared only with those who need it to keep pupils safe.

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30. Who should parents contact if they have concerns?

Parents should contact:

- the class teacher (for routine concerns);
- the Named Allergy Lead (for allergy management);
- the Headteacher (for significant concerns or complaints).

The school encourages concerns to be raised promptly so that they can be resolved collaboratively.

Myth vs Fact

Myth	Fact
"Our school is completely nut-free."	No school can guarantee an allergen-free environment. Risk is reduced through good procedures and awareness.
"A child with a mild allergy cannot develop a severe reaction."	Allergic reactions can vary in severity and should always be taken seriously.
"Hand sanitiser removes food allergens."	Soap and water are the preferred method for removing food allergens from hands.
"Children should simply avoid activities involving food."	Wherever possible, activities should be adapted so pupils with allergies can participate safely.

Myth	Fact
"Only teachers need allergy training."	All staff who may supervise or support pupils should understand allergy awareness and emergency procedures appropriate to their role.
"If symptoms improve after using an adrenaline auto-injector, there is no need to call an ambulance."	Emergency medical assessment is still required following the administration of adrenaline for suspected anaphylaxis.

Quick Emergency Reminder for Staff

If you suspect **anaphylaxis**:

1. Stay with the pupil and call for help.
2. Administer the prescribed adrenaline auto-injector (or a suitable spare device where appropriate and in line with current guidance).
3. Call **999** immediately and state: **"Child with suspected anaphylaxis."**
4. Inform the Headteacher or senior member of staff.
5. Contact the child's parents or carers as soon as practicable.
6. Monitor the pupil continuously until the ambulance arrives.
7. Complete the school's incident reporting procedure after the emergency has been managed.