

Policy 25

Allergy and Anaphylaxis Policy 2026/2027

25.1 Introduction

25.1.1 This policy demonstrates Reach Alternative Education's commitment to reducing the risk to students and Youth Workers with allergies, intolerances, coeliac disease and wider food hypersensitivities. Although Bendict's Law does not apply to Non-Registered Alternative Education, throughout this policy Reach will address the procedures that are followed to ensure that everything reasonably practicable is managed to maintain safety and that all staff are appropriately trained and able to deal with situations where students experience allergic reactions.

25.1.2 Our Allergy and Anaphylaxis lead is Dan Palmer (Director)

25.1.3 Students can be allergic to many different things around them – these are called allergens. Common allergens include;

- Food such as nuts, milk, dairy products and wheat
- Airborne allergens such as spores, pollen, dust mites, animal skin cells and fur
- Medication such as penicillin, anti-inflammatory drugs or contrast medication
- Chemicals such as those used in preservatives, fragrances, hair dyes and nail polishes
- Plants such as oil or pollen
- Insect stings or bites such as bees, wasps, hornets or ants
- Metals such as nickel and cobalt
- Latex such as rubber gloves or aprons

25.1.4 The 14 food allergens as contained within the law are **peanuts, tree nuts, crustaceans, molluscs, fish, eggs, milk, cereals containing gluten, soya, sesame seeds, celery, mustard, lupin**

and sulphur dioxide. Allergic reactions can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to usually harmless ingredients. Mild reactions may include itching, sneezing or skin rashes, however, anaphylaxis is a severe reaction that requires immediate treatment with an adrenaline auto-injector (AAI). Details on how to recognise and treat anaphylaxis can be found in section 25.4 of this policy.

25.2 Background information

25.2.1 Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, intolerance or an autoimmune disease such as coeliac disease.

25.2.2 What is an allergy?

- An adverse reaction by the body's immune system to a specific allergen.
- An allergic reaction can occur even after being exposed to just a trace of the allergen and can be life-threatening.
- Symptoms of an allergy are often mild but can be very severe.
- The most common symptoms include sneezing, itchy skin and rashes, stomach cramps, nausea and vomiting. Symptoms of anaphylaxis include difficulty breathing, a drop in blood pressure and a loss of consciousness.
- Allergies can present themselves differently, and each person may show different symptoms.
- These are most likely to occur either while eating or soon after eating the allergenic food but, in some cases, can develop hours - or even days later.

25.2.3 What is an intolerance?

- An adverse reaction by the body to a specific food ingredient.
- It is unrelated to the immune system and, therefore, is not life-threatening. Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts.
- Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.

25.2.4 What is coeliac disease?

- Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed.
- The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb some nutrients from food.
- The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.

25.2.5 Who does it affect and how?

- No one is born with an allergy. They can develop at any age and are dependent on a multitude of factors. Similarly, food intolerances and Coeliac disease can occur at any stage in a person's life. Currently, there is no known 'cure' for food hypersensitivities - instead, they are conditions that need to be managed throughout an individual's life
- Allergic reactions can be life-threatening, known as anaphylaxis. They occur because the body's immune system has overreacted to an allergen. They can cause swelling of the airways, and the person will need immediate medical attention.
- Severe allergies can be triggered by even trace amounts of the allergen.
- If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

25.3 Roles and responsibilities

25.3.1 Staff responsibilities

- All staff are to familiarise themselves with the pupils at Reach who have an allergen or medical need, this can be found above the cooker at base by following the QR code and using 3109 to access
- Reach is a nut free site to help reduce the likelihood of an allergic reaction of this nature.
- When sharing food at base Youth Workers will supervise with care when a student with an allergy is present to reduce the risk of cross contamination

- All Youth Workers must be aware of the ingredients in the food served. Students should always have options that they can enjoy safely, and those with food hypersensitivities should be able to feel included
- If a student has an allergy which requires management with adrenaline auto-injectors (AAI) staff must ensure that they are leaving base with both (primary and backup) when engaging in activities offsite
- When students not in AAIs will be stored in the safe in the front office, to minimise risk of other students grabbing this
- Youth Workers who have students with AAIs will be informed and trained on how to administer these if required when out with students during sessions

25.3.2 Parent / Carer responsibilities

- When joining Reach as a new student, parents and carers must provide us with up-to-date information regarding allergies, and throughout the year if anything changes.
- Parents / Carers are responsible for ensuring a required medication is in-date and provided as required.

25.3.3 Student responsibilities

- Reach encourages students to actively engage in simple learning around allergies and hypersensitivities, regardless of whether they themselves experience them.
- They are encouraged to support their peers and try being kind and understanding.
- Students who are old enough and able should be encouraged to carry their own medication, including AAIs and, where appropriate, know how to administer themselves.
- Students with food hypersensitivities are encouraged to communicate this to Youth Workers regarding ingredients used.

25.4 Emergency anaphylaxis response plan

25.4.1 The symptoms of anaphylaxis can occur very quickly and become life threatening, so it is vital to recognise when a student is experiencing this type of reaction. **Think ABC.**

- **Airways** – Severe swelling of the airways, often indicated by difficulty speaking or swallowing.
- **Breathing** – Difficulty breathing, often indicated by wheezing or noisy, laboured breathing or an odd repetitive cough after ingesting food.
- **Consciousness** – Dizziness, feeling faint, tired or confused or having a pale/clammy skin may indicate issues with circulation, which is known as an ‘altered conscious state’.
- **If a student still displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient, they are allergic to, a swift response is vital.**

25.4.2 This is considered a medical emergency, and the emergency anaphylaxis response plan must be followed.

- Lay the student down flat wherever possible with the head slightly elevated.
- Administer the Adrenaline Auto-Injector without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.
- After administering the AAI, raise the students’ legs. The student can sit up at short intervals if they feel more comfortable, but ideally, they should remain in this position.
- Call 99,9, stating anaphylaxis.
- After 5 minutes, a second AAI can be administered in the outer thigh of the opposite leg if possible.
- If the student stops breathing, commence CPR and collect the defibrillator from the wall of the Pavillion.
- Call duty as soon as possible so they can contact parents/carers.

25.4.3 Do not leave the student unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil. All pupils must go to the hospital following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a secondary reaction. If one or two of their AAIs has been used, the hospital will need to replace them before the student is discharged.

.5 Supply, storage and care of medication

25.5.1 Parents / Carers must ensure that any medication is provided and labelled. They must ensure that replacement medication is sourced quickly and before the expiry dates.

25.5.2 Some older students may be able to take responsibility for carrying their medication. This may include both AAls if appropriate. In this case, the student and Youth Worker must know exactly where the medication is stored to allow Youth Workers to find it quickly in case of emergency.

25.5.3 Any medication which is stored at Reach is stored in our front office safe and is always accessible, all staff are made aware, through training, of the location of all medication.

25.6 Safeguarding

25.5.1 Reach is committed to ensuring that all students receive the highest levels of safeguarding. Reach acknowledges that students with allergies or hypersensitivities may require an additional layer of safeguarding to ensure bullying does not take place.

25.6.2 The following steps aim to ensure that all students with allergies feel safe and confident when attending Reach.

- All students who have allergies that require active management for their safety will have a 'Individual Health Car Plans' in place – a blank copy of this can be found attached at the bottom of this policy
- All students are encouraged to create a space of community and acceptance at Reach allowing them to support their peers effectively, with kindness and understanding
- Staff will keep themselves up to date with students with allergies either by looking at our allergen list above the cooker in the kitchen or by being updated by duty when new students are added to their caseload
- Record and review allergy incidents via our google form, acting on anything pertinent to make sure near misses are reduced and managed

- Staff will engage in annual training for allergy and anaphylaxis provided by Reach with care and attention
- Further planning and attention is given by Youth Workers and duty team when planning activities and programme plans for sessions away from base each term

25.7 Catering

25.7.1 Reach will also operate within the guidance of the Department of Health, including adhering to the following;

- Careful measures will be in place to avoid allergenic cross contamination, including two-step cleaning procedures and keeping allergenic ingredients separate
- Open communication is always taught and encouraged; this includes students communicating with any staff at Reach to ensure that the food they consume is suitable and safe for them
- Students can ask for any additional reassurance if they have any concerns over a dish offered to them

Any further questions regarding guidelines in this policy then please contact one of the leadership team.

To ensure the effectiveness of this document our 'Allergy' policy will be reviewed annually.

Signed:



Date: 2nd Sept 2026

Dan Palmer

Founder / Director

NAME – Individual Healthcare Plan for allergy

Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has. Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency. Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date: