Allergy Aware Together

Inkberrow is an allergy-aware school. Together, we reduce risks so every child feels safe, included and ready to learn.

Working together to keep everyone safe
Check food labels. Tell school about allergies. Help every child join in safely.

Snacks, lunches & school trips

Please do not send nuts or foods containing nuts, including nut spreads and nut bars. **Please limit dairy wherever possible**, including cheese, yoghurt and milk-based snacks. These requests also apply to packed food and snacks for **school trips**. Choose fruit or vegetables if suitable for your child. Follow additional class or trip instructions.

Birthday treats: keep the label

Please choose **packaged items wherever possible**, keeping the ingredients label, and **avoid dairy if possible**. Speak to the class teacher before bringing food in. Packaged does not automatically mean safe: staff must check suitability. Non-food gifts, such as stickers or pencils, are a lovely inclusive alternative.

Everyday care: no sharing food, drinks or utensils. Wash hands with soap and water before and after eating; report spills. Never tease about allergies. Food requests reduce risk but cannot guarantee an allergen-free school.

FOOD, MATERIALS AND THE ENVIRONMENT

Allergy triggers

An allergy is an immune-system reaction to a substance called an **allergen**. Even small amounts can cause reactions. **Any food can cause allergy**; this list is not exhaustive.

The 14 regulated food allergens

Milk including dairy foods	**Molluscs** e.g. mussels, squid
Eggs in cakes, pasta and other foods	**Soya** soybeans and soya ingredients
Peanuts a different group from tree nuts	**Sesame** seeds, tahini
Tree nuts e.g. almond, cashew, walnut	**Celery** including celeriac
Cereals containing gluten e.g. wheat, rye, barley, oats	**Mustard** seeds, sauces and powders
Fish e.g. salmon, cod	**Lupin** sometimes used in flour
Crustaceans e.g. prawns, crab, lobster	**Sulphur dioxide / sulphites** e.g. in some dried fruit

Other allergy triggers

Other triggers include **bee or wasp stings, medicines, latex, pollen, dust mites, mould and animals**. Children can also react to fruit, peas and other pulses. Tell us about all triggers, including skin-contact allergies.

Intolerance and coeliac disease are different from allergy. Please tell us about these needs too.

Early signs: hives, tingling mouth, swollen lips or eyes, stomach pain or vomiting. Stay with the child, tell an adult and follow their plan.

CARE PLANS AND MEDICINES

Plan with us

Inform school promptly

Tell the **school office and class teacher** before your child starts, or promptly when an allergy is known or suspected. Share triggers, symptoms, treatment and contacts. **Children can develop intolerances at different times. Please let school know at your earliest convenience** about any new or changing intolerance. Seek medical advice for suspected allergies.

Agree a personalised care plan

Supply the current **clinician-issued Allergy Action Plan**. Where needed, we will agree an **Individual Healthcare Plan (IHP)** covering prevention, treatment and school activities. Review annually and after changes, reactions or near misses.

Hand medicines to an adult

Hand medicines to an adult at the **school office** in **original packaging**, with pharmacy labels for prescribed items and clear dose instructions. Complete the medication consent form. Do not send medicines in a child's bag.

Prescribed auto-injectors: supply both

Supply **two in-date prescribed auto-injectors** and the action plan. Agree storage with school; replace before expiry. Ensure access to both on journeys and trips.

Trained staff & emergency back-up

Staff have completed allergy-awareness and emergency-response training. **We have spare auto-injectors** for emergency back-up; these do not replace prescribed devices. **We are providing an anaphylaxis kit in the school office.** Emergency medicines must be quickly accessible, including on trips.

KEEP THIS GUIDE HANDY

Know the signs

Serious reaction: anaphylaxis

A - Airway: throat or tongue swelling, hoarse voice, difficulty swallowing.
B - Breathing: wheeze, persistent cough or difficulty breathing.
C - Circulation: faintness, collapse, confusion, or a child becoming limp or unresponsive.

Any one of these can be an emergency. Do not wait for all three or for a rash.

Suspected anaphylaxis? Act now.

1. Give an adrenaline auto-injector immediately, if available. Follow its instructions.
2. Call **999**. Say **"anaphylaxis"**.
3. Lie the child flat. If breathing is difficult, allow sitting with legs outstretched. **No standing or walking.**
4. If no improvement after **5 minutes**, give a second injector. Stay with the child; follow 999 advice. Hospital assessment is needed even after recovery.

Talk to us - we are here to help

Allergy Lead: Mr Glenn Duggan Seville, Headteacher
School office: 01386 792284
office@inkberrow.avonreach.org
Main Road, Inkberrow, Worcestershire, WR7 4HH

Further advice: NHS: anaphylaxis | Food Standards Agency: allergens
www.inkberrowprimary.worcs.sch.uk - ask for our Allergy Safety Policy.
In an emergency, call 999. Do not email school.