Allergy Safety Policy

Status	Current
Maintenance	Pupil Welfare
Approval	Pupil Welfare – awaiting approval Aut 2026
Date Active	1st September 2026
Review Date	Autumn Term 2027
Responsibility for allergy safety	Emma Hodge, Headteacher
Name allergy lead	Julie Handley, Office Manager & First Aid Lead
Signed by	EJ Hodge Mrs E Hodge (Headteacher) – 04/08/2026
	awaiting approval Aut 2026 Mrs K Edern (Chair of Governors)

Purpose and scope

This policy sets out how Devonshire Road Primary School will identify, assess and manage allergy and anaphylaxis risks so that pupils with allergies are enabled to attend, participate and thrive safely in all aspects of school life, including trips and wraparound provision. It applies to all staff, pupils, governors, volunteers and visitors and covers all school activities, including off-site visits. This policy outlines how Devonshire Road Primary School follows the mandatory allergy safety standards for schools as set out in The Children's Wellbeing and School's Act 2026.

Principles

- Children with allergies will be supported to participate fully and inclusively in school life; reasonable adjustments will be made where required.
- The school will minimise the risk of exposure to known allergens while avoiding unnecessary segregation or stigmatisation.
- All staff will have annual basic allergy awareness training; practical anaphylaxis response training and AAI practice.
- Precautionary measures will be put in place to respond to anaphylaxis, even when previous allergies haven't been identified.
- The governing board will ensure appropriate oversight and resources for allergy safety.

Key roles and responsibilities

Governing Board

Will ensure the policy is in place, monitor compliance termly, ensure resources and training budgets.

Headteacher

Will have overall operational responsibility for implementation; sign off Individual Healthcare Plans (IHPs) and ensure staff training takes place. The Headteacher will lead incident reviews.

A named senior lead for allergy safety (Julie Handley – Office Manager & First Aid at Work Lead)

Will maintain register of pupils with allergies; ensure IHPs are in place and up to date; manage spare AAI provision; keep training records; liaise with parents/carers to update information and medicines in school; will keep the kitchen informed of children's individual allergy needs.

Class teachers and pastoral staff

Will ensure they know which pupils in their class have IHPs, follow IHPs, ensure safe classroom practice and reporting of incidents; ensure that AAIs are immediately available for children whose allergy plans state that they may be needed. All staff have a duty to attend annual anaphylaxis training organised by the school.

Catering manager / kitchen staff

Will comply with School Food Standards, provide clear allergen information and adapt menus as required. Will know the names and faces of children with food allergies and manage the food they receive. School's Kitchen will meet with parents ~~and~~ /carers to discuss menu options where appropriate.

Parents/carers

Will provide accurate medical information; provide prescribed and in-date AAIs where required; keep medical information and consents up to date and co-operate with IHP completion.

Identification and records

The school will maintain a central register of pupils with diagnosed allergies and/or asthma that may increase risk. This register is updated when needed but also reviewed annually. The central register is distributed to all staff during the first INSET of the new academic year.

On admission, and at each annual review, parents/carers will complete medical information forms; the school will follow up missing or unclear information with parents/carers and the child's GP/school nurse where necessary.

For any pupil whose allergy requires specific support the school will create an Individual Healthcare Plan (IHP). The IHPs will include: symptoms, usual triggers, emergency contact details, prescribed medication and location, actions for mild/moderate reactions, actions for suspected anaphylaxis, consent for administration, spare AAI arrangements, and arrangements for trips.

Training and awareness

All staff (including those covering lunchtime supervision and wraparound care) will receive basic allergy awareness training annually; training will cover recognition of allergic reactions, how to summon help, allergy policy location and reporting procedures.

All staff (but a minimum of 2 staff in each year group) will receive practical anaphylaxis training (including practice with trainer AAIs) at least annually and after any significant incident. Our training is provided by Bolton 0-19 nursing team. The school will ensure there is trained staff on site and on trips.

Training attendance and certificates will be logged on the CPD record; refresher dates will be set and monitored by the senior lead.

Pupils will be taught age-appropriate allergy awareness to reduce stigma and bullying; the school will consider carefully any wider peer training in consultation with parents/rers and the child.

Spare adrenaline auto-injectors (AAIs) and medication

NB: At Devonshire Road Primary School, it has been agreed that AAIs may be given where a pupil is suspected to be in anaphylaxis even if they do not have their own prescribed device on site.

The school will keep an emergency spare AAI kit (or kits) in a clearly labelled, accessible, unlocked location known to staff; a second kit will be used for off-site visits and trips. Spare AAI kits are currently kept in the main school office.

Spare AAIs will be purchased and maintained in line with statutory guidance and supplier guidance; the school will follow the DfE/British Society for Allergy & Clinical Immunology guidance on procurement, storage and use.

The office staff will check AAI expiry dates weekly and log checks. The senior lead will ensure timely replacements.

Prescribed AAIs and other medication supplied by parents/carers will be stored and accessible according to the pupil's IHP; parents/carers are responsible for ensuring school has in-date prescribed medication and for safely disposing of medication that is out of date. The senior allergy lead will arrange safe disposal of the school's spare AAIs and the timely replacements.

- Prescribed AAIs are kept in each class's medical cupboard, in a bumbag in a grab box (these are labelled)
- Prescribed AAIs in EYFS and KS1 are transported with a staff member when the child changes location (hall, playground, off-site visits).
- Prescribed AAIs in KS2 are transported by the child when they change location (hall, playground, off-site visits) unless they prefer a staff member to hold them (our KS2 children are given the choice).

- In the event of an emergency evacuation, fire wardens are responsible for taking the grab box of AAIs to the assembly point.

Recognition, emergency response and incident recording

NB: At Devonshire Road Primary, in an acute life-threatening emergency, where a pupil is suspected to be in anaphylaxis and immediate treatment is required, the principle of acting in the pupil's best interests applies. Staff should administer a spare AAI without parental consent where delay would put the child at risk; this is a recognised medical/legal principle and is supported by DfE guidance which expects schools to administer AAIs in emergencies.

School staff follow the child's Allergy Action Plan as provided by their GP/consultant. These are typically based on the BSACI paediatric allergy action plans which are also designed to double up as an IHP. The IHP and Allergy Action Plan will set out recognised symptoms for mild/moderate and anaphylactic reactions for each pupil. In addition to this, all staff receive annual training on understanding allergies, recognising and treated allergic reactions and recognising and treating anaphylactic reaction.

- Individual allergy action plans are signed by school and parents/carers
- A copy is scanned in and saved for our records (saved onto child's CPOM records)
- A printout is kept in a child's AAI personal medication bumbag
- A generic BSACI Allery Action Plan is displayed on the inside door of each class's medicine cabinet

Examples of BSACI action plans are in the appendices.

Responding to a reaction from a child with known allergies and anaphylaxis:

On noticing signs of a reaction:

- Child will be taken to a quiet spot by a member of staff, noting the time
- The second member of staff will set up the child's medication and Allergy Action Plan
- Staff member to monitor child's symptoms carefully, using the Allergy Action Plan escalation and response advice
- Second staff member to alert SLT to situation
- When any one (or more) signs of anaphylaxis are shown (see Allergy Action Plan):
    - Lie flat
    - Use AAI (note time)
    - Second member of staff to tell the office to ring 999 and report "anaphylaxis" – then return to child immediately
    - Office to ring the parent/carers after ringing 999
    - Keep child lying flat
    - If after 5 minutes, there is no improvement, administer the second AAI

Responding to a reaction from a child with known allergies but NOT anaphylaxis:

On noticing signs of a reaction:

- Child will be taken to a quiet spot by a member of staff, noting the time
- The second member of staff will set up the child's medication and Allergy Action Plan.
- The second member of staff will then retrieve the school's spare AAI and inform SLT of the situation
- Staff member to note time of reaction and then monitor child's symptoms carefully, using the Allergy Action Plan escalation and response advice
- When any one (or more) signs of anaphylaxis are shown (see Allergy Action Plan):
    - Lie flat
    - Use AAI (note time)

- Second member of staff to tell the office to ring 999 and report "anaphylaxis" – then return to child immediately
- Office to ring the parent/carers after ringing 999
- Keep child lying flat
- If after 5 minutes, there is no improvement, administer the second AAI

NB: School have signed permission for the use of spare AAIs from parents/carers of any child who has an allergy but hasn't been diagnosed with anaphylaxis.

Responding to a reaction from a child with NO known allergies:

On noticing signs of a reaction:

- Child will be taken to a quiet spot by a member of staff, noting the time
- The second member of staff will inform the office who will ring parents/carers immediately for permission to give antihistamines and AAI if needed
- Second member of staff to then retrieve the school's spare AAI and inform SLT of the situation
- Staff member to note time of reaction and then monitor child's symptoms carefully, using the BSACI Allergy Action Plan escalation and response advice displayed in the medicine cabinet
- When any one (or more) signs of anaphylaxis are shown (see Allergy Action Plan):
  - Lie flat
  - Use AAI (note time)
  - Second member of staff to tell the office to ring 999 and report "anaphylaxis" – then return to child immediately
  - Office to ring the parent/carers after ringing 999
  - Keep child lying flat
  - If after 5 minutes, there is no improvement, administer the second AAI

Following an allergic reaction in school, the incident will be recorded ~~the incident~~ on CPOMS under the "medical" tab and parents/carers ~~and carers~~ will be informed immediately.

The school will keep a secure, confidential record of all allergic incidents and near misses. Serious incidents and near misses will be reviewed by the Headteacher (or DHT when the HT is not available). This may involve advice from professionals and consultation with the family of the child. Findings are reported to the governing board and updates to staff training happen immediately where needed.

Food provision, catering and mealtimes

The school will comply with The School Food Standards and will provide allergen information for all food served. Menus will highlight allergens and be available to parents/carers.

~~Two~~ Three methods of identification for pupils with food allergies at mealtimes will be used:

- Kitchen staff have a photo of each child who have a food allergy and details of their needs
- Children with allergies are always asked to go first in the dinner queue for their year group
- ~~Supervising~~ Staff from the child's class will supervise the child as they receive their lunch

New Intake and "Meet the Teacher" sessions share information on what foods are suitable for packed lunches. School advises parents/carers that nuts are not allowed in school. Pupils with allergies will not be isolated at mealtimes; inclusion is the default position. However it may be appropriate, after consultation with the child and their parents/carers, to allocate a specific seating position for a child so that they aren't at risk of allergens from other children.

All staff supervising mealtimes will be aware of pupils with allergies and the location of AAIs.

Trips, clubs and off-site activities

IHPs are always considered when planning trips; the risk assessment for every trip includes allergy management, access to AAIs and staff trained in anaphylaxis response. Spare AAI kits will travel with the group and be accessible.

Wraparound and after-school clubs follow the same policy and staff training expectations as day-time staff.

Communication and confidentiality

The Allergy Safety Policy and a summary of parental/carer responsibilities is published on the school website and available in hard copy on request.

The school will share essential medical information on a need-to-know basis with staff and volunteers directly responsible for the child's care; the school will respect confidentiality while ensuring safety.

The school will communicate changes to allergy arrangements, training dates and post-incident learning to parents/carers and staff.

Equality and inclusion

The school will make reasonable adjustments under the Equality Act 2010 for pupils with allergies and will ensure their wellbeing and inclusion in line with the school's vision and values. The policy will avoid discriminatory practice and support the pupil's participation in all activities.

Risk assessment, monitoring and governance

An annual allergy-safety audit (IHP coverage, spare AAI stock, training compliance, incident log) will be done in Summer Term and a summary will be produced for governors.

The policy will be reviewed at least annually or sooner after a serious incident or changes in statutory guidance.

Complaints

Complaints arising from failures to implement agreed IHPs or the allergy safety policy may be raised through the school's complaints procedure. The governing board will ensure complaints relating to allergic incidents or near misses are investigated promptly.

Appendix A – Allergy Action Plan (no prescribed AAI)

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health

anaphylaxis UK

AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name:

2) Name:

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Appendix B – Allergy Action Plan (prescribed JEXT)

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice		• Pale or floppy
• Difficulty swallowing	• Wheeze or persistent cough	• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

How to give JEXT®

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Appendix C – Allergy Action Plan (prescribed EPI Pen)

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice		• Pale or floppy
• Difficulty swallowing	• Wheeze or persistent cough	• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

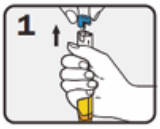
Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

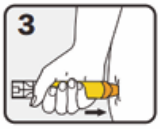
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

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Sign & print name: .....

Hospital/Clinic: .....

.....

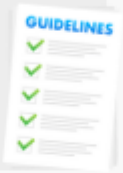
Date: .....

Devonshire Road Primary School

Allergy Safety Policy Overview

School Policies

We have an **Allergy Safety Policy** and **Supporting Pupils with Medical Conditions Policy**. These can be found on our website.



Staff training

All staff receive asthma and anaphylaxis training from the School Nursing Team in September each year.

Adrenaline Auto Injectors

School holds spare AAIs and have them available when on and off site. School will administer AAIs where a pupil is suspected to be in anaphylaxis. In emergency cases we may not be able to seek parental permission first.

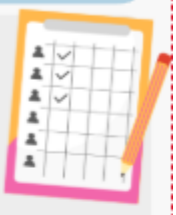
Need more information?

Julie Handley
handleyj@devonshire.bolton.sch.uk

01204 333614

Allergy List

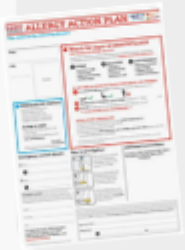
We hold an up-to-date list of all pupils who have allergies.



Please contact the office immediately if you become aware that your child has/might have an allergy.

Individual Health Plans (IHP)

Children in school with allergies have an IHP.



This outlines triggers, medication needed and what to do if there is a reaction.

Medication

We will work with you to ensure that your child has their personal, up-to-date medication available at all times they are with us, including those times they are away from the classroom (e.g. trips).