



Goring Church of England (Aided) Primary School

Flourishing Together in Faith & Love

ALLERGY SAFETY AND ANAPHYLAXIS POLICY

**(Based on WSCC Model Policy and including
guidance from
the Natasha Allergy Research Foundation)**

Date Adopted by Governing Body: September 2026

Next Review Date: September 2027

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Our Vision

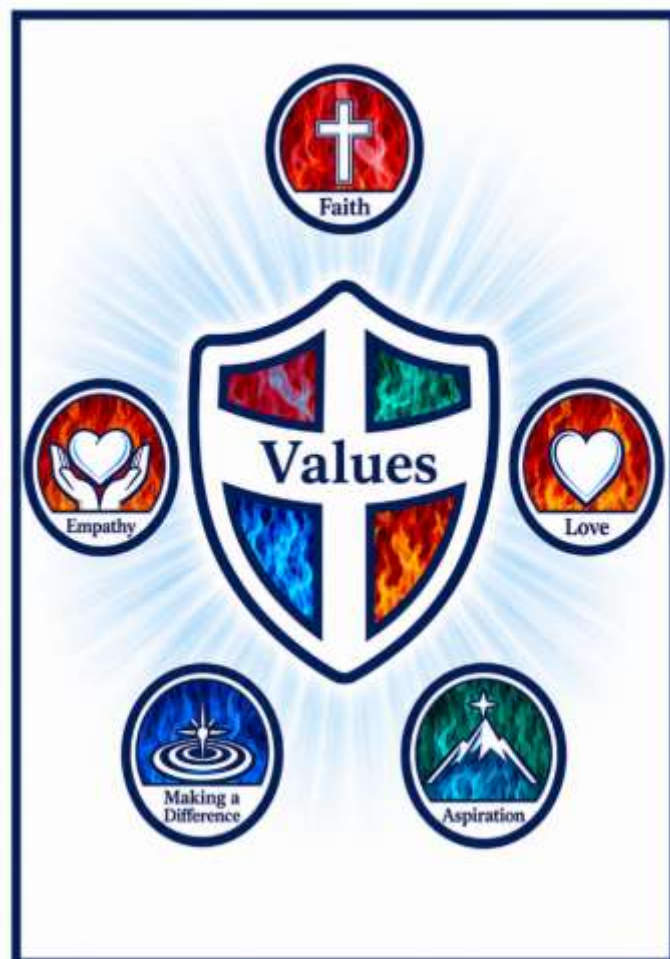
We are the flames that ignite God's love, through the acts of kindness, generosity and empathy we share with one another.

With Faith we aspire to be our very best in what we can achieve, and together we will make a difference within our school, community and the wider world.

Rooted in God's love, we can flourish in everything that we do.

***"...because your faith is flourishing and your love for one another is growing."
2 Thessalonians 1:3***

Our Values - FLAME



Together, our vision and values form a guiding light, illuminating the path toward a fulfilled and meaningful life.

1. Document Control

Date	Comments	Author	Version Number
August, 2026	New document produced following introduction of Benedict's Law September 2026.	K. Cooper	1.0

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Managing Medicines in School Policy
- Outdoor Education and Off-Site Activities Policy

2. Glossary

Abbreviation	Explanation
AAI	Adrenaline Auto Injector
AAP	Allergy Action Plan
IgE	Immunoglobulin E (IgE) Antibodies
IHP	Individual Health Plan
GDPR	General Data Protection Regulations
PRU	Pupil Referral Unit
WSCC	West Sussex County Council

3. Introduction and Statement of intent

Goring CE Primary School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. This policy has been written in line with the statutory guidance on Allergy Safety.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy. Following the implementation of *Benedict's Law 2026* (part of the Children's Wellbeing and Schools Act) and guidance from the Department for Education, it is a requirement that the allergy safety policy sets out the school's arrangements to

reduce the risk of individuals coming into contact with their known allergens, and to set out emergency response plans for cases of anaphylaxis.

Mrs L Brockhurst, Headteacher and member of the Senior Leadership Team, has overall responsibility for allergy safety at **Goring CE Primary School**.

This includes the implementation, monitoring, and review of the Allergy Safety Policy, and ensuring that the policy is formally reviewed annually, or sooner following an incident, significant change in legislation, or changes in key personnel.

The governing body will ensure that the Allergy Safety Policy is readily accessible to parents and staff by publishing it on the school's website and will provide a hard copy upon request.

Mr R Sadler is the Lead Governor responsible for Allergy Safety and the link Health and Safety Governor At Goring CE Primary School.

Approved by Headteacher Date: September 2026

Approved by Governors Date: 15th September 2026

4. Policy statement

Goring CE Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, staff, and visitors who have allergies. We recognise that allergies can cause serious and potentially life-threatening reactions, including anaphylaxis, and we are committed to reducing the risk of exposure to known allergens whilst ensuring a prompt and effective emergency response.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

This policy supports compliance with statutory allergy safety requirements and forms part of the school's wider health, safety, wellbeing and safeguarding arrangements.

The purpose of this policy is to:

- Reduce the risk of exposure to known allergens within the school setting.
- Support pupils and staff with allergies.
- Establish clear arrangements for allergy management.

- Ensure staff can recognise and respond appropriately to allergic reactions including anaphylaxis.
- Clarify roles and responsibilities for allergy safety.

This policy will be reviewed at least annually and approved by the Governing Body.

5. Responsibilities

5.1 Role of the Allergy Lead

Mrs J Francis is the lead for allergies at Goring CE Primary School. The Allergy Lead is responsible for:

- Maintaining allergy records and healthcare plans.
- Ensuring allergy information is shared appropriately.
- Ensure medication for each pupil is stored in a rigid box and clearly labelled with the pupil's name and a photograph.
- Ensuring that emergency medication is monitored and accessible.
- Coordinating staff training.
- Regularly communicating allergy safety information to staff
- Liaising with parents, healthcare professionals and catering providers.
- **Encouraging parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil**
- Ensuring that allergy awareness is promoted during events, trips and celebrations.
- Investigating incidents and near misses.
- Ensuring allergy requirements are considered within the evacuation and lockdown procedures.
- Reviewing arrangements following drills, incidents or near misses.
- Supporting implementation and review of this policy.

5.2 Role of Governors

Governors are responsible for:

- Ensuring the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegating the day-to-day responsibility for the effective delivery of this Policy to the Headteacher.
- Ensuring the Allergy safety policies is reviewed annually. It will be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

- Ensuring the Allergy Safety Policy is readily accessible to parents and staff and is published on the school's website/ be made available in hard copy on request.

5.3 Role of the Headteacher

The Headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Reporting to the Board of Governors regarding the management of allergies within the school.

5.4 Role of Parents and Carers

Parents/carers are responsible for:

- Notifying the school of the pupil's allergies and provide with accurate allergy information.
- Supplying prescribed medication.
- Updating the school regarding changes in medical needs, as soon as known.
- Participating in healthcare planning where required and in partnership with the school, and relevant healthcare professional.
- Talking with their child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if they are experiencing an allergic reaction.
- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- Be aware of the school Allergy Safety Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support their ability to keep our children safe and act immediately in the event of an allergic reaction
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates

- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Headteacher and/or Member of Staff responsible for medical needs, the pupil's GP and the pupil (if age appropriate) after a reaction has occurred.

5.5 Role of Staff

All staff are responsible for:

- Following as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Completing appropriate allergy training and be confident to respond to an allergy emergency
- Raising awareness about allergies and anaphylaxis amongst their pupils in the classroom and around school, especially in dining areas
- Highlighting the need for anti-bullying of pupils with the condition
- Being aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Checking that all pupils with medical conditions, including allergies, have their medication nearby e.g. carried by the adult or member of staff responsible for them (those unable to produce their required medication would not be able to attend the excursion)
- Carrying with them all relevant emergency supplies, when leading a school trip, excursion or off-site extra-curricular activity.

5.6 Role of Pupils with allergies (as age appropriate)

Pupil are responsible for:

- Have a good awareness of their allergy
- Ensuring that they do not exchange food with other pupils, in order to keep themselves safe.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult, even if the cause is unknown, or if they have come into contact with an allergen.

6. Culture

6.1 Awareness training

Staff are trained in allergy awareness and emergency response at least annually. **All** school staff present during times when pupils are scheduled to be on site will receive

allergy awareness training. This includes all permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It does not include ad-hoc staff with no pupil facing role e.g. builders, electricians or maintenance personnel.

New staff will receive allergy awareness and emergency response training as part of their induction, and this will be recorded on their new staff induction checklist. Training records for supply and cover staff will be requested, and if a valid record cannot be provided the staff member will be required to complete suitable training before they start their role.

All staff are aware that the school has an Allergy Safety policy and that this is published on the school website.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
 - calling emergency services and informing parents;
 - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
 - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergies and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").
- Understand that any near misses are also recorded on our school system CPOMS.

6.2 Wellbeing

Goring CE Primary School recognises that the wellbeing of pupils with allergy and at risk of anaphylaxis can be significantly impacted by anxiety and considers this within the wellbeing arrangements at the school.

As a school we:

- Regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- Include allergy and anaphylaxis lessons during assembly, tutor time or in PSHE sessions so they can develop empathy and know how they could support their peers should they need to seek help for them in the case of an emergency
- Plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- Involve pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- Understand that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints. Incidents of bullying will be addressed under the school's behaviour policy.
- Promote "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils
- Invite new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- Have proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available.

6.3 Minimising risk/ Catering

Goring CE Primary School will minimise the risk of individuals (whether pupils, young people, staff or visitors) coming into contact with their known allergens by taking a whole-school approach to allergy safety, that creates a consistently safe environment, reduces the risk of accidental exposure, and ensures rapid, life-saving treatment during an emergency.

There are measures in place to manage the risks of exposure to a food allergen through food provided by the school, and food brought in by others (for example parents, children and young people or staff). The school adheres to the following Department of Health guidance:

- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies will be clearly labelled with the name of the child for whom they are intended.
- School caterers will provide information on food allergens to parent/carers and have this available for the child to be able to check independently.
- Catering staff are available to meet with parents/carers to discuss provision of allergen safe meals.
- School leaders are aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.

- Where food is provided by the school, school staff are educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- At Goring CE Primary, foods should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats)
- Children are discouraged from trading and sharing of food, food utensils or food containers.
- Foods will be labelled (unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary "may contain" labelling, suggesting a risk of contamination with allergen.) This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Curriculum risk assessments will consider the use of food in crafts, cooking classes, science experiments, music or activities that involve animals. Alternatives are used when needed (e.g. wheat-free flour for play dough or cooking) or use of non-food containers for craft / junk modelling.
- Where food is handled e.g. through cooking activities, science experiments etc, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. Staff will ensure that a letter home detailing the event/ activity was sent so that any allergies can be identified and food items etc. could be checked. Staff would determine whether or not an activity can go ahead.
- Risk assessments of special events (e.g. fetes, assemblies, cultural events) consider the use of food, and alternatives are used when needed.
- When planning external visits or trips such as sporting events, excursions and residential, a specific risk assessment will be carried out to manage the risks of exposure to allergens in individuals with a known allergy. Early consideration will be made for the catering requirements and emergency planning of any child with food allergies (including access to emergency medication and medical care).
- Where children and young people have a known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.

6.4 Food allergy

Goring CE Primary School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations

- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently
- Providing pupil's allergen information to the caterers in a timely manner to ensure that they can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identify pupils with allergies at point of service by:
 - Wearing a purple lanyard in the lunchhall that denote a food allergy.
 - Identification of pupil on the ISS tablet, by name and allergen, as lunch is being served up.
 - An updated photo and dietary requirement will be displayed inside the door of w of **the cold cupboard**, next to the serving area so this is accessible to all kitchen staff.

It is good practice to have at least 2 robust methods of identifying children and young people with known allergy at mealtimes.

- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen.
- Teach pupils not to food share, trade food or share utensils or food containers.
- When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission will be sought in advance to ensure inclusion and safety for pupils with allergy.

Further information can be found in the caterer's policy Feed (ISS).

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard

- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary. The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

7 Individual children and young people

7.1 Identification

Goring CE Primary School takes steps to identify those with known allergies, and whether they carry medication, so that arrangements can be put in place:

- For pupils, the school collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission (through medical forms completed and sent into the school prior to their children starting).
- Staff with allergies are identified at recruitment (through a pre-employment questionnaire).
- Regular volunteers will be asked about any known allergies before they start their role (following sign in at school office)
- Visitors will be encouraged to declare any allergies they feel the school should know about (following sign in at school office)

The school keeps a record of all individuals with allergy, including whether the person has an Individual Healthcare Plan (IHP) and/or Allergy Action Plan (AAP). Documents containing this information can be found (in a locked cupboard in the school office). Documentation containing information regarding the pupil will contain a photo to assist with identification.

Allergy information and existing care plans are shared as part of a student's transition.

- Staff will provide information about pupils for transition visits ahead of a formal move.
- We will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement.
- We will work with parents/carers and the pupil if appropriate to write a new IHP.

7.2 Individual Healthcare plans

Individual healthcare plans (IHPs) are a communication tool that provide clarity about the arrangements needed to ensure that a pupil is fully included in school life. IHPs identify exact risk-mitigation measures that need to be followed. Where a pupil has an allergy action plan and / or an asthma plan, this will be included with the IHP. They are reviewed annually or earlier if an incident or near miss occurs.

Individual Healthcare Plans are school owned documents that are co-created by the school, parents/carers and pupils and include advice received from health professionals. IHPs will be written for children if:

- They have an allergy which has a functional impact on them in their school;
- They are at risk of harm as a result of their allergy **and**
- They require arrangements which are additional to or different from those made generally.

In addition:

- Pupils with an allergy action plan and/or an asthma plan may also need an individual healthcare plan
- Pupils without an allergy action plan or asthma plan but who have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- Individual healthcare plans will still be created if pupils are waiting for a diagnosis.
- The IHP will set out the additional and/or different arrangements that will be in place for Goring CE Primary School for supporting the child with their medical condition or allergy, including in emergency situations.
- For children and young people with allergy who require specific support arrangements, this will also be documented through an Individual Healthcare Plan. This includes children whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).
- Where children have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

7.3 Allergy Action Plans

These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the child's allergy and medication.

- Allergy Action Plans (AAPs) contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- AAPs will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that the pupil is recognisable.

AAPs are issued for Pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

7.4 Prescribed adrenaline and storage/ care of medication

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from school, the classroom, lunch area, playground, sports field, when on visits and trips. Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. **Adrenaline needs to be administered within five minutes.**

Pupils prescribed an adrenaline auto injector (AAI) need rapid access to their device at all times. Pupils are encouraged to carry their own devices with them where this is possible.

- Parents will ensure that two in date AAI's are available in school daily.
- AAI's are left in school for use in an emergency.
- Stored in accordance with the manufacturer's instructions (not subjected to extreme temperatures).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely in the classroom, near where the child is working, not locked away, and is accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Lead First Aider will check medication kept

at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Records of children/young people who have been prescribed an AAI will be maintained along with the pupil's IHAP.

8 Schoolwide Policies

8.1. "Spare" Adrenaline Devices

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working. These spare devices are not a replacement for a pupil's own device and pupils are expected to have their own adrenaline devices with them at school for use in an emergency.

The school will purchase spare AAls from a pharmaceutical supplier.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAls, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required. The headteacher, in conjunction with the Lead First Aider/SBM, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

Goring CE Primary School maintains emergency spare AAls in accordance with statutory requirements and age-based criteria, relevant to the age of pupils at risk of anaphylaxis.

To ensure the correct dosage requirements are adhered to. **These are stored to ensure that any child is no further than 5 minutes away from where they are needed and are as follows:**

School type	AAI for children under age 6 (0.15 milligrams of adrenaline) e.g. EpiPen	AAI for individuals age 6-12 (0.3 milligrams of adrenaline) e.g. EpiPen
Primary school	One pair of "spare devices"	One pair of "spare devices"

" Department for Education (July 2026) Allergy Safety in Schools – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Accessed 10th August 2026"

Spare AAls are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAls
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

The school emergency AAls can be found at the following locations:

- The school office (cupboard above the sink)
- The devices will not be locked away or kept in a room where access is restricted.

For pupils who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

The school emergency Adrenaline Auto-Injectors (AAls):

- Are not a substitute for a pupil's prescribed medication.
- May be used in emergencies where clinically appropriate.
- Are always accessible and not locked away. All staff are aware of the location of all spare AAls.
- Will be stored in pairs in clearly marked emergency anaphylaxis kits.

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

The Allergy Lead will ensure all emergency medication is checked regularly (at least monthly) and replaced before expiry. They will secure replacements one month before the current adrenaline device expires. A simple record of the check will be kept for audit purposes.

8.2. Using 'spare' adrenaline devices

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.

- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or “spare” ADs).
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, “spare” adrenaline devices can be used.
- If the child, young person or individual’s prescribed adrenaline devices are not available or misfire, “spare” adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

8.3. Visits and Trips

Arrangements and adjustments will be put in place to ensure pupils with allergies are able to participate fully in visits and trips, and do so safely, including access to their AAls where required.

Risk assessments will be conducted for any pupil at risk of anaphylaxis taking part in a trip off the premises. This will consider allergen exposure, emergency medication, transport, proximity to emergency services and staff training.

The trip leader will ensure that children and young people at risk of anaphylaxis have access to their own adrenaline device during the trip (this could be carried by the young person if deemed competent to do so). If they are unable to produce their required medication, they will not be able to attend the excursion.

In conjunction with the Allergy Lead, the trip leader will review the risk assessment to determine whether spare adrenaline devices are needed on the trip. If this is required, the school will provide additional spare adrenaline devices in order to ensure that children remaining in school still have access to spare adrenaline devices should the need arise.

When arranging a sporting fixture, we will inform the host school of any known allergies and if food is to be provided, we will ensure that information about a pupil's allergies is communicated and appropriate food is provided.

8.4. Serious Incidents and Near Misses

Goring CE Primary School will follow the WSCC Accident and Incident Reporting H&S Arrangements, ensuring that any incidents or near misses are reported on the WSCC online incident reporting form. This information will also be stored on our school incidents/ behaviour/ safeguarding system, CPOMS.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child is back at home. It is therefore important that the child, their parents or others (for example healthcare professionals) can report that there has been an incident.

At Goring CE Primary School, this would always involve a meeting with the Headteacher or Assistant Headteacher, parents/ carers involved and the child. Any actions/ follow up actions/ changes to policy would be discussed and agreed together and as necessary amendments to the child's IHP would be logged. The appropriate staff would then be notified of these changes.

For incidents involving the catering company, the Feed ISS incident reporting procedures will be followed and a copy kept on the WSCC online incident system.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

8.5. Information Sharing

Goring CE Primary School will share information about pupils with allergies to ensure their safety whilst participating in school lead activities, in accordance with the UK General Data Protection Regulations (UK GDPR) and the school policy on data protection.

A child or young person's health information is considered special category data, which means it is highly sensitive and has additional legal protections. Goring CE Primary School has a lawful basis to hold, use and share a child's special category health data when this is necessary, but it will always be done in a controlled and respectful way.

At Goring CE Primary School, information regarding a pupil's allergy would be shared with staff working closely with the pupil, in order to keep them safe whilst in school and to mitigate any risk. If the pupil, has an IHP, this information would be stored safely and centrally and its contents shared with staff working with the pupil. This is in compliance with our school Data Protection Policy.

8.6. Awareness of the Allergy Safety Policy

Goring CE Primary School will raise awareness of this policy by publishing it on the school website. All staff will be made aware of and understand the policy, as part of the annual allergy awareness training and the usual school's means of sharing information.

We will raise awareness of allergy safety among pupils and young people through PSHE, food technology and general class discussions.

Where pupils are prescribed adrenaline devices, it may be appropriate (with parental consent) for their friends to be made aware of how to seek help in an emergency. This will be considered on an individual basis and will not replace staff emergency response arrangements.

9 Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed as 'cover available' in the RMP Medical Malpractice Treatment Table will be insured under the WSCC Public Liability insurance policy. The Treatment Table is

available to view on West Sussex Services for Education under Other Documents in the Insurance, Resources section.

In addition to this policy the Council also maintains a Medical Malpractice policy to incorporate insurance cover for the more invasive and complicated procedures that staff are now expected to undertake and that are not covered under a standard Public Liability policy.

10 Allergies and Bullying

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. Our School Positive Behaviour Policy includes this information.

All teachers, pupils and parents/ carers must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education.

Please view the guidance here [Keeping children safe in education 2026](#)

Other useful websites include:

- NSPCC
- National Bullying Helpline
- Family Lives
- Kidscape
- Anti-Bullying Alliance
- Young Minds
- Childline
- Bully Busters

11. Signs, Symptoms and Emergency Response

Mild to Moderate Symptoms

These may include:

- Itching or tingling.
- Localised swelling.
- Mild rash or hives.
- Stomach discomfort.

Appropriate treatment will be provided in accordance with the individual's healthcare plan.

Suspected Anaphylaxis

Symptoms may include:

Airway

- Swelling of tongue or throat.
- Difficulty swallowing.
- Hoarse voice.

Breathing

- Wheezing.
- Persistent cough.
- Difficulty breathing.

Circulation

- Dizziness.
- Pale or clammy skin.
- Collapse or loss of consciousness.

Emergency Procedure

Where anaphylaxis is suspected:

1. Administer an adrenaline auto-injector immediately.
2. Call 999 and state "anaphylaxis".
3. Send for additional medication if available.
4. Monitor the individual continuously.
5. Administer a second AAI if symptoms persist and medical advice indicates.
6. Inform parents/carers as soon as practicable.
7. Complete incident reporting procedures.

Staff should never delay administration of adrenaline while waiting for emergency services.

In the event of anaphylaxis:

- the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised.
- A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

- Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.
- If necessary, other staff members may assist the designated staff members with administering AAI's.
- A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.
- The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.
- If the pupil stops breathing, a suitably trained member of staff will administer CPR.
- If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
- In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- A designated staff member will contact the pupil's parents as soon as is possible.
- Upon arrival of the emergency services, the following information will be provided:
 - Any known allergens the pupil has
 - The possible causes of the reaction, e.g. certain food
 - The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

A copy of the Register of AAIs will be held in each classroom for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

12. Monitoring and Review

The headteacher is responsible for reviewing this policy annually. The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Goring CE Primary School will monitor:

- Allergy-related incidents.
- Near misses.
- Staff training compliance.
- Healthcare plan completion.
- Medication checks.

This policy will be reviewed annually or sooner where legislation changes, best practice develops, or following a significant incident / occurrence of an allergic reaction, and pupils' IHPs will be updated and amended as necessary.

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APPENDICES

Allergy management checklist

- Does the child have an Individual Healthcare Plan?
- Has your school purchased spare pens?

- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAls?
- Is there a schedule to check the expiry dates on spare AAls and each child's AAI?
- Does the allergy policy cover catering for children with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying?

Goring CE Primary School – Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/ carers and the child, if appropriate. It should be shared with everyone who has contact with the child.



Name of Pupil:	Date of Birth:
School: Goring CE Primary School	Teacher:

Name and role of other professionals involved in this Risk Assessment (i.e. specialist Nurse or School Nurse):

Date of Assessment:

Re-assessment due: (this would normally be annually, unless there is an incident, at which point the risk assessment should be reviewed)

The pupil is allergic to:

Allergen exposure risks to be considered

Ingestion ☐

Direct contact ☐

Indirect contact ☐

Any further information as necessary:

Does this child have an Allergy Action Plan (AAP) or an Individual Healthcare Plan?

YES ☐ NO ☐

Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐

Summary of current medical evidence seen as part of the risk assessment ☐
(copies attached)

I give consent for the allergy medication as prescribed for my child (above) to be administered, in the case of an emergency.

Parental Consent:	Date:
I give consent to the use of the school's "spare" adrenaline device and to administer adrenaline to my child, in the case of an emergency.	
Parental Consent:	Date:
I give permission for this to be shared with anyone who needs this information to keep the pupil safe.	
Headteacher signature:	Date:
Parent/ Carer/s signature/s:	Date:
Pupil: (parental consent)	Date:
Key Questions – <i>(please consider the activities below and insert any considerations than need to be put in place to enable the child to take part)</i>	
Activities:	
Crayons/ painting:	
Creative activities i.e. glue, pasta, cardboard boxes	
Science activities: i.e. bird feeders, planting seeds, food	
Musical instrument sharing (cross contamination activity):	
Cooking i.e. food preparation/ ingredients);	
Lunch time: Kitchen prepared food (is allergy information available): Packed lunches:	
Snacks: ie. is allergy information available	
Drinks:	
Celebrations: i.e. birthdays, Easter	
Hand washing:	
Indoor play/ PE (AAls to be near the child):	
Outdoor play/ PE (AAls to be near the child):	
School field (AAls to be near the child):	
Forest School (AAls to be near the child):	
Offsite trips (are staff who accompany trip trained in use of AAls?):	

Allergy Management:	
Does the child know when they are having an allergy reaction?	
What action need to be taken if the child has an allergic reaction?	
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? YES ☐ NO ☐	
Does the child have two of their own prescribed AAls?:	
How many staff need to be trained to meet this child's need?	
Are there backup spare AAls available and where are they located?:	
Outcome of Risk Assessment	
New Allergy Action Plan/ Individual healthcare Plan required?	YES ☐ NO ☐
Existing Allergy Action Plan/ Individual healthcare Plan to be updated?	YES ☐ NO ☐

Appendix I - First Aid for Anaphylaxis poster



FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

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

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI. It will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. DO NOT let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.



Natalasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect

AllergySchool.org.uk

Registered Charity (England & Wales) 1084706 Scotland (SC036616) Based on BSAC and 2014 HPA guidance

Appendix II - EpiPen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Job the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-ll-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on EpiPen AAIs >>



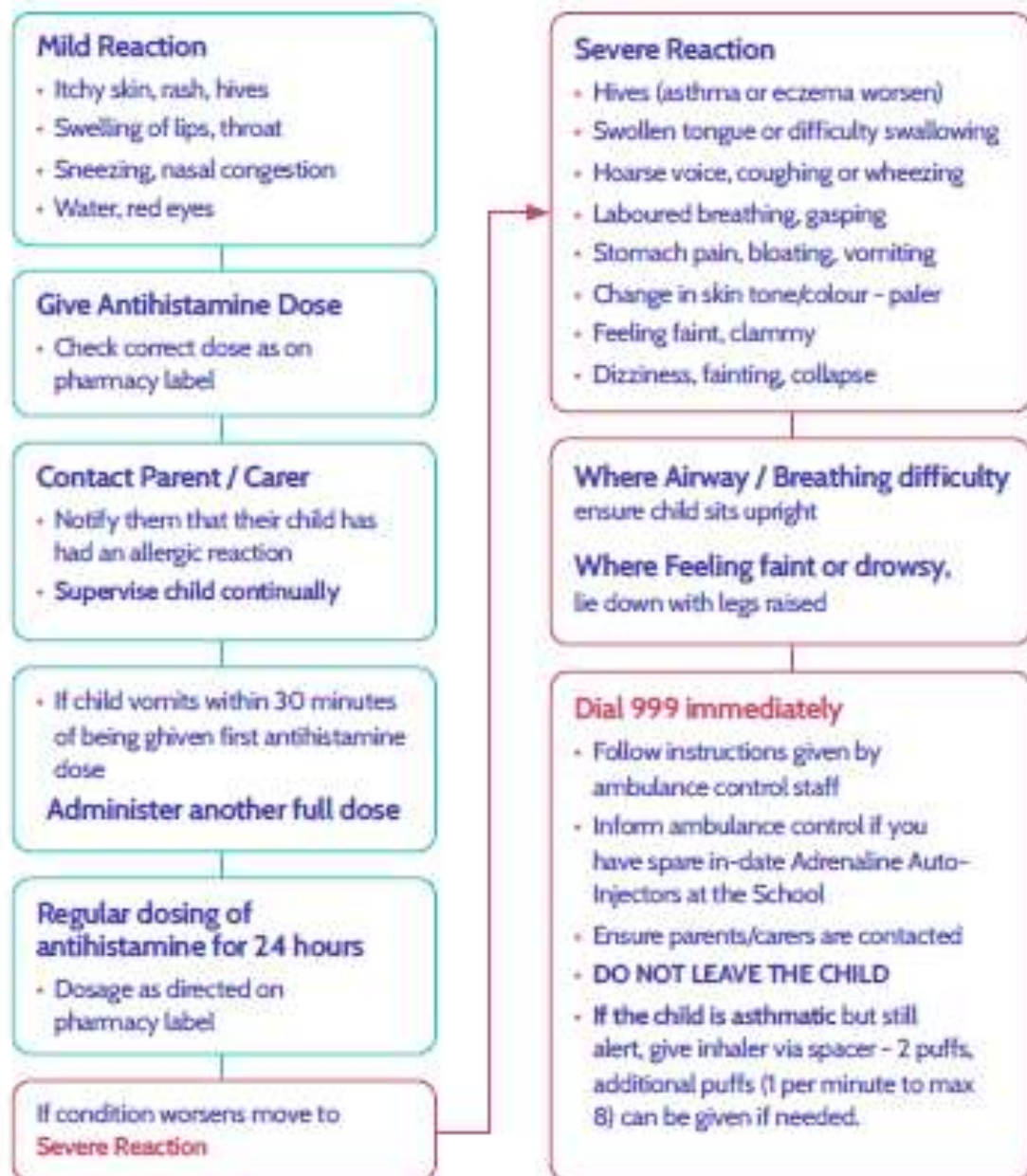
Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>



Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- | | |
|-----------------------------|-----------------------------|
| • Cereals containing Gluten | • Nuts |
| • Celery | • Peanuts |
| • Crustaceans | • Mustard |
| • Eggs | • Sesame Seeds |
| • Fish | • Sulphur dioxide/Sulphites |
| • Soya | • Lupin |
| • Milk | • Molluscs |

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VI

Other support and resources

- Allergy Guidance for Schools - <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- Example menus for early years settings in England - Part I Guidance - Example menus for early years settings in England: part I (publishing.service.gov.uk) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - <https://allergytraining.food.gov.uk/>
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf>

Scotland: <https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/>

Northern Ireland: <https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs>

- FSA reporting tool for allergies - <https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf>

- Training for Schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- Transitioning to Secondary School - <https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Appendix VII - Top 14 Allergens poster

