Pupil allergy policy

Approved by:	Laura Newell	**Date:**	01.05.2026
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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

The school recognises that national guidance and legislation relating to allergy management may evolve. This policy will be reviewed and, where necessary, updated promptly to reflect any new statutory requirements or best practice, including developments such as proposed enhanced allergen safety measures.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness. All staff have a duty to take reasonable steps to minimise the risk of allergen exposure and must adhere to this policy at all times. Failure to follow agreed procedures may place pupils at risk and will be taken seriously.

3.1 Allergy lead

The nominated allergy lead is Hannah Allen.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment

- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School nurse/medical officer

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector

- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay

- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care (if required)
- Regular check-ins with their class teachers and support staff

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

In all cases of suspected anaphylaxis, staff must act immediately in accordance with the school's emergency procedures. Delays in treatment increase risk, and prompt administration of an adrenaline auto-injector can be life-saving.

6.1 Register of pupils with AAIs

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
    - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
    - A photograph of each pupil to allow a visual check to be made
- The register is kept in an easily accessible location / in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response

Keeping all pupils AAIs with them in the classroom will reduce delays and allows for confirmation of consent without the need to check the register.

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

School Procedure Where a Pupil Does Not Have an Individual Allergy Action Plan

If a pupil experiences a suspected allergic reaction and does not have an individual Allergy Action Plan, staff should follow the procedures below:

1. **Assess the situation immediately** and identify any signs of an allergic reaction.
    - Mild symptoms may include an itchy rash, hives, swelling of the lips or eyes, or mild abdominal discomfort.
    - Severe symptoms (anaphylaxis) may include difficulty breathing, wheezing, persistent coughing, swelling of the tongue or throat, difficulty swallowing, changes to the voice, collapse, loss of consciousness, or becoming pale and floppy.
2. **Send for a qualified first aider immediately** and inform the school office.
3. **If anaphylaxis is suspected, do not delay.**
    - Administer an adrenaline auto-injector (AAI) immediately if one is available and the member of staff is trained to do so. The school's emergency spare adrenaline auto-injector may be used where appropriate and in line with statutory guidance.
    - Dial **999** immediately, stating that a child is experiencing **suspected anaphylaxis**.
    - Inform the emergency operator if adrenaline has been administered.
4. **Position the pupil appropriately.**
    - Keep the pupil lying flat with their legs raised if possible.
    - If they are struggling to breathe, they may sit up to help their breathing.
    - Do not allow the pupil to stand or walk.
    - If unconscious but breathing normally, place them in the recovery position.
5. **Monitor the pupil continuously** while waiting for the ambulance.
    - If symptoms do not improve after 5 minutes and a second adrenaline auto-injector is available, administer the second dose.
    - Be prepared to begin CPR if the pupil stops breathing or shows no signs of life.
6. **Contact parents or carers** as soon as possible after emergency services have been called.

7. **Record the incident** in accordance with the school's accident reporting procedures and review whether an individual Allergy Action Plan should be developed following the incident.

All staff receive appropriate training in recognising the signs and symptoms of allergic reactions and anaphylaxis and know how to access emergency assistance promptly. The school also maintains appropriate emergency medication and follows current NHS and national allergy guidance when responding to allergic emergencies.

- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

Procurement of Spare Adrenaline Auto-Injectors (AAIs)

The school maintains a supply of spare adrenaline auto-injectors (AAIs) for use in an emergency where a pupil is known to be at risk of anaphylaxis and where appropriate consent has been obtained, or in exceptional emergency circumstances in line with current guidance.

The school's arrangements are as follows:

- **Sourcing:** Spare AAIs are obtained from a local community pharmacy on presentation of a valid request signed by the Headteacher, in accordance with current legislation.
- **Quantity:** The school will maintain a minimum of **two spare AAIs** on site. The number held will be reviewed regularly, taking into account the number of pupils with diagnosed allergies, the size of the school site and the locations in which emergency medication may be required.
- **Brand:** To reduce the risk of confusion in an emergency, the school will purchase **one consistent brand** of adrenaline auto-injector wherever possible. This will normally be **Emerade, EpiPen or Jext**, depending on local availability. Staff training will reflect the brand currently held in school.
- **Dosage:** The school will purchase AAIs in line with the age profile of pupils and current national guidance. As a primary school, the spare devices held will normally be **150 microgram (0.15 mg)** auto-injectors, which are suitable for the majority of pupils aged 6 months to 6 years and may also be appropriate for older children weighing less than 30 kg. Consideration will also be given to holding **300 microgram (0.3 mg)** auto-injectors where appropriate for older or larger pupils, in accordance with the pupil population and current Resuscitation Council UK guidance.
- **Expiry Dates:** The designated member of staff will check expiry dates at least termly and arrange timely replacement of devices before they expire.

- **Storage:** Spare AAIs will be stored in a clearly labelled, secure but readily accessible location that is known to all staff. They will not be locked away and will be available at all times during the school day, on educational visits and during extracurricular activities where appropriate.
- **Training:** Staff identified by the Headteacher will receive regular training in recognising anaphylaxis and administering the specific brand of AAI held by the school. Refresher training will take place annually or sooner if guidance or the device changes.

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Blanche Tinsley is responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions in a sharps bin for disposal at the local pharmacy.

7.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions

- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead or AC first aid.

It's recommended that all staff are trained at least once a year.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy

In addition to the routine review cycle, this policy will be formally reviewed at the start of the autumn term each academic year, and earlier if new legislation or national guidance relating to allergy management is introduced.