



Allergy Safety Policy

Policy Approved: September 2026

To be reviewed: September 2027

School Vision, Values and Aims

Our school vision, values and aims are rooted in the Church of England's Vision for Education; *Deeply Christian, Serving the Common Good* and the biblical teaching of;

"Love the Lord your God with all your heart, and with all your soul, and with all your mind and with all your strength; and love your neighbour as yourself" (Mark 12.30,31).

Vision

Open Hearts, Open Minds, Open Doors

Values

Respect	Luke 10:25-37	The Good Samaritan
Responsibility	Luke 15:11-32	The Prodigal Son
Compassion	Luke 19, 1-10	Zacchaeus the tax collector
Perseverance	Luke 5:17-26	A man is helped by friends to see Jesus

Aims

Our principle aim - For all to know that they are welcome

To show kindness and forgiveness

To listen to one another

To seek enjoyment in our work

To show patience with one another

To show love towards one another

To show courage in our work

To keep the children at the heart of our decisions

To embrace innovation and change

To trust one another

To inspire one another

To celebrate the dignity and worth of each individual

To begin each new day positively

To reach out to one another

To have confidence

To encourage one another

To support and challenge one another

To believe in one another

Introduction

This school is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors with allergies. We recognise that allergies can have a significant impact on health, wellbeing and participation in school life and that some allergic reactions may be life-threatening.

The school will take all reasonable steps to reduce the risk of exposure to allergens, ensure staff are appropriately trained, and respond effectively in the event of an allergic reaction or anaphylaxis.

This policy should be read alongside the Supporting Pupils with Medical Conditions Policy, First Aid Policy, Educational Visits Policy, Health and Safety Policy and Safeguarding Policy.

Aim

- To minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.
- To ensure effective risk management practices to minimise exposure to known trigger foods and insects for all members of the school community.
- To provide staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to

- All pupils
- All employees
- Volunteers
- Contractors
- Visitors
- Before and after-school clubs
- Educational visits and residential visits

Definition of Allergies

An allergy is the body's immune response to a normally harmless substance.

Common allergens include: peanuts, tree nuts, milk, eggs, fish, shellfish, wheat, sesame, soya, insect stings, latex, medication.

Allergic reactions can range from mild symptoms to severe anaphylaxis. Anaphylaxis is a serious and potentially life-threatening allergic reaction requiring immediate treatment.

Roles and Responsibilities

The Governing Body will:

- Ensure the school has an effective Allergy Safety Policy.
- Monitor implementation of the policy.
- Ensure appropriate resources are available.

The Headteacher will:

- Ensure the policy is implemented.

- Ensure staff receive appropriate training.
- Ensure allergy information is maintained and communicated appropriately.
- Ensure emergency procedures are in place.

All staff will:

- Be aware of pupils with allergies.
- Follow individual healthcare plans and allergy action plans.
- Attend required training.
- Act immediately if an allergic reaction is suspected.
- Report concerns and incidents promptly.

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

All staff who come into contact with the child will be made aware of what treatment/medication is required by the Headteacher or Inclusion Lead and where any medication is stored.

All staff are to promote hand washing before and after eating. We cannot guarantee that foods will not contain traces of nuts, however children are not permitted to share food. Staff should liaise with families about snacks and any food-related activities.

Parents and carers are responsible for:

- Informing the school of any diagnosed allergy.
- Providing medical evidence where appropriate.
- Supplying prescribed medication.
- Ensuring medication remains in date.
- Updating the school regarding any changes in medical needs.
- Identification of Pupils with Allergies

Snacks and lunches brought into the school by other families should be peanut and nut free wherever possible. The school will ensure that families are regularly reminded and will monitor the contents of lunchboxes and snacks.

The school will:

- Maintain an Allergy Register.
- Record allergy information on the school's management information system.
- Ensure relevant staff have access to allergy information.
- Display allergy information discreetly where necessary to support pupil safety.
- Review information annually and whenever circumstances change.
- Individual Healthcare Plans

Where a pupil has a significant allergy, the school will develop an Individual Healthcare Plan (IHP). Please see the Supporting Pupils with Medical Conditions Policy for an example IHP and what the plan should contain. Plans will be reviewed annually or sooner if required.

Staff Training

The school will ensure:

- All staff receive regular allergy awareness training.
- Key staff receive training in the use of adrenaline auto-injectors.
- New staff receive information during induction.
- Training records are maintained.

Training will cover:

- Allergy awareness.
- Recognition of allergic reactions.
- Recognition of anaphylaxis.
- Use of adrenaline auto-injectors.
- Emergency procedures.
- Prevention of allergen exposure.

Reducing Risk

The school recognises that it is not possible to guarantee an allergen-free environment. However, reasonable measures will be taken to reduce risk.

These include:

- Promoting handwashing before and after eating.
- Cleaning tables and eating areas regularly.
- Supervising food-related activities.
- Considering allergy risks during curriculum activities.
- Assessing risks associated with educational visits.
- Sharing relevant information with catering providers.
- Reminding children not to share food.

Caterlink

Caterlink is our current school lunch provider and have their own policies and procedures in place for managing food allergies. Families are required to provide the necessary information to Caterlink as required. A form and further information is available through the school office.

Educational Visits and Off-Site Activities

Risk assessments for visits will consider:

- Allergies and medical needs.
- Access to medication.
- Availability of trained staff.
- Emergency arrangements.

Medication must accompany pupils on visits.

Actions in the event of a child suffering an allergic reaction:

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)  
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

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

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, **give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

- We will delegate someone to contact the child's families.
- If families have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

School EpiPens

The school have 2 EpiPens stored in the Forest room. One is designed to be used with younger children and one to be used with older children. There is a list of children who have known allergies and who's parents have given permission for an EpiPen to be given in case of an emergency.

Medical Information

Parents/carers are responsible for providing, in writing, on-going accurate and current medical information to the school. When a child with an allergy starts at the school the parents/carers will meet with the Inclusion Lead to complete a risk assessment that confirms and details the nature of the allergy; including:

- Written advice from a doctor which explains the condition, defines the allergy triggers and any required medication.

- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.

It is the responsibility of the families to provide the school with up to date medication / equipment clearly labelled in the original packaging. In the case of life saving medication like auto-injectors the child will not be allowed to attend without it. Families are also required to provide up to date emergency contact information.

The school will seek updated information via medical form at the commencement of each academic year. Any change in a child's medical condition during the year must be reported to the school.

The Headteacher will ensure that an individual healthcare plan or risk assessment is established and updated for each child with a known allergy. These are completed by the Inclusion Lead.

The wearing of a medic-alert bracelet is allowed by the School.

Auto-Injectors (Epipen, Emerade, Jext)

Where auto-injectors are required in the Health Care Plan or Risk Assessment:

- Families are responsible for the provision and timely replacement of all medication in school.
- The auto-injectors are located securely in relevant locations approved by the Headteacher.
- Auto-injectors will be located so that all adults involved with the child know where they are at all times.

Staff, Volunteer and Adult Allergies

The school recognises that staff, volunteers, visitors and other adults may also have allergies, including food allergies. The school will take reasonable steps to support adults with known allergies and reduce the risk of exposure within the school environment.

Staff and regular volunteers are encouraged to inform the school of any allergy that may affect their health or safety at work. Where appropriate, an individual risk assessment will be completed to identify potential risks and agree reasonable measures to minimise these. This may include consideration of food preparation and consumption, school events, educational activities, cleaning products, medication and other potential allergens.

Staff and volunteers with a known severe allergy should ensure that they have access to any prescribed emergency medication, such as an adrenaline auto-injector, and that they understand how and when it should be used. The school will ensure that relevant colleagues are aware of the appropriate emergency procedures where necessary.

The school will respect the confidentiality of information relating to adult allergies and will only share information with those who need to know in order to support the individual's health and safety.

Visitors and volunteers attending school on a one-off basis should make the school aware of any allergy that may require reasonable adjustments or specific safety measures.

Appendix

Nut-Free Schools

From the Anaphylaxis Campaign website:

“We recognise that this is an issue which generates strong views. Generally speaking, the Anaphylaxis Campaign would not necessarily support a blanket ban of any particular allergen in any establishment, including in schools. This is because peanuts and treenuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. We advocate instead for schools to adopt a culture of allergy awareness and education.

However, schools do have a duty of care to all pupils, so need to have procedures in place to minimise the risk of an allergic reaction occurring. All patients are different, and specific cases need specific advice, so a comprehensive care plan that accommodates the child’s needs should be developed with the input of parents, carers and medical professionals. In nurseries and infant classes, it is reasonable to ask parents not to allow children to take peanuts and treenuts into school, in order to reduce the risks of cross-contamination for particularly young and vulnerable children. Schools caring for older children should undertake a thorough risk assessment and may wish to write to parents asking for their cooperation in making life safer for the children in their care. I would encourage all schools to take advantage of our free online anaphylaxis training course, AllergyWise for Schools, to help staff understand allergies and anaphylaxis and how to manage and care for children at risk.”

The Anaphylaxis Campaign helps raise awareness about allergies and anaphylaxis within schools and provide support to parents and carers of school age children.

Spare Auto-Injectors in School

Department of Health Guidance issued in 2017



Guidance on the use of
adrenaline auto-injectors
in schools

Allergy Action Plan

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in children's health

Anaphylaxis Campaign
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(if vomited, can repeat dose)

Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |

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

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
 - 2 Use Adrenaline autoinjector **without delay** (eg. Emerade®) (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 until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

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, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

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

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How to give Emerade®

- 1 REMOVE NEEDLE SHIELD
- 2 PRESS AGAINST THE OUTER THIGH
- 3 HOLD FOR 5 SECONDS
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GI

This is a medical document that can only be completed by the child's 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 authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

Allergy Risk Assessment

Form completed by:							
Child/Young person:	Date of Birth:						
Class teacher: Teaching Partner:							
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):							
Date of Assessment:	Reassessment due:						
Signatures: Inclusion Lead: Date Parents Date Young person Date							
What is this child allergic to? Under which conditions is the allergy? Ingestion ☐ Direct contact ☐ Indirect contact ☐ Does this child already have an Individual Healthcare Plan? YES ☐ NO ☐							
Summary of current medical evidence seen as part of the risk assessment (copies attached)							
Describe the container the medication is kept in:							
<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">Outcome of Risk Assessment</td> </tr> <tr> <td style="width: 60%;">Is an individual health care plan required?</td> <td style="text-align: right;">YES ☐</td> </tr> <tr> <td>NO ☐</td> <td></td> </tr> </table>		Outcome of Risk Assessment		Is an individual health care plan required?	YES ☐	NO ☐	
Outcome of Risk Assessment							
Is an individual health care plan required?	YES ☐						
NO ☐							
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.							
Crayons/painting:							
Creative activities, i.e. craft paste/glue, pasta							
Science type activity: i.e. bird feeders, planting seeds,							
Musical instrument sharing:							
Cooking:							
Meal time:							
kitchen prepared food:							
sandwiches:							
Snacks:							
Drinks:							

Celebrations: e.g. Birthday, Easter:
Hand washing:
Indoor play/PE:
Outdoor play/PE:
School field:
Forest school:
Off site trips:
Does the child know when they are having a reaction?
What signs are there that the child is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
How many adrenaline auto-injectors are required in the setting?
How many staff need are required to be trained to meet this child's need?