Allergy Safety Policy

2026/27

Version	V1
Approved by:	Board of Trustees
Approval date:	September 2026
Policy owner:	Head of Governance and Compliance
Review	To be reviewed annually or when guidance changes

Inclusion – Improving education for everyone.

Integrity – We are consistently open, honest, ethical, and genuine.

Initiative – We have the courage to always seek a better way to a better future.

Involvement –We encourage our community to take ownership and responsibility.

Inspiration – We use our drive and commitment to energise, engage and inspire.

Table of version reference

Revision	Date	Comments
V1	September 2026	New statutory policy – template from Anaphylaxis UK and DfE guidance. Handsam consulted

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion, safeguarding and wellbeing
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Information sharing

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how **xxxxxx** School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

The named Senior Leader with responsibility for allergy safety is **xxxxxxx**

2. Role and responsibilities

Parent Responsibilities

On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

All staff will complete allergy and anaphylaxis training. Training is provided for all staff on an annual basis and on an ad-hoc basis for any new members of staff.

Staff (regular or supply) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any

food-related activities must be supervised with due caution.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have their medication.

The school will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

It is the parent's responsibility to ensure all medication is in date however the school will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The school will keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

The school and Trust will ensure that any reaction or any near misses are recorded and reported internally or in accordance with RIDDOR. Any allergic incidences that happen at home as an impact of exposure to an allergen at school should also be reported to the school and recorded.

If a member of staff has a known allergy they should report this to their school.

Pupil Responsibilities

Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

Pupils should have an Allergy Action Plan / Individual Healthcare Plan if;

- they have an allergy which has a functional impact on them in their school, college or setting;
- 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.

The Plan will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Where children and young people 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.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:
- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:
- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?
- It opens up the airways

- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement is seen after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

For each child who has allergy medication, this should be stored within 5 minutes of pupils, not locked away and **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 AAIs 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 school will check medication on a termly basis and send a reminder to parents if medication is approaching expiry.

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

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature

extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in the **school sharps bin.**

6. 'Spare' adrenaline auto-injectors in school

xxxxx School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date) or for children or staff who are experiencing anaphylaxis for the first time.

These are stored in pairs in a central location, **{detail what this is for your school}**, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.** Dependent on the age ranges of pupils, schools will stock spare devices of both 0.15mg and 0.3mg, in line with DfE guidance.

Delegated staff will be responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan, however it is noted that there will be a very small number of pupils who may experience an allergy that has not been previously diagnosed, and who will therefore not have an action plan.

7. Staff Training

All staff will complete allergy awareness and emergency response training annually, and on an ad-hoc basis during induction of new staff. This includes permanent staff, temporary staff, supply teachers, peripatetic teachers, agency workers and regular volunteers. Academies may also conduct physical training through a preferred provider and First Aid training.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date.

All schools will arrange for staff to undertake a practical session using trainer devices.

All staff will also be required to read the Allergy Safety Policy annually, and if there has been an in-year update.

8. Inclusion, safeguarding and wellbeing

INMAT is committed to ensuring that all children with medical conditions, including allergies, 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 and social potential.

Schools will ensure that all pupils are aware of, and develop an understanding of, medical conditions, including allergies. All schools will promote an inclusive and empathetic environment and develop a community where all children feel supported.

All schools will treat seriously any incidents of bullying of children with medical conditions. This will include following the school Behaviour Policy, and will also consider the following strategies;

- Talking to the child performing the bullying and explaining that an allergic reaction, especially anaphylaxis, is extremely serious and possibly life threatening.
- Emphasising to the child that any behaviour or attempts to harm a child who has a food allergy with the allergen they are allergic to is treated as a serious and dangerous incident and managed accordingly.
- Reminding the child about the ways children with food allergies can be helped.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The menu is available for parents to view **termly** in advance, with all ingredients listed and allergens highlighted on the website of our provider - **Dolce**

Every school should have a system in place to ensure catering staff can identify children with allergies e.g. a list with photographs– include details here of your school's system for identifying children and who has responsibility for keeping this up to date}

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased parents should check the appropriateness of foods by speaking directly to the catering manager.

- Dependent on age, the pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, 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. For further information, parents/carers are encouraged to liaise with the Catering provider.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies, including spare autoinjectors. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication, or that their medication has been checked out of school.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and that they will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the relevant teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

INMAT supports the approach advocated by Anaphylaxis UK towards nut bans / nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts 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. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

All schools will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed.

Schools will also conduct risk assessments for all activities that may risk the exposure to allergens including craft, science, music, cooking or activities that involve animals.

13. Information sharing

Schools will share information on pupils with allergies in a controlled and respectful way. Further details on how information on pupils is shared can be found in our Pupil Privacy Notice.

Appendices to the Policy to be used to support allergy safety;

Sharing Pupil Allergy Data Safely Guidance
Allergy Audit Checklist for schools to complete
Allergy safety for Parents poster