



ALLERGY SAFETY POLICY

Responsibility of:	CFOO
Approved by:	Trust Board
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Contents	2
1. Aims	3
2. Legislation and guidance	3
3. Roles and responsibilities	4
4. Assessing risk	4
5. Managing risk	5
6. Procedures for handling an allergic reaction	6
7. Adrenaline auto-injectors (AAIs)	7
8. Training	8
9. Links to other policies	8
10. Appendix 1	9

1. Aims

This policy aims to:

- Set out our schools' approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our schools support 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](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

A member of SLT is the nominated allergy lead in each school and is responsible for:

- Promoting and maintaining allergy awareness across each school community
- Recording and collating allergy and special dietary information for all relevant pupils. On a day-to-day basis this duty is delegated to the welfare officer.

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 with the CFOO

3.2 Welfare officer

The welfare 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
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- 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:

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

3.5 Pupils with allergies

These pupils are responsible for:

1. Being aware of their allergens and the risks they pose
2. Understanding how and when to use their adrenaline auto-injector
3. 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:

1. Lessons such as food technology
2. Science experiments involving foods
3. Crafts using food packaging
4. Off-site events and school trips
5. 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

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

5.2 Catering

Our schools are committed to providing safe food options to meet the dietary needs of pupils with allergies.

1. Catering staff receive appropriate training and are able to identify pupils with allergies
2. School menus are available for parents/carers to view with ingredients clearly labelled
3. Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
4. 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)
5. 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:

1. Packaged nuts
2. Cereal, granola or chocolate bars containing nuts
3. Peanut butter or chocolate spreads containing nuts
4. Peanut-based sauces, such as satay
5. 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:

1. Shoes should always be worn
2. 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 school therapy dogs or other animals brought into school as part of enrichment activities

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher/form tutor.

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 school's AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI 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

Allowing age-appropriate (i.e. of secondary school age) pupils to keep their AAI with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.2 Allergic reaction procedures

1. 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.
2. Staff are trained in the administration of AAI to minimise delays in pupil's receiving adrenaline in an emergency
3. 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
4. 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
5. 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 (see Appendix 1. Guidance on the use of adrenaline auto-injectors).
6. 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)
7. 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
8. 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)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), set school procedures for AAIs, are as follows

7.1 Purchasing of spare AAIs

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

1. AAIs will be sourced from school-approved suppliers, eg www.eurakedirect.co.uk
2. A minimum of two spare AAIs (preferably the Epipen brand) should be stocked.
3. For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).

For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

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. Larger schools will require more than one AAI kit, ideally located near the dining area and playground.

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)

Welfare Officers are 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 (for example, in a sharps bin for collection by the local council).

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

Where this is not possible, the pupil's AAI will be packed in the First Aid kit/s to be carried by qualified staff.

7.6 Emergency anaphylaxis kit

Schools hold 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 AAI's have been administered
- Where available, schools store this information on Medical Tracker.

8. Training

Schools are 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 AAI's are kept on the school site, and how to access them
- How to administer AAI's
- The wellbeing and inclusion implications of allergies
- Training will be carried out annually by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting pupils with medical conditions policy

School food policy

Appendix 1 – Guidance on the use of adrenaline auto-injectors

5. Responding to the symptoms of an allergic reaction 17

The signs of an allergic reaction are:

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.