Allergy Safety Policy

Based on a model policy from The Key, developed in partnership with The Allergy Team

Last updated:	**August 2026**
Approved by Governors:	**September 2026**
Review cycle:	**Annual**
Review date:	**September 2027**

Contents

---

1. Aims

This policy aims to:

1. 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
2. Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
3. 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:

4. The Food Information Regulations 2014
5. The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

Governing bodies are responsible for ensuring the school, college or setting has an allergy safety policy which sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens (e.g. food or contact allergens), and sets out emergency response plans for cases of anaphylaxis.

3.1 Allergy lead

The nominated allergy lead is Angela Northen, our School Business Manager, who sits on the SLT.

They are responsible for:

1. Promoting and maintaining allergy awareness across our school community, including ensuring:
    a. All staff receive an appropriate level of allergy training

    b. All staff are aware of the school's policy and procedures regarding allergies
    c. Relevant staff are aware of what activities need an allergy risk assessment
2. Recording and collating allergy and special dietary information for all relevant pupils. Although the allergy lead has ultimate responsibility, the information collection itself is delegated to the administrative team. This includes confirming:
    a. All allergy information is up to date and readily available to relevant members of staff
    b. All pupils with allergies have an allergy action plan completed by a medical professional
3. Ensuring the school's catering provision adheres to food law surrounding allergens and labelling, and the food provided is safe for those with pre-existing allergies and intolerances. This may be delegated to the Catering Manager.
4. Keeping stock of the school's adrenaline auto-injectors (AAIs)
5. Regularly reviewing and updating the allergy policy
6. Ensure the school's PTA, any commercial lettings or other third parties using the school facilities is fully aware of and aligned with the school's allergy policy
7. Ensure any occasional events e.g. fundraising bake sales are compliant with food safety guidelines

3.2 Administrative team

Is responsible for:

1. Co-ordinating the paperwork and information from families, and ensuring school has up to date allergy information and action plans
2. Co-ordinating medication with families
3. Checking spare AAIs and pupil AAIs are in date
4. Any other appropriate tasks delegated by the allergy lead

3.3 Catering Team

Is responsible for:

1. Ensuring they know which children have a food allergy or intolerance
2. Checking ingredients on all products used in the kitchen so all potential allergens are identified
3. Ensuring working practices avoid cross contamination
4. Providing allergen information to parents for all items listed on the menu for both school lunches and wraparound care
5. Ensuring alternative school meals are available for those children with an allergy, replicating as closely as possible to the standard menu option to avoid discrimination.
6. Ensuring adequate controls are in place when serving children so those with an allergy are not given food that could trigger a reaction

3.4 Teaching and support staff

All teaching and support staff are responsible for:

1. Promoting and maintaining allergy awareness among pupils

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

3.5 Parents/carers

Parents/carers are responsible for:

1. Being aware of our 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, antihistamine 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

3.6 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

3.7 Pupils without allergies

These pupils are responsible for:

1. 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. This will be treated on a case-by-case basis.

4. Individual Healthcare Plans

All children with a known allergy will be supported through an Individual Healthcare Plan (see Appendix 1). This will be reviewed annually at the start of the academic year, or if there has been any change in the child's allergy profile or action plan. The school will invite parents of children with allergies into school each year, much like for a parents' evening appointment to confirm the plan is up-to-date.

4.1 Allergy Action Plans

Where individual children have a known allergy to a food or insect stings, they should be issued with an appropriate Allergy Action Plan by their healthcare professional. Allergy Action Plans are designed to facilitate first aid treatment of reactions including anaphylaxis, by people without any special medical training or equipment other than access to an adrenaline device (e.g. AAI "pen").

The Action Plans will be attached to the child or young person's Individual Healthcare Plan. The plans include medical and parental consent for staff to administer medicines such as adrenaline in the event of an allergic reaction or the emergency reliever inhaler in the event of an asthma attack. However, in a life-threatening emergency, prior written consent is not strictly required by law to save a life. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

4.2 Staff and visitors

A confidential form will be sent to all staff at the start of the academic year asking them to provide any information about any allergies they may have, including triggers and medication required. Staff will be asked to update this if any changes during the year.

Visitors will be asked to disclose if they suffer from any allergies as they sign-in at reception. They will be prompted to speak to the office staff so staff can be informed e.g. if a supply teacher is expected to teach a DT lesson using a food that includes a known allergen.

5. Assessing and Managing 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 or ingredients
4. Off-site events and school trips
5. Externally managed events e.g. afterschool clubs and PTA events
6. Any other activities involving animals or food, such as animal handling experiences or baking

This information will be shared with relevant staff and reviewed on a termly basis to take account of planned events for the term ahead.

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

The school is 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 and an allergy matrix is provided alongside the menu
3. Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
4. Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
5. Kitchen staff need to be able to easily identify those with specific dietary requirements. For those children booking a school meal, a yellow wrist bands will be handed to any children with an allergy alongside the red/blue/green wristband used to denote their meal choice
6. Meals served to children with allergies will be differentiated from their peers. Yellow plates are used for Foundation and KS1 children with allergies. The plates used for other children in these younger year groups are various colours but only allergy children have yellow plates. Plates with a patterned blue rim are used for children with allergies in KS2, but all others in KS2 have a plain white plate.
7. A place mat, with the child's photo is used for Foundation and KS1, so staff know where the relevant children are sitting.
8. A photograph of the child alongside details of their allergy is displayed above the serving area.

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 will be asked not to eat them and instead that food remains in a sealed container and passed to the parent at the end of the day. The child will be offered an alternative snack or meal from the school's kitchen. If any food is removed from a child this will be handled sensitively to avoid a negative reaction and causing unnecessary upset.

5.4 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).

5.5 School bus

A risk assessment will be conducted in partnership with the parent for any children at risk from anaphylaxis who chooses to catch the school bus as their normal route between home and school. Whilst transport provision is the responsibility of the local authority we will work with the parents to risk assess ho the child can access to an AAI device in an emergency

5.6 Insect bites/stings

When outdoors:

1. Shoes should always be worn
2. Food and drink should be covered to avoid attracting insects
3. Children will be reminded to play away from any plants and shrubs that may attract insects

5.7 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

5.8 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

1. Pastoral care
2. Regular check-ins with their class teacher or Pastoral Lead

6. Procedures for handling an allergic reaction

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:

1. Known allergens and risk factors for anaphylaxis
2. Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
3. 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
4. A photograph of each pupil to allow a visual check to be made (with parental consent)
5. The register is kept in each classroom (relevant children) and in the school office and can be checked quickly by any member of staff as part of initiating an emergency response
6. KS2 children keep their AAIs with them in a bum-bag to reduce delays and allows for confirmation of consent without the need to check the register. For Foundation and KS1 children the AAI remains with the supporting adult if the child cannot look after it themselves.

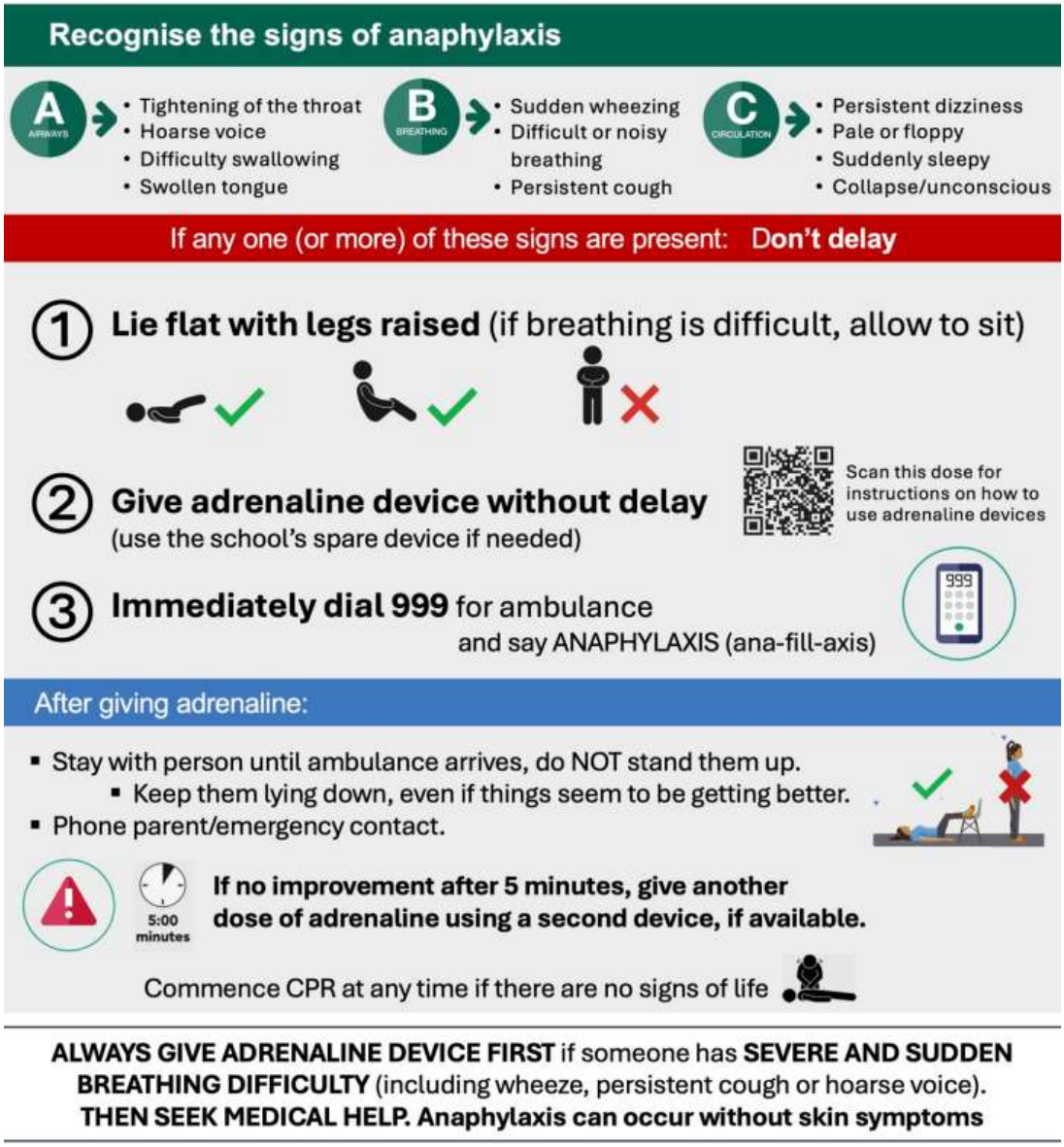
6.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained annually in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

1. Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
2. 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
3. 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
4. If the pupil has no allergy action plan, staff will follow NHS advice on treatment of anaphylaxis and Anaphylaxis UK's advice on what to do in an emergency

A school AAI device will be used instead of the pupil's own AAI device if:

1. Medical authorisation and written parental consent have been provided, or
2. 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)
3. Whilst we will obtain consent from parents, it is noted that in a life-threatening emergency, prior written consent is not strictly required by law to save a life
4. 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
5. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed



6.3 Allergy Safety Drills

The Allergy Lead will facilitate an allergy safety drill with all staff on an annual basis, or more frequently with those staff working more closely with any children, or colleagues, who are at risk of anaphylaxis. Results will be recorded and the policy, procedures or training updated as required. Where appropriate, a drill may be conducted with the allergy child and their peers to reduce any negative impact on their wellbeing.

6.4 Near miss

However effective a setting's policies are, they can never remove the risk of a serious incident involving a child, young person, member of staff or visitor with a medical condition or allergy. Incidents may occur for reasons which are wholly beyond the control of the setting. Children and young people with no prior history of allergy may come into contact with and have a severe reaction to an allergen for the first time while in an education setting. In such cases, the response by the school, college or early years setting will be critical: prompt recognition and effective emergency response action may be essential to saving a life.

In line with this principle, High Ash will approach serious incidents and “near misses” in a “no blame” spirit of seeking to learn lessons and address any issues which the incident identified, so that children and young people are better protected in the future.

The incident will be recorded in the Accident book. A report will set out:

- Who was affected;
- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff and students responded; what was done to support the individual; whether emergency services were called;
- How the incident concluded.

The report does not need to be long or complicated. It is more important to capture key information quickly, while it is fresh in the minds of those involved. The parents or carers of a child will be notified of the incident or “near miss” as soon as possible.

As High Ash operates its own in-house kitchen, as a food business it will record and review all allergen incidents and near-misses and, where appropriate, seek advice from their local authority environmental health team.

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are purchased and stored according to the guidance, including:

1. AAIs will be sourced from a local pharmacy or approved online retailer
2. The quantity of AAIs will be appropriate to level of need
3. The brand of AAI purchased will reflect those the children have on prescription
4. The dosage required is based on Resuscitation Council UK’s age-based criteria, as set out in the guidance

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

1. Stored at room temperature (in line with manufacturer’s guidelines), protected from direct sunlight and extremes of temperature
2. 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
3. **Not** locked away, but accessible and available for use at all times
4. **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)

The admin team is responsible for checking monthly that:

1. The AAIs are present and in date

2. Replacement AAIs are obtained when the expiry date is near. The Allergy Lead will be asked at least four weeks in advance of the expiry date to order replacements
3. A written log will be recorded of the date checked by whom.
4. The admin team will check pupils AAIs at the same time and inform parents if the date is approaching.

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions as set out on p13 of the guidance.

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. Staff will ensure they have the AAI with them and it is not left in school. Staff will carry the AAI for younger children, making sure they remain with the child for the duration of the school trip. The school will risk-assess the need to take some/all of the school's spare AAIs on a school trip, depending upon the location and duration of the trip and cohort participating.

7.6 Emergency anaphylaxis kit

The spare AAIs are kept in the emergency anaphylaxis kit. This also includes:

1. Instructions for the use of AAIs
2. Instructions on storage
3. Manufacturer's information
4. A list of injectors available, identified by batch number and expiry date with monthly checks recorded
5. A list of pupils to whom the AAI can be administered
6. A record to detail when an AAIs has been administered

8. Training

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

1. How to reduce and prevent the risk of allergic reactions
2. How to spot the signs of allergic reactions (including anaphylaxis)
3. The importance of acting quickly in the case of anaphylaxis
4. Where AAIs are kept on the school site, and how to access them
5. How to administer AAIs
6. The wellbeing and inclusion implications of allergies

All staff are trained annually, this includes regular supply teachers, volunteers, peripatetic teachers and sports coaches. The school will ask supply agencies to provide assurance of allergy training being completed. The Allergy Lead, Catering Manager, and Admin team may complete additional training such as Managing Medical Conditions, or Food Allergy training depending on the current pupil cohort or changes in legislation and guidance.

9. Links to other policies

This policy links to the following policies and procedures:

1. Health and safety policy
2. Supporting pupils with medical conditions policy
3. Allergens Policy

Appendix 1 - Individual Healthcare Plan for Allergies

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
</table>

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

- *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.*
- *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy
Annex: Medication needed while in school / college / setting</th></tr>
<tr><td colspan="2">Non-prescription medication:
Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting
· Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Prescription medication:
Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Prescribed by:</td><td>Date:</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” adrenaline devices:
Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” salbutamol inhaler:
If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
</table>

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: