Rushbury C E Primary School Allergy Policy

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Lead responsibility:	Headteacher
Named SLT lead for allergy safety:	Mr Steve Morris, Headteacher
Date approved by governors:	**10th November 2026**
The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:	**Sian Mann, Administrator and PA to Headteacher** **Julia Kelly, Administrator and PA to Headteacher**

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1. Purpose

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

2. Statement of intent

This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live

with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

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

3. Equalities statement

Our school is clear about the need to actively support pupils with medical conditions to participate in school life.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

4. Introduction

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These pupils are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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.

5. Scope of allergy

For the purposes of this policy, allergy is understood broadly and includes allergic conditions such as food allergy, asthma, eczema, hay fever and other diagnosed allergic conditions, which may occur separately or together. Allergic reactions can be mild, moderate or severe, and may include anaphylaxis, which is a medical emergency.

This policy applies to pupils with diagnosed or suspected allergies during the school day and during all school-related activities, including breakfast and after-school clubs, educational visits, sporting fixtures, residential visits, curriculum activities, food-related learning, school events and activities delivered by third parties on behalf of the school.

The school will distinguish between food allergy, coeliac disease and food intolerance. Food allergy involves the immune system and can cause an allergic reaction, including anaphylaxis. Coeliac disease is an autoimmune condition requiring strict avoidance of gluten. Food intolerance does not usually involve the immune system in the same way as allergy but can still require reasonable dietary management and support.

The school will use information from parents/carers, healthcare professionals, Allergy Action Plans (AAPs) and/or Individual Healthcare Plans (IHPs) to identify the nature of each pupil's allergy, known triggers, symptoms, emergency medication, reasonable adjustments and any actions required to reduce risk and support inclusion.

6. Government Legislation

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs) as detailed in Benedict's Law coming into force September 2026.

These allergy guidelines are designed to be included within the school's medical conditions policy as required by the Supporting Pupils at school with medical conditions statutory guidance. It is recommended that they should be made available on the school's website.

7. Links with other policies

This policy should be read alongside, and applied consistently with, the school's wider policies and procedures. These include, but are not limited to:

- Supporting pupils with medical conditions / Individual Healthcare Plans policy.
- Health and Safety policy.
- First Aid policy, including emergency response arrangements.
- Safeguarding and Child Protection policy.
- Behaviour and Anti-Bullying policies.
- Special Educational Needs and Disabilities policy and accessibility arrangements.
- Educational Visits and Off-Site Activities policy.
- Food Safety, Catering and/or School Meals policies and procedures.
- Curriculum, PSHE and pupil wellbeing arrangements.
- Complaints policy and communication procedures for parents/carers.

Where there is any overlap between these policies, the school will ensure that arrangements are consistent, proportionate, communicated to relevant staff and reviewed following any significant allergy-related incident or near miss.

8. Principles

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep pupils safe.
- To ensure pupils from diverse backgrounds, ethnicities or cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering provider/team to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school.
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a pupil awareness programme through PSHE and other curriculum areas.

In order to put these principles into practice we will:

9. Roles & Responsibilities

The **governing body** is required to develop policies to cover the school. This should be based on a suitable and sufficient risk assessment carried out by a competent person. The governing body has general responsibility for all the school's policies, even when it is not the employer. In county and controlled schools, the governing body should follow the health and safety policies and procedures produced by the local authority as the employer. In practice, most of the day-to-day functions of managing health and safety are delegated to the Headteacher.

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures.
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher.
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective.

- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management, with a record maintained for all training and attendees.
- Ensure adequate resources for managing allergies are available.
- Ensure appropriate material is available on the school website for parents/carers highlighting how the school is managing pupils with allergies.
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose.

Named senior leader responsible for allergy safety

The school will identify a named member of the senior leadership team with overall responsibility for allergy safety. This person will have oversight of the implementation, monitoring and review of this policy and will ensure that allergy safety is considered as part of the school's wider safeguarding, health and safety, medical conditions and inclusion arrangements.

- Ensure this policy is implemented consistently across the school, including classrooms, dining areas, wraparound provision, school trips and other school-related activities.
- Confirm that pupils with known allergies are identified, that appropriate Allergy Action Plans (AAPs) and/or Individual Healthcare Plans (IHPs) are in place, and that relevant information is shared securely with staff who need to know.
- Ensure staff receive allergy awareness and emergency response training at least annually, with suitable induction arrangements for new, temporary, supply and relevant wraparound staff.
- Monitor arrangements for minimising the risk of exposure to allergens, including food, airborne and contact allergens, and ensure individual risk assessments are completed and reviewed where required.
- Oversee arrangements for the safe storage, accessibility, checking and replacement of prescribed and spare adrenaline auto-injectors, where held by the school.
- Ensure allergic incidents and near misses are recorded, reviewed and used to improve procedures, risk assessments, training and individual plans.
- Report to the Headteacher and governing body on the effectiveness of allergy safety arrangements, including any significant incidents, training compliance and identified areas for improvement.

The **Headteacher** is responsible for putting the governing body's policy into practice and for developing detailed procedures. The Headteacher should also make sure that parents/carers are aware of the school's health and safety policy, including arrangements for managing pupils with allergies and those at risk of anaphylaxis.

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition.

- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding.
- Ensure the curriculum contains age-appropriate content so all pupils can learn about allergies and how everyone can support those who have them.
- Create links at strategic level with healthcare professionals and catering providers and ensure at operational level that links are robust.
- Ensure that up-to-date allergy information for pupils is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff.
- Ensure the school sends a copy of the medical details it holds for the pupil to parents/carers for review and update at the end of each school year. Seek updated medical information at the start of each calendar year and for any pupil joining in-year.
- Where the pupil has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil in establishing the IHP.
- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional, which can be kept with the pupil's medication, with copies made available for staff to access where needed.
- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises.
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures.
- Ensure an adequate risk assessment is undertaken before any school trips, visits or off-site extra-curricular activities for pupils who have allergies.
- Ensure records of pupils medically prescribed an AAI and any AAI use are kept correctly.
- Ensure pupil documentation and in-date medication are kept correctly and safely.
- Ensure best practice in the labelling of foodstuffs and their contents.
- Report to the Board of Governors regarding the management of allergies within the school.

Teachers and staff conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of pupils at the school in the same way that parents/carers might be expected to act towards their children. **In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency**. The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders or appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absence or off-site duties.

Member(s) of Staff responsible for medical needs

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.
- Report to the Headteacher regarding pupils with allergies.

- Lead on the training of staff regarding allergy medical needs and their identification and management.
- Work closely with in-house and contracted catering managers and chef managers to support pupils with known allergies, including meeting with parents/carers where requested to discuss any special requirements.
- Monitor where there is a school 'tuck shop' or home baked items are brought into school.
- Liaise with parents/carers of pupils with known or declared allergies to produce a risk assessment that covers information sharing, allergy management, risk minimisation and emergency actions.
- Wherever possible, use an Allergy Action Plan (AAP) for pupils with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for staff to access.
- If an additional written Individual Healthcare Plan (IHP) is not required, ensure that the AAP is viewed and treated with the same level of seriousness.
- Ensure all copies of the AAP and/or IHP located around the school and/or on school IT systems are identical if an updated version is received.
- Where an AAP has not been received for a pupil with recognised allergies, or if the medication information is not clear, liaise with the GP or school nursing team to obtain an up-to-date copy and/or clarification.
- Ensure medication is stored in a rigid box and clearly labelled with the pupil's name and photograph. Older pupils should carry their AAIs and medication with them where appropriate.
- Be trained in the use of an adrenaline auto-injector (AAI) and be competent in performing any prescribed medical treatment outlined in the pupil's IHP and/or AAP.
- Ensure that any other staff involved with pupils who may require the use of an AAI are adequately trained and competent.
- Ensure school trips, visits and off-site extra-curricular activities for pupils with allergies are planned in advance so that safe food is provided, or effective controls are in place to minimise the risk of allergen exposure.
- Ensure the school has an audited supply of in-date spare AAIs, kept at room temperature in a safe, accessible and secure location that is not locked away, and that all staff know where they are stored.
- Monitor all AAIs to ensure they are in-date, are the correct dosage and are replaced when required, including those brought into school by pupils or provided from external sources.
- Arrange for the correct disposal of out-of-date AAIs.
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate.
- Record all emergency uses of AAIs or reports of suspected emergencies.
- Ensure that, if a pupil notifies the school that they are no longer allergic to a food, this information is checked with parents/carers and, where appropriate, a healthcare professional before records and the IHP or AAP are updated.

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.
- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff and be confident to respond to an allergy emergency.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at breaks or mealtimes. Any food-related activities must be supervised with due caution.
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food.
- Any staff leading a school trip must check in advance that pupils with medical conditions, including allergies, have the required medication available and that staff know where it will be kept during the visit.
- The member of staff responsible for medical needs 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 member of staff responsible for medical needs will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The member of staff responsible for medical needs keeps 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.
- Raise awareness about allergies and anaphylaxis amongst their pupils/students in the classroom and around school, especially in dining areas.
- Encourage self-responsibility and learned avoidance strategies amongst pupils/students living with allergies.
- Help all pupils/students understand which foods are safe for those with allergies and how they can support other pupils/students with specific dietary needs to stay safe.
- Highlight the need for anti-bullying of pupils/students with the condition.

Parents/Carers

- Notify the school of the pupil's allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers should supply a copy of their child's Allergy Action Plan (AAP), preferably a BSACI plan, completed by a healthcare professional. This should be kept with the pupil's medication and used to help the school support the pupil.
- If the pupil does not currently have an AAP, this should be developed as soon as possible in collaboration with a healthcare professional, such as the school nurse, GP or allergy specialist.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The AAP will be updated accordingly.

- Provide appropriate in-date medication, including two AAIs of the correct dosage, and register the AAIs on the manufacturer's website to receive expiry-date alerts.
- Ensure any required medication is replaced as necessary, including after use or when it expires.
- Talk with their child about allergy self-management, including which foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, and how and when to tell an adult if they are experiencing an allergic reaction.
- Contribute to the development of an Individual Healthcare Plan (IHP) in partnership with the school and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- Where required, meet with the catering lead or nominated school contact to discuss any specific requirements relating to the pupil's allergy. Information from these meetings will be recorded by the school.
- Be aware of the school Allergy Policy and arrangements for managing pupils with allergies and those at risk of anaphylaxis.
- Communicate regularly with the school to support its ability to keep pupils safe and act immediately in the event of an allergic reaction.
- Provide appropriate food for the pupil to consume where necessary.
- Review the policy and procedures with the Headteacher and/or member of staff responsible for medical needs, the pupil's doctor and the pupil, where age appropriate, after a reaction has occurred.

Pupil/Students with allergies (as age appropriate)

- 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 trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe.
- Be proactive in the care and management of their food allergies and reactions and medication.
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction.
- Read food labelling but, if unsure, avoid the food.
- Avoid eating anything with unknown ingredients.
- Know where their medication is kept and (if age appropriate and confident enough to administer their own autoinjectors) take responsibility for carrying AAIs on their person at all times.
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

10. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take

responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger pupils or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, 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 (AAP)
- Antihistamine as tablets or syrup, if included on the AAP
- Spoon if required
- Asthma inhaler, if included on the AAP.

It is the responsibility of parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled; however, the member of staff responsible for medical needs will check medication kept at school on a termly basis and send a reminder to parents/carers if medication is approaching expiry.

Parents/carers can subscribe to expiry alerts for the relevant AAIs prescribed to the pupil, to make sure replacement AAIs can be obtained in good time.

Older pupils and medication

Older pupils should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the pupil cannot.

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 a pre-ordered sharps bin. Sharps bins are obtained from and disposed of through the school's agreed clinical waste disposal arrangements.

The sharps bin will be kept in a safe, accessible location known to relevant staff.

The sharps bin is kept in the following room: ___[Insert name of Room/Location]

Spare adrenaline auto-injectors (AAIs) in school

The school may hold spare **AAIs for emergency use for pupils who are at risk of anaphylaxis** where their own devices are not available or cannot be used, for example because they are out-of-date, unavailable or not working.

Spare AAIs will be stored in a clearly labelled emergency anaphylaxis pack/container, kept safely, not locked away and accessible to staff.

The school will record the number and location of spare AAIs and ensure staff know where they are kept.

The school holds [Insert number] spare pens which are kept in the following location/s:

[Insert Room/Location 1]
[Insert Room/Location 2]
[Insert Room/Location 3]
[Insert Room/Location 4]

The member of staff responsible for medical needs is responsible for checking that spare medication is in-date on a monthly basis and replacing it as needed.
Parent/carer permission for use of spare AAIs is included in the pupil's Allergy Action Plan (AAP).

If anaphylaxis is suspected **in an undiagnosed pupil or other individual**, call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Schools can legally purchase and store spare adrenaline auto-injectors (AAIs) for pupils at risk of anaphylaxis. Immediate access to an AAI can be life-saving. While it is vital that parents/carers have their own prescribed AAIs for the pupil, having spare AAIs at school adds an extra layer of reassurance and supports a safer and more inclusive environment for pupils managing severe allergies.

Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

A supplier, such as a pharmacy, will need a request signed by the Headteacher, ideally on appropriate headed paper, stating:
- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required.

A template letter which can be used for this purpose can be downloaded at:
www.sparepensinschools.uk

Please note that pharmacies are not required to provide AAIs free of charge to schools, the school must pay for them as a retail item.

11. Allergy Action Plans

Allergy Action Plans (AAPs) are designed to function as Individual Healthcare Plans (IHPs) for pupils with food allergies, providing medical information and parents'/carers' consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector (AAI).

The school recommends using the British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parents'/carers' responsibility to complete the AAP with help from a healthcare professional, such as the GP, school nurse or allergy specialist, and provide this to the school.

The BSACI Allergy Action Plans include consent for parents/carers to sign, authorising the administration of AAIs to their child. **Paediatric Action Plans - BSACI.**

12. Emergency Treatment and Management of Anaphylaxis

This allergy policy must be read in conjunction with the school's Health and Safety Policy, as the management of anaphylaxis is integral to first aid arrangements. Designated first aiders will need specific training on anaphylaxis and must understand their responsibilities. Staff who are not designated first aiders must still follow the training provided and act in the best interests of the pupil. Refer to Section 9, Roles & Responsibilities – Teachers and staff.

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 serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The pupil 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 pupil where they are, call for help and do not leave them unattended.
- **LAY THE PUPIL FLAT WITH LEGS RAISED** – they can be propped up if they are struggling to breathe, but this should be for as short a time as possible.
- **USE AN ADRENALINE AUTO-INJECTOR (AAI) 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 there is no improvement after 5 minutes, administer a second AAI.
- If there are no signs of life, commence CPR.
- Call parents/carers as soon as possible.

While waiting for the ambulance, keep the pupil 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 and cause 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 recur after treatment.

13. Catering

Catering teams must also refer to the School Catering & Food Safety Policy (Section 10 – Allergen and Special Diet Management).

The school will manage the risk of exposure to food allergens in food provided by the school by maintaining clear communication between parents/carers, school staff and catering staff, ensuring allergen information is available and up to date.

Local arrangements must be in place to identify pupils with food allergies or intolerances that prevent the risk of cross-contamination.

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.

To support school catering staff, it is required for these teams to undertake additional (Free) Food Allergy and Intolerance Training by the Food Standard Agency: Home | FSA Food Allergy Training to compliment the school allergy training under Benedicts Law.

The school will make menu and allergen information available to parents/carers in advance where reasonably practicable.

Allergen information will be provided through the school's normal menu communication arrangements, such as the school website, parent app, printed menu, catering portal or direct communication from the school office/catering team.

The member of staff responsible for medical needs, or another nominated member of staff, will ensure that the catering lead is informed of pupils with food allergies and any relevant updates.

The school will maintain a clear local system to ensure catering staff can identify pupils with food allergies before food is prepared or served.

This may include arrangements such as pupil photographs, allergy lists, meal-ordering alerts, till or catering system alerts, classroom records and agreed communication procedures. The school will identify who is responsible for keeping this information accurate and up to date.

Parents/carers are encouraged to meet with the catering lead or nominated school contact to discuss their child's dietary and allergy needs where required.

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 from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- 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 Manager.
- 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.

Allergy awareness and nut bans

The School supports the approach advocated by many allergy charities 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.

14. Risk Assessment

Where a pupil has a known allergy to airborne or contact allergens, the school will put reasonable and proportionate measures in place to reduce the risk of exposure. This will be informed by information from parents/carers, healthcare professionals, the pupil's Allergy Action Plan and/or Individual Healthcare Plan, and any relevant individual risk assessment. Reasonable measures may include controlling or avoiding identified triggers such as latex, animal dander, pollen, insect stings, cleaning products, science or art materials, classroom resources, site works, food-related activities and shared equipment. Controls may include supervision, cleaning arrangements, substitution of materials, seating/location arrangements, communication with relevant staff, advance planning for activities and events, and ensuring emergency medication is accessible.
Risk assessments will be reviewed when a pupil's needs change, following an allergic incident or near miss, before higher-risk activities or visits, and at least annually as part of the school's wider allergy safety arrangements.

The School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template.

15. Staff Training

The school will ensure that staff receive allergy awareness and emergency response training at least annually. Training will be refreshed sooner where there is a significant change in pupil need, school arrangements, emergency procedures, relevant guidance or following an allergic incident or near miss.

All staff who are present when pupils are scheduled to be on site will receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and any staff who supervise pupils during breakfast clubs, after-school clubs or other wraparound provision. Contractors or visitors with no pupil-facing role will be informed of any relevant site arrangements where necessary.

New staff will receive allergy awareness information as part of their induction before they have unsupervised responsibility for pupils. Supply, temporary and cover staff will be given essential allergy safety information, including emergency response procedures, relevant pupil information, AAI locations and how to summon help, before working with pupils.
Allergy awareness training will ensure that staff understand the school's allergy procedures, know how to reduce the risk of exposure to allergens, can recognise the signs and symptoms of an allergic reaction and anaphylaxis, know when and how to call emergency services, and are confident in the emergency use of adrenaline auto-injectors where required.

The Headteacher will nominate at least two members of staff to coordinate staff anaphylaxis training and support the upkeep of this policy.

All staff will complete online anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Allergy training should include a practical session (trainer AAIs are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- 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
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: **https://www.epipen.co.uk/** and **https://jext.co.uk/**and **www.emerade-bausch.co.uk**)

16. Allergies Inclusion, Bullying & Safeguarding

The school recognises that living with an allergy, and the risk of anaphylaxis, can affect a pupil's confidence, participation and emotional wellbeing. Staff will promote inclusion by ensuring that pupils with allergies can take part safely in school life, that reasonable adjustments are made where needed, and that pupils are supported to develop age-appropriate self-management skills without being made to feel isolated or different.

The school will not tolerate allergy-related bullying, harassment, teasing, isolation or unsafe behaviour involving allergens. Any concerns about allergy bullying will be addressed in line with the school's Behaviour, Anti-Bullying and Safeguarding policies. Staff will take prompt action to

protect the pupil, record and investigate concerns, involve parents/carers where appropriate, provide support to those affected, and use education to reinforce safe, respectful behaviour.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education. **Please view the guidance here**.

Other useful websites include:

- **NSPCC**
- **National Bullying Helpline**
- **Family Lives**
- **Kidscape**
- **Young Minds**
- **Childline**
- **Bully Busters**

17. School trips

Trip leaders will check in advance that required medication and emergency supplies are available, taken on the visit and kept readily accessible. Staff will know where medication is kept and how to respond in an emergency. Pupils unable to produce their required medication will not be able to attend the excursion.

For all visits, trips, residentials and off-site activities, planned activities will be reviewed for allergy risk. This will identify likely allergen exposure and reasonable controls to support safe participation wherever possible or alternative activities will be planned to ensure inclusion.

Residential and overnight visits
Overnight trips should be possible with careful planning. The trip lead will meet with parents/carers in advance to agree arrangements for food, accommodation, medication, emergency access and supervision. Where a venue provides food or accommodation, staff at the venue will be briefed early and the school will obtain allergen information and agree suitable arrangements before the visit.

18. Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. 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.

19. Allergy management checklist

- Does the pupil have an Individual Healthcare Plan (IHP)?
- Has your school purchased spare AAIs?
- Does each pupil have a completed and signed Allergy Action Plan (AAP)?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each pupil's AAIs?
- Does the allergy policy cover catering for pupils with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra-curricular activities?
- Does the allergy policy cover safeguarding pupils with allergies, including bullying?

20. Reporting incidents of Anaphylaxis (RIDDOR)

All allergic reactions need recording and reporting using the school's own internal systems. As well as written records it is best practice to verbally alert the person in charge of medical conditions in the school. This is so that the circumstances that enabled the reaction to happen can be identified and changed to prevent future occurrences. In the same way, it is important to record and report near misses too.

Some reactions, particularly those that cause anaphylaxis, require reporting to the Health and Safety Executive under RIDDOR. A reaction needs reporting when all three of the following apply:

- The incident was work-related
- They result in an injury
- The person is taken directly from the scene of the accident to hospital for treatment to that injury

An injury is defined as anything 'needing treatment' and 'treatment' includes further medication or observation.

Work-related means:

- How the work was carried out, including how the work was organised, supervised or performed by an employer or any of their employees, or by a self-employed person.
- Substances or equipment used in connection with the workplace
- Work processes carried out there
- The condition of the workplace where the accident happened

Examples where the incident IS work related, and therefore reportable are:

- A child has an allergy to eggs. Her school has been made aware of this and a relevant care plan is in place. While at school she is given a meal containing eggs by a new

employee. The employee has not been made aware of the care plan or trained. The child had anaphylaxis.

- A child has an allergy to milk. The school has been made aware of this and a relevant care plan is in place. Milk was spilt on the table in the classroom which was wiped up. The cloth was then used to wipe another table without it being washed out first. The child later sat at the table, got milk on their hands which were placed in the mouth. The staff member had not received suitable training.

Schools must inform the health and safety team of any serious allergic reaction via ERP, who if deemed appropriate, will submit the RIDDOR report to the HSE.

21. Glossary of terms

Allergy Action Plan (AAP)

These plans have been designed to support first aid treatment of anaphylaxis by people without specialist medical training or equipment, other than access to adrenaline auto-injectors (AAIs). The plans are medical documents and should be completed by the pupil's healthcare professional in partnership with parents/carers. AAPs are designed to function as Individual Healthcare Plans (IHPs) for pupils at risk of anaphylaxis.
Download here: **Paediatric Action Plans - BSACI**

Individual Healthcare Plan (IHP)

These plans are drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school nurse, specialist nurse or paediatrician, who can best advise on the pupil's specific healthcare needs. Pupils should also be involved whenever appropriate. The aim should be to capture the steps the school should take to help the pupil manage their specific condition and overcome any potential barriers to getting the most from their education. **Read more about Individual Healthcare Plans here**.

Where a pupil's health needs relate only to their allergy, the Allergy Action Plan (AAP) can function as their Individual Healthcare Plan (IHP).

22. Useful Links – Providing free resources including templates, posters, lesson plans, Q&A's and plenty more

Department for Education Guidance: Allergy guidance for schools - GOV.UK

Three main charities;

- Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK
- The Allergy Team
- Natasha's Foundation (Allergy School)
  Schools can sign up to the free webinar for New DfE allergy guidance: Learn what the guidance means for your school.
  They will be running webinars on the following dates and times:
  - Monday 14 September 2026 (3:45 - 4:15pm)
  - Tuesday 29 September 2026 (9:30 - 10am)
  - Wednesday 14 October (9:30 - 10am)
  - Tuesday 17 November (3:45 - 4:15pm)
  - Tuesday 8 December (9:30 - 10am)

- BSACI Allergy Action Plans - **Paediatric Action Plans - BSACI** (British Society for Allergy and Clinical Immunology) Including Templates

- **Free training in partnership with the Natasha Foundation is available through High speed training;**
  Free Allergy Training For Schools | City & Guilds Assured



- For expert insight & information please watch the YouTube webinar (Hosted by a headteacher)
  IOSH The Safety Gap: Managing Anaphylaxis in Education

- **Home | FSA Food Allergy Training** Food Standards Agency - Free Food Allergy and Intolerance Training. This training will compliment and re-enforce the training under Benedicts Law (School Allergy Training) for all catering staff.

Allergy UK - **https://www.allergyuk.org**

Resources for managing allergies at school - **https://www.allergyuk.org/living-withan-allergy/at-school/**

BSACI Allergy Action Plans - **Paediatric Action Plans - BSACI**
(British Society for Allergy and Clinical Immunology) Including Templates

Spare Pens in Schools - **Home - Spare Pens in Schools**

Department for Education Supporting pupils at school with medical conditions:
Supporting pupils at school with medical conditions

Department of Health Guidance on the use of adrenaline auto-injectors in schools -
Guidance on the use of adrenaline auto-injectors in schools

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) **Overview | Food allergy | Quality standards | NICE**

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence)
Overview | Anaphylaxis: assessment and referral after emergency treatment | Guidance | NICE