St Mary Magdalene & St Stephen's CE Primary School

'I can do all things through Christ who strengthens me'
Philippians 4:13

Allergy Policy

Statement of Intent

As a multi-cultural church school with 'Gold' Rights Respecting schools status, we actively promote a caring, respectful and accepting environment that enables our pupils both within and beyond the classroom. Following the teachings of St. Paul, our school vision of **I can do all things through Christ who strengthens me - 4:13 Philippians** lies at the foundation of everything we do. (*On this we build and foster the virtues of Moral Courage, Compassion, Forgiveness, Thankfulness and Koinonia.)*

Executive Headteacher **Head of School**	Lee Duffy Leoni White	**DSL**	Denese Forde
Approved by	Governing Body	**Approval date**	_____
Next review	September 2027		

Contents

1. Aims ..... **Error! Bookmark not defined.**

2. Legislation and guidance ..... **Error! Bookmark not defined.**

3. Roles and responsibilities..... 2

4. Assessing risk..... **Error! Bookmark not defined.**

5. Managing risk..... **Error! Bookmark not defined.**

6. Procedures for handling an allergic reaction..... **Error! Bookmark not defined.**

7. Adrenaline auto-injectors (AAIs) ..... **Error! Bookmark not defined.**

8. Training..... **Error! Bookmark not defined.**

9. Links to other policies ..... **Error! Bookmark not defined.**

---

1. Aims

St Mary Magdalene and St Stephen's CE Primary School is committed to providing a safe, inclusive environment in which pupils with allergies can participate fully in school life.

This policy sets out how the school will:

- identify pupils with allergies and understand the support they require;
- reduce, so far as is reasonably practicable, the risk of exposure to known allergens;
- ensure that pupils with allergies are included in lessons, clubs, meals, trips and other school activities;
- recognise and respond promptly to allergic reactions and anaphylaxis;
- ensure rapid access to prescribed and spare adrenaline auto-injectors (AAIs);
- train staff in allergy awareness and emergency response;
- support pupils' physical and emotional wellbeing; and
- record, review and learn from allergy-related incidents and near misses.

The school cannot guarantee an entirely allergen-free environment. It will instead maintain an allergy-aware culture, take proportionate precautions and ensure that robust emergency arrangements are always in place.

2. Legislation and guidance

This policy has regard to:

- section 100 of the Children and Families Act 2014;
- section 34 of the Children's Wellbeing and Schools Act 2026;
- the Equality Act 2010;
- the Health and Safety at Work etc. Act 1974;
- the Human Medicines Regulations 2012, as amended in 2017;
- the Food Information Regulations 2014;
- the Food Information (Amendment) (England) Regulations 2019;
- the Department for Education's *Allergy safety in schools* statutory guidance, July 2026;
- the Department for Education's *Supporting pupils at school with medical conditions* statutory guidance;
- the Department of Health and Social Care's guidance on the use of emergency AAIs in schools;
- the statutory framework for the Early Years Foundation Stage; and
- current Food Standards Agency and Resuscitation Council UK guidance.

Severe allergy may amount to a disability under the Equality Act 2010. The school will make reasonable adjustments and will not exclude a pupil from an educational or social opportunity because of their allergy.

3. Roles and responsibilities

Allergy safety is a whole-school responsibility.

3.1 Governing Body

The Governing Body is responsible for:

- ensuring that the school has an effective, published allergy safety policy;
- ensuring that the policy is implemented, monitored and reviewed at least annually;
- assuring itself that appropriate training, medication, risk-management and emergency arrangements are in place;
- receiving reports concerning serious allergy incidents and near misses; and
- ensuring that lessons are learned and appropriate action is taken following an incident.

3.2 Head of School

The Head of School has overall responsibility for the implementation of this policy and for ensuring that:

- a senior member of staff is appointed as Allergy Safety Lead;

- sufficient trained staff are available at all times, including during clubs, educational visits and staff absence;
- allergy-related risks are included within the school's risk-management arrangements;
- staff follow pupils' Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans; and
- emergency medication and equipment are readily accessible.

3.3 Allergy Safety Lead

The named Allergy Safety Lead is **Denese Forde**.

The Allergy Safety Lead is responsible for:

- promoting an allergy-aware culture across the school;
- maintaining an up-to-date record of pupils with known allergies and the arrangements in place for them;
- coordinating IHPs and obtaining current Allergy Action Plans and Asthma Action Plans where applicable;
- ensuring relevant information is communicated securely to staff who need it;
- coordinating annual training and induction arrangements for new, temporary and visiting staff;
- ensuring allergy risks are considered in lessons, catering, events, clubs and educational visits;
- maintaining the school's emergency anaphylaxis kits and spare AAIs;
- monitoring medication expiry dates and arranging replacement stock;
- coordinating the recording and review of allergy incidents and near misses; and
- leading the annual review of this policy.

3.4 School nurse or designated medical officer

The school nurse or designated medical officer will, as appropriate:

- support communication between the school, families and healthcare professionals;
- assist with the preparation and review of IHPs;
- receive and check medication supplied by families;
- support staff training within their professional competence; and
- undertake other appropriate duties delegated by the Head of School or Allergy Safety Lead.

3.5 Teaching, support and other pupil-facing staff

All pupil-facing staff must:

- complete the allergy awareness and emergency response training required by the school;
- know how to recognise mild or moderate allergic reactions, anaphylaxis and acute asthma;

- know how to summon help, call 999 and access and administer emergency medication;
- be familiar with the needs and plans of pupils in their care;
- follow relevant IHPs, Allergy Action Plans and Asthma Action Plans;
- consider allergens when planning lessons, resources, rewards, celebrations, clubs and visits;
- maintain appropriate hygiene and food-sharing arrangements;
- never send a pupil experiencing a suspected allergic reaction to fetch help or medication;
- report all allergic reactions, medication errors and near misses promptly; and
- promote inclusion and challenge allergy-related teasing, bullying or unsafe behaviour.

3.6 Parents and carers

Parents and carers are expected to:

- tell the school promptly about any diagnosed or suspected allergy, asthma or relevant change in their child's condition;
- provide accurate information about allergens, previous reactions, symptoms and treatment;
- participate in the preparation and review of their child's IHP;
- provide a current Allergy Action Plan or Asthma Action Plan issued or endorsed by an appropriate healthcare professional, where applicable;
- provide **two in-date prescribed AAIs** where these have been prescribed, together with any other required medication;
- ensure medication is in its original packaging, clearly labelled and replaced before it expires;
- ensure the school has current emergency contact details;
- follow the school's expectations regarding packed lunches and food brought in for sharing; and
- inform the school immediately of changes to medication or clinical advice.

3.7 Pupils

Pupils will be supported, according to their age and understanding, to:

- develop awareness of their allergens and how to avoid them;
- tell an adult immediately if they feel unwell or believe they have been exposed to an allergen;
- understand their medication and, where appropriate, carry or self-administer it;
- avoid swapping or sharing food, drinks, utensils and containers; and
- respect the safety needs of pupils with allergies.

The school retains responsibility for pupils' safety. Responsibility will not be transferred to a pupil merely because they are able to manage aspects of their condition independently.

4. Identification, records and Individual Healthcare Plans

4.1 Identifying allergies

The school will seek information about allergies and asthma when a pupil joins the school and will ask parents to confirm or update medical information at least annually.

Staff and regular visitors will be encouraged to tell the school confidentially about any allergy that may require support or emergency treatment while they are on site.

4.2 Allergy register

The school will maintain an accessible but securely managed register of pupils with known allergies. As appropriate, it will include:

- the pupil's name and photograph;
- known allergens and relevant risk factors;
- typical signs and symptoms;
- prescribed medication, device, brand and dose;
- the location of the pupil's medication;
- whether an IHP, Allergy Action Plan or Asthma Action Plan is in place; and
- current emergency contacts.

Relevant information will be available quickly to staff responding to an emergency. Health information is special-category personal data and will only be shared where necessary to keep the pupil safe and included.

4.3 Individual Healthcare Plans

Any pupil whose allergy requires arrangements that are additional to or different from the school's general arrangements will have an IHP. This includes pupils who require emergency medication, reasonable adjustments or specific risk-management measures.

The IHP will be prepared in collaboration with the pupil, where appropriate, their parents or carers, relevant school staff and, where available, healthcare professionals. It will set out:

- the pupil's condition, allergens, symptoms and risk factors;
- preventative measures and reasonable adjustments;
- prescribed and emergency medication, including where it is kept;
- who is responsible for providing support;
- arrangements for lessons, meals, playtimes, clubs, trips and travel;
- emergency procedures and contact details; and
- arrangements for review.

An Allergy Action Plan or Asthma Action Plan supplied by a healthcare professional will be attached to or referenced within the IHP. The IHP will be reviewed at least

annually and sooner following a change in need, updated clinical advice, an incident or a near miss.

5. Minimising the risk of exposure

5.1 General measures

The school will take reasonable, proportionate steps to minimise exposure to known allergens. These include:

- encouraging thorough handwashing before and after eating;
- prohibiting the swapping or sharing of food, drinks, utensils and food containers;
- ensuring drinks and lunchboxes are clearly named;
- cleaning tables and food-preparation areas appropriately;
- considering allergens in classroom resources, rewards, celebrations and fundraising activities;
- using alternatives where a planned activity would expose a pupil to a known allergen; and
- ensuring that a pupil is not unnecessarily segregated or excluded.

5.2 Food brought into school

Parents, pupils and staff will receive clear information about food that may be brought into school. Food intended for sharing must not be brought in unless agreed in advance with the school and suitable arrangements have been made for pupils with allergies.

Unlabelled food presents a particular risk. Where food is used in lessons, clubs, celebrations or events, ingredients and allergen information must be checked in advance. Suitable alternatives will be provided so that pupils with allergies can participate safely.

5.3 Allergy-aware environment

The school is an **allergy-aware and nut-aware school**. Families and staff are asked not to bring packaged nuts, nut butters, nut-based sauces or products in which nuts are a prominent ingredient onto the school site. Additional restrictions may be introduced following an individual risk assessment.

The school does not describe itself as completely "nut free" or "allergen free", as it cannot guarantee the absence of allergens and such a claim may create false reassurance. Emergency arrangements remain essential at all times.

Where unsuitable food is brought in, staff will manage the immediate risk sensitively and ensure that the pupil has an appropriate alternative to eat. Parents will be reminded of the school's expectations. Food will not be withheld without ensuring that the child has access to a suitable meal.

5.4 Catering

The school will work with its catering provider to ensure that:

- catering staff receive appropriate allergen training;
- there are robust systems for identifying pupils with allergies at mealtimes;
- accurate allergen information is recorded and readily available for both prepacked and non-prepacked food;
- ingredient substitutions and last-minute menu changes are checked and communicated;
- agreed special diets and reasonable adjustments are provided;
- food is prepared, stored and served using appropriate controls to reduce cross-contamination; and
- pupils with allergies can eat with their peers safely and with dignity.

Parents must be informed if the catering provider cannot safely meet a pupil's dietary requirements so that an alternative arrangement can be agreed.

5.5 Lessons and activities

Staff must consider allergy risks when planning cooking, science, art, craft, music, gardening, animal-handling and similar activities. Potential risks include food packaging, play dough, glues, paints, cosmetics, balloons, latex, bird feed and animal fur or dander.

Where a material presents a risk to a pupil, a safe alternative will normally be used for the group. Pupils will not be excluded simply because an activity requires reasonable adaptation.

5.6 Animals, insects and outdoor activity

Specific controls will be included in the pupil's IHP or activity risk assessment where a pupil has an animal, insect-sting, pollen or other environmental allergy. Pupils will wash their hands after contact with animals. Food and drink will be appropriately covered outdoors, and suitable footwear will be worn.

5.7 Emotional wellbeing and bullying

The school recognises that living with allergy can cause anxiety and may make a pupil feel different or excluded. Support may include pastoral check-ins, reassurance, reasonable adjustments and opportunities for the pupil and family to contribute to safety planning.

Allergy-related teasing, threatening a pupil with an allergen, deliberately exposing them to an allergen or excluding them because of their allergy will be treated seriously under the school's behaviour and anti-bullying procedures.

6. Educational visits, clubs and off-site activities

Pupils with allergies will be enabled to participate in educational visits, residential visits, sporting events, clubs and other school activities. Parents will not ordinarily be required to attend in order for their child to take part.

Before an off-site activity, the trip or activity leader will:

- review the pupil's IHP and action plans;
- complete an individual allergy risk assessment where required;
- consider food, travel, accommodation, activities, access to emergency services and mobile-phone coverage;
- confirm that an appropriately trained member of staff will be present;
- ensure that the pupil has rapid access to both of their prescribed AAIs and any other required medication;
- check medication is in date before departure;
- brief relevant staff and external providers; and
- consider whether a pair of spare school AAIs should accompany the trip without leaving the school site inadequately supplied.

Emergency medication must remain with the pupil or responsible adult and must never be left on a coach, in checked luggage or in an inaccessible location.

7. Responding to allergic reactions and anaphylaxis

7.1 Mild or moderate allergic reaction

Signs may include swollen lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; abdominal pain or vomiting; sneezing; or a sudden change in behaviour.

Staff will:

1. Follow the pupil's Allergy Action Plan and administer prescribed antihistamine if directed and authorised.
2. Keep the pupil under direct adult supervision; they must not be left alone.
3. Inform the parent or emergency contact.
4. Observe the pupil in a safe place for at least 60 minutes, as a mild reaction can develop into anaphylaxis.
5. Watch continuously for any Airway, Breathing or Circulation symptoms.

If there is any doubt, or symptoms progress, staff will treat the reaction as anaphylaxis.

7.2 Signs of anaphylaxis

Anaphylaxis is likely when there is a sudden onset of one or more of the following:

- **Airway:** swelling of the throat or tongue, throat tightness, a hoarse voice or difficulty swallowing;

- **Breathing:** difficulty breathing, sudden wheeze, noisy breathing or a persistent cough; or
- **Circulation:** dizziness, faintness, sudden sleepiness, confusion, pale or clammy skin, collapse or loss of consciousness.

Skin symptoms do not need to be present. In a pupil with both food allergy and asthma, sudden breathing difficulty must be treated as possible anaphylaxis. A reliever inhaler must never be given instead of adrenaline when anaphylaxis is suspected.

7.3 Emergency response to anaphylaxis

Anaphylaxis is a medical emergency. **If in doubt, give adrenaline.**

Staff will:

1. Shout for help and remain with the person.
2. Lay the person flat with their legs raised. If breathing is difficult, they may sit with their legs outstretched. If unconscious, place them in the recovery position. A pregnant person should lie on their left side.
3. **Do not allow the person to stand or walk.** Bring the medication and help to them.
4. Administer the person's own prescribed adrenaline device immediately, if available. If it is unavailable, has misfired, is out of date or the person has no prescribed device, use an appropriate-dose spare school AAI.
5. Ask another person to call **999 immediately**, stating "anaphylaxis", and give the school's full address and access instructions. Adrenaline must not be delayed while waiting for the call to be made.
6. Note the time the AAI was administered.
7. If there is no improvement after five minutes, administer a second appropriate-dose AAI.
8. Continue to monitor breathing and responsiveness. Begin CPR if the person becomes unresponsive and is not breathing normally, following the emergency operator's instructions.
9. Contact the pupil's parents or carers after emergency treatment and the 999 call have been initiated.
10. Give used AAIs to the ambulance crew and tell them the time and dose administered.

Anyone experiencing anaphylaxis must be assessed in hospital, even if they appear to recover. A member of staff will accompany a pupil in the ambulance if their parent or carer has not arrived and will remain with them until responsibility is formally transferred.

Prior parental consent is good practice but is **not required before reasonable emergency action is taken to save a life**. A spare AAI may therefore be used for a person experiencing suspected anaphylaxis for the first time.

8. Adrenaline auto-injectors

8.1 Pupils' prescribed AAIs

Pupils prescribed adrenaline should have access to both prescribed devices at all times, including during lessons, meals, playtimes, physical education, clubs, trips and travel to and from school.

Where age and maturity allow, a pupil may carry their own AAIs in accordance with their IHP. Otherwise, the devices will be held in an agreed accessible location. Staff must always know where the devices are. A pupil's prescribed devices must not be regarded as part of the school's spare stock.

8.2 School spare AAIs

The school will maintain one pair of each of the following:

- **two EpiPen Junior AAIs containing 150 micrograms (0.15 mg) of adrenaline**, generally for children under six years; and
- **two EpiPen AAIs containing 300 micrograms (0.3 mg) of adrenaline**, generally for children aged six years and over.

The appropriate dose will be determined by the pupil's IHP or Allergy Action Plan and current age-based guidance. Stock levels and doses will be reviewed when pupil needs, the school site or national guidance changes.

Spare AAIs will be purchased from **Eureka Direct**. The order will be supported by a request signed by the Executive Headteacher or Head of School, preferably on school-headed paper, stating:

- the name of the school;
- that the AAIs are required for emergency use; and
- the type, dose and quantity required.

8.3 Storage and accessibility

All prescribed and spare AAIs will be:

- stored at room temperature in accordance with the manufacturer's instructions;
- protected from direct sunlight and extremes of temperature;
- readily accessible and **not locked away**;
- stored safely and, where necessary, out of young children's reach;
- clearly labelled to distinguish spare devices from those prescribed to an individual; and
- positioned so that an appropriate pair can be brought to any person who needs it within five minutes.

Spare devices will always be stored in pairs. The school will review the location and quantity of devices if changes to the premises mean the five-minute standard cannot be met.

8.4 Checking and replacing AAIs

The Inclusion Lead and Head of School are responsible for monthly recorded checks confirming that:

- the correct devices are present;
- seals and packaging are intact;
- devices have not been discharged;
- the adrenaline solution is not discoloured, where this can be inspected;
- expiry dates are satisfactory; and
- replacement stock has been ordered in sufficient time.

An AAI that has been used, damaged or has expired will be replaced promptly.

8.5 Emergency anaphylaxis kits

Each emergency anaphylaxis kit will contain:

- a pair of spare AAIs of the relevant dose;
- clear instructions for administering the device;
- manufacturer's information;
- an inventory recording batch numbers and expiry dates;
- a monthly-check record;
- information about replacing and disposing of devices; and
- an administration record.

The school's emergency asthma inhaler and spacers may be stored alongside the kit but will be managed in accordance with the school's separate emergency inhaler arrangements.

8.6 Disposal

An AAI can only be used once. Used devices will be handed to ambulance personnel where possible or disposed of through a pharmacy or approved sharps-bin collection in accordance with the manufacturer's instructions. Expired unused devices will be disposed of in the same safe manner.

9. Training and awareness

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, agency workers, peripatetic staff, catering staff, breakfast and after-school club staff and regular pupil-facing volunteers.

Training will cover:

- common allergic conditions, including the relationship between food allergy and asthma;
- known allergens and how exposure may occur;
- reducing exposure and preventing cross-contamination;
- recognising mild and moderate reactions, anaphylaxis and acute asthma;
- the school's emergency response, including calling 999;
- the location and use of prescribed and spare medication;
- practical instruction in administering the AAI brands held by the school;
- the requirement to give a second dose after five minutes if there is no improvement;
- the correct positioning of a person experiencing anaphylaxis;
- using IHPs, Allergy Action Plans and Asthma Action Plans;
- reporting incidents and near misses; and
- the effect of allergies on inclusion, mental health and wellbeing.

New staff will receive training during induction. The Allergy Safety Lead will ensure that appropriate information or training is provided to supply, cover and visiting staff before they take responsibility for pupils. Training records will be retained, and refresher instruction will be provided following an incident, procedural change or identified gap in competence.

10. Recording, reporting and learning from incidents

The school will record all allergic reactions, cases of anaphylaxis, medication errors and allergy-related near misses. A near miss is an event that did not cause harm but had the clear potential to do so.

Records will include:

- the date, time and location;
- the people involved;
- the suspected allergen or trigger;
- symptoms observed;
- action taken, including medication, dose and time;
- emergency-service involvement;
- who was informed; and
- immediate follow-up action.

Parents or carers will be informed of any reaction or significant near miss involving their child. Serious incidents and relevant near misses will be reported to the Head of School and Governing Body, alongside any statutory notification required to the local authority, Health and Safety Executive, Food Standards Agency, Ofsted or another body.

Incidents and near misses will be reviewed in a no-blame, learning-focused manner. The review will consider whether changes are needed to the pupil's IHP, risk assessments, staff training, catering arrangements, emergency equipment or this policy. Relevant learning will be communicated to staff while protecting personal information.

11. Information sharing and publication

The school will ensure that relevant staff receive sufficient information to keep pupils safe while respecting confidentiality and data-protection requirements. Pupil photographs and medical information displayed or carried for emergency purposes will be handled sensitively and securely.

This policy will be:

- published on the school website;
- available in hard copy on request;
- explained to staff through induction and annual training;
- communicated to parents and pupils in an age-appropriate way; and
- made known to caterers, club providers and other relevant contractors.

12. Monitoring and review

The Head of School and Allergy Safety Lead will monitor the implementation of this policy. The Governing Body will review it at least annually and sooner if:

- national legislation or guidance changes;
- the needs of pupils change significantly;
- the school site or catering arrangements change; or
- an incident or near miss identifies a weakness in current arrangements.

Pupils and families affected by allergy will be invited to contribute to the review where appropriate.

13. Related policies and documents

This policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy;
- Health and Safety Policy;
- First Aid and Medicines procedures;
- Educational Visits Policy;
- Food and Packed Lunch guidance;
- Behaviour and Anti-Bullying Policy;
- Data Protection Policy;
- Equality Policy and Accessibility Plan;
- Early Years Foundation Stage procedures; and
- individual risk assessments, IHPs, Allergy Action Plans and Asthma Action Plans.