

Related Policies

Health and Safety Policy
Supporting Pupils with Medical Conditions Policy
First Aid Policy
First Aid Risk Assessment
Packed Lunch Policy
Educational Visits Policy
Safeguarding and Child Protection Policy
Equality and Accessibility Policies

1. Aims

This policy aims to:

- Protect pupils with allergies and reduce the risk of exposure to known allergens.
- Ensure effective prevention, recognition and response to allergic reactions and anaphylaxis.
- Ensure all pupils with allergies are safe, included and supported in school life.
- Clarify responsibilities for staff, parents/carers and pupils.

Ensure the school has regard to current Department for Education (DfE), Department of Health and Social Care (DHSC), Food Standards Agency (FSA), Medicines and Healthcare products Regulatory Agency (MHRA) and health and safety requirements.

- Promote a whole-school culture of allergy awareness, inclusion and continuous learning.
- Ensure allergy risks are identified, assessed, reduced and reviewed, including learning from serious incidents and near misses.

2. Legislation and Guidance

This policy has been written with reference to:

- Children's Wellbeing and Schools Act 2026, including the statutory duty relating to allergy safety.
- Department for Education: Allergy safety in schools – statutory guidance (published July 2026; applicable from 1 September 2026).
- DfE guidance: Supporting pupils with medical conditions at school.
- DHSC: Using emergency adrenaline auto-injectors in schools.
- MHRA guidance and relevant Human Medicines Regulations concerning adrenaline auto-injectors.
- Food Information Regulations 2014.

- Food Information (Amendment) (England) Regulations 2019 (Natasha's Law).
- Equality Act 2010.
- Health and Safety at Work etc. Act 1974.
- Children and Families Act 2014.
- SEND Code of Practice.
- Keeping Children Safe in Education (KCSIE).

The school recognises that allergies can constitute a disability under the Equality Act 2010 where they have a substantial and long-term impact on daily life.

3. Definitions

- Allergy: An allergy is the body's immune response to a normally harmless substance.
- Anaphylaxis: Anaphylaxis is a severe and potentially life-threatening allergic reaction requiring immediate medical treatment.

Adrenaline Auto-Injector (AAI): An AAI is an emergency device used to administer adrenaline in cases of severe allergic reaction. Common UK devices include EpiPen and Jext. Other clinically prescribed adrenaline devices may also be used in accordance with the individual's healthcare plan and clinical advice.

Allergy Action Plan: A clinical plan provided by a healthcare professional setting out the individual's allergy triggers, symptoms and emergency treatment. Where provided, it should be attached to and reflected in the pupil's Individual Healthcare Plan (IHP).

Individual Healthcare Plan (IHP): A school-based plan setting out the practical arrangements the school will put in place to support a pupil whose allergy has a functional impact, poses a risk, or requires additional or different support.

4. Roles and Responsibilities

The school adopts a whole-school approach to allergy management.

4.1 Allergy Lead / Senior Leader Responsible for Allergy Safety

- Nominated Allergy Lead: Steph Milburn.
- Day-to-day responsibility for allergy administration and records is delegated to Kelly Stanford and Lisa Conley (Administration Team).

Responsibilities include:

- Maintaining and reviewing this policy.
- Promoting allergy awareness across the school community.
- Maintaining accurate and up-to-date allergy records.
- Ensuring pupils who require specific support have an IHP and, where provided, an allergy action plan from a healthcare professional.
- Ensuring appropriate prescribed medication is available in school.
- Ensuring staff receive allergy awareness and anaphylaxis training appropriate to their role.
- Ensuring designated staff have appropriate training to administer AAIs in an emergency.
- Ensuring emergency medication is stored appropriately, remains in date and is checked regularly.
- Ensuring allergy risks are considered within the school's risk assessment and risk-management arrangements.

- Coordinating communication between school, families and healthcare professionals.
- Ensuring allergy information is shared appropriately with staff who need to know while maintaining confidentiality.
- Ensuring serious incidents and near misses are recorded, reviewed and used to improve practice.

4.2 Administration Team Responsibilities

- Coordinate medical documentation and the allergy register.
- Monitor expiry dates of medication and spare AAls.
- Contact parents/carers regarding replacement prescribed medication where necessary.
- Ensure emergency medication accompanies pupils on educational visits.
- Record incidents and near misses involving allergic reactions or medication administration and ensure they are referred to the Allergy Lead.

4.3 Teaching and Support Staff

All staff are responsible for:

- Reading and following this policy.
- Promoting allergy awareness.
- Knowing which pupils in their care have allergies and where relevant information and action plans can be accessed.
- Recognising signs and symptoms of allergic reactions and anaphylaxis.

Following allergy action plans, IHPs and emergency procedures.

- Reducing allergen risks during lessons, activities, eating, clubs and trips.
- Supporting the inclusion and wellbeing of pupils with allergies.
- Reporting concerns, reactions and near misses promptly.
- Completing appropriate records following incidents.
- Informing the appropriate school lead and, where required, parents/carers.

All staff will receive allergy awareness training at least annually. New staff and relevant temporary, supply, agency, peripatetic, catering, wraparound and regular volunteer staff will receive appropriate training/briefing before or as soon as practicable after they begin working with pupils. Allergy awareness training is additional to first aid training.

4.4 Designated Staff

Designated staff trained to administer AAls in an emergency will include school first aiders, paediatric first aid trained staff and additional trained staff identified by the Headteacher/Allergy Lead.

A current list of trained staff is available in the school office, staffroom, kitchen and Wendy's Wing. The school will ensure this information remains current.

4.5 Parents and Carers

Parents/carers are responsible for:

- Informing the school of allergies and medical needs.
- Providing up-to-date medical information and any relevant healthcare professional advice.
- Providing prescribed emergency medication, including two in-date prescribed AAls where clinically prescribed/required.
- Providing antihistamines or other prescribed medication where appropriate and agreed with the school.

- Contributing to and keeping up to date any required IHP and providing the relevant healthcare professional allergy action plan.
- Replacing expired or used prescribed medication promptly.
- Informing the school of changes to medical needs.
- Supporting allergy-safe packed lunches and snacks.

Following school guidance relating to food brought into school.

4.6 Pupils with Allergies

Pupils will be supported to understand their allergies, avoid known allergens, tell an adult if they feel unwell and, where age and developmentally appropriate, understand how and when they need to use their medication.

4.7 Pupils without Allergies

Pupils without allergies are expected to respect the safety of others, avoid sharing food, follow hygiene expectations and follow staff instructions regarding allergens.

5. Individual Healthcare Plans and Allergy Registers

The school maintains an allergy register and Individual Healthcare Plans (IHPs) where required, together with healthcare professional Allergy Action Plans where provided.

An IHP will be considered where an allergy has a functional impact on the pupil, poses a risk to them, or requires support that is additional to or different from the school's general arrangements.

The allergy register includes, where appropriate:

- Pupil name and photograph.
- Known allergens.
- Symptoms and severity/risk information.

Medication details.

- Location of medication.
- Emergency contact details.
- Relevant consent and arrangements for emergency spare AAls.

The register and IHPs are securely stored but quickly accessible to staff who need the information to keep pupils safe. Allergy information will be shared on a need-to-know basis and handled in accordance with data protection requirements.

All staff who may need to respond to an emergency will know how to access relevant allergy information.

IHPs will be reviewed at least annually and sooner following any serious incident, near miss, change in circumstances, medication or healthcare professional advice.

6. Assessing and Reducing Risk

The school recognises that complete allergen elimination is not always possible. Risk reduction, allergy awareness, reasonable adjustments and robust emergency arrangements are therefore prioritised.

- Allergy risks will be considered within the school's wider risk-management arrangements and, where appropriate, the school risk register.

Risk assessments will be completed or reviewed where pupils with allergies are involved in:

- Cooking or food technology activities.
- Science experiments.
- Art or craft activities using food materials.
- Animal handling.
- Educational visits.
- Sports activities.
- Outdoor learning.
- School events.
- Visitors bringing animals into school.
- Breakfast/after-school clubs or other activities where relevant.
- Reasonable adjustments will be made to ensure inclusion. The school will not routinely exclude pupils from activities because of allergy.

7. Allergy Prevention and Management

7.1 Hygiene Measures

The school will promote regular hand washing before and after eating, ensure tables and relevant surfaces are cleaned appropriately, discourage food sharing, encourage pupils to use their own water bottles and minimise food consumption outside designated eating areas.

7.2 Catering and Food Safety

The school is committed to safe catering practices. Catering providers will receive appropriate allergy awareness training, follow Food Standards Agency requirements, provide accurate allergen information, follow Natasha's Law requirements for pre-packed for direct sale (PPDS) foods, implement procedures to reduce cross-contamination, check ingredient changes carefully and ensure special dietary needs continue to be met if menus change.

- Allergen information relating to the 14 recognised allergens must be available where applicable to food provided by the school/catering provider.

7.3 Allergy-Aware Food Restrictions

The school will maintain an allergy-aware approach rather than describing the school as completely 'nut free'. The DfE statutory guidance advises that blanket 'nut-free' policies can create a false sense of security because nuts are only one of a number of allergens.

The school may discourage or restrict particular foods where there is a specific identified risk, including nuts or products containing nuts, following risk assessment and individual pupil needs. This does not replace the need for whole-school allergy awareness and robust emergency arrangements.

Children with allergies will not be routinely segregated from their peers at mealtimes as a general safety measure. Any seating or supervision arrangements will be based on the individual pupil's IHP/risk assessment and will support both safety and inclusion.

7.4 Birthdays, Celebrations and Food Sharing

Parents/carers must not send homemade food into school for sharing unless specifically agreed in advance in accordance with the school's food/allergy arrangements. Children are not permitted to bring food to school to share with other children.

7.5 Insect Bites and Stings

When outdoors, pupils should wear appropriate footwear and food/drink should be covered where appropriate. Staff should report insect nests or increased risks through the daily site/yard assessment and verbally as soon as spotted.

7.6 Animals

Hands must be washed after animal contact. Pupils with known animal allergies will be risk assessed and alternative arrangements made where necessary.

7.7 Emotional Wellbeing and Inclusion

The school recognises that allergies may affect emotional wellbeing. Support may include pastoral support, staff check-ins, support for anxiety relating to allergies and anti-bullying support where needed. Bullying or teasing relating to allergies will not be tolerated.

7.8 Educational Visits and Off-Site Activities

No pupil will be excluded from visits because of allergies. Trip leaders will ensure medical information is reviewed, prescribed and spare emergency medication is taken as appropriate, medication is accessible, a trained member of staff is available, emergency procedures are understood, catering providers are informed where appropriate and risk assessments are completed.

Medication must be carried in accordance with the pupil's IHP, the school's medicines procedures and manufacturer guidance. AAls should remain accessible and protected from excessive heat/direct sunlight. They must not be routinely refrigerated unless specifically required by the manufacturer or clinical advice.

8. Recognising Allergic Reactions

- Mild to moderate allergic reaction symptoms may include itching, rash or hives, swelling, sneezing, stomach pain or vomiting.

Severe allergic reaction (anaphylaxis) symptoms may include difficulty breathing, wheezing, swelling of the tongue or throat, persistent coughing, hoarse voice, dizziness or collapse, pale/floppy appearance or loss of consciousness.

Any concern about anaphylaxis must be treated seriously. Staff should follow the pupil's allergy action plan/IHP where available and act without delay.

9. Emergency Procedures

9.1 Responding to an Allergic Reaction

If an allergic reaction occurs:

- 1. Stay with the pupil and ensure they are not left alone.**
- 2. Send for help immediately and ask for emergency medication.**
- 3. Follow the pupil's IHP/Allergy Action Plan where available.**
- 4. If anaphylaxis is suspected, administer the pupil's prescribed AAI without delay, in accordance with their plan and the training received.**
- 5. If the pupil's own AAI is unavailable, not working or cannot be accessed promptly, use the school's spare AAI where appropriate and in accordance with the relevant guidance and training.**
- 6. Call 999 immediately and state 'anaphylaxis' (or suspected anaphylaxis).**
- 7. Contact parents/carers as soon as practicable.**
- 8. Monitor the pupil continuously and follow the emergency operator's instructions.**
- 9. If symptoms do not improve after 5 minutes and another AAI is available, administer a second dose, in accordance with emergency guidance.**
- 10. A member of staff will accompany the pupil to hospital if parents/carers are not present, in accordance with the school's procedures.**

Following current clinical/emergency guidance, pupils experiencing anaphylaxis should generally lie flat with legs raised where possible. If breathing is difficult, they may sit up slightly. Pupils must not stand or walk during anaphylaxis.

9.2 After an Incident or Near Miss

The school will record the incident or near miss, inform the Allergy Lead and relevant parents/carers, replenish used medication, review the pupil's IHP where required, review procedures and risk assessments, debrief relevant staff and identify any learning or actions needed.

Serious incidents and near misses will be reviewed in a no-blame learning culture, with the aim of improving safety and preventing recurrence. Significant learning will be reported through appropriate leadership/governance arrangements.

10. Adrenaline Auto-Injectors (AAIs)

The school follows current DfE, DHSC and MHRA guidance on emergency AAIs in schools.

10.1 Prescribed AAIs

Pupils at risk of anaphylaxis who have prescribed AAIs should have their prescribed medication available in school in accordance with their IHP/Allergy Action Plan. Where clinically prescribed/required, parents/carers should provide two in-date devices.

Prescribed AAIs remain the responsibility of the individual pupil and must not be replaced by the school's spare devices.

10.2 School Spare AAls

Sele First School will maintain spare emergency AAls for use in anaphylaxis emergencies, including where an individual does not have a known allergy or where a prescribed device is unavailable or not working, in accordance with current guidance. We have three emergency AAls in school, all signposted – staffroom, kitchen, school office (within visits first aid bag)

As a first school, we will maintain appropriate spare AAI pairs for the age range of pupils on roll, including a pair of 150 microgram devices for children under 6 and a pair of 300 microgram devices for individuals over 6, subject to current availability and guidance.

Spare AAls will be stored in pairs so that, if a second dose is required, it is immediately available.

Spare AAls will be clearly labelled as school emergency devices and will not be confused with prescribed medication belonging to a named pupil.

Spare AAls will be readily accessible, not locked away, protected from excessive heat/direct sunlight and located so that they can be brought to a person experiencing anaphylaxis within five minutes. The school will consider site layout and pupil activities when determining storage locations.

Spare AAI locations are clearly signposted and currently include the staffroom, kitchen and school office. Locations will be reviewed if site use changes.

Spare AAI kits all contain instructions and logs of medication delivered.

10.3 Maintenance Checks

- Kelly Stanford and Lisa Conley will check spare AAls monthly, monitor expiry dates, replace devices before expiry and maintain records of checks.

10.4 Disposal

- Used or expired AAls will be disposed of safely in accordance with manufacturer guidance and local procedures.

10.5 Off-Site Use

For educational visits, prescribed and relevant spare emergency medication will be taken as required by the IHP, risk assessment and school procedures. A trained member of staff will be available to respond to an emergency. Medication will be carried securely and remain readily accessible; it will not be placed in a location that could delay emergency treatment.

10.6 Emergency Anaphylaxis Kit

Emergency kits may include spare AAls, instructions for use, manufacturer guidance, storage guidance, expiry-check records, relevant information/consent records and incident-recording documentation.

11. Training

The school is committed to maintaining high standards of allergy awareness and emergency response.

Whole Staff Training

All staff will receive allergy awareness training at least annually. Training will cover:

- Understanding allergy and the risks it can present.

- The difference between food allergy, coeliac disease and food intolerance.
- Recognising the range of allergic reaction symptoms and recognising anaphylaxis.
- Knowing where to find information about a pupil's allergy and how to use their IHP/Allergy Action Plan.
- Reducing the risk of exposure to known allergens.
- Emergency response, including calling 999, informing parents/carers and locating and administering emergency medication.
- How to use an adrenaline auto-injector, including school spare AAls, where appropriate to the staff member's role.
- The emotional wellbeing and inclusion of pupils with allergies.

The school's allergy safety policy and procedures.

- How to report an allergic reaction, serious incident or near miss.

New staff will receive allergy awareness information/training as part of induction. Relevant temporary, supply, agency, peripatetic, catering, wraparound and regular volunteer staff will receive appropriate allergy awareness arrangements before or as soon as practicable after working with pupils.

- First aid training remains an important separate requirement; allergy awareness training is not replaced by a first aid qualification.

12. Monitoring and Review

This policy will be reviewed at least annually or earlier if:

- Guidance or legislation changes.

Following a serious incident or near miss.

Following a significant change in the school's allergy population, medication arrangements or site arrangements.

Following updated DfE, DHSC, MHRA or FSA requirements.

The Allergy Lead will monitor implementation, staff training, allergy records, spare AAI checks, incidents/near misses and risk-management arrangements.

The governing body will receive appropriate information about allergy safety and significant incidents/near misses through existing health, safety, safeguarding or pupil welfare monitoring arrangements.

Appendix 1 – Useful Contacts

NHS 111

Emergency Services: 999

Anaphylaxis UK

Allergy UK

Local NHS Allergy Services

Department for Education – Allergy safety in schools statutory guidance

Appendix 2 – Key Allergy Safety Principles

- Allergies can be life threatening.
- All allergic reactions must be taken seriously.
- Immediate access to appropriate emergency medication is essential.
- Staff must act quickly if anaphylaxis is suspected.
- Children with allergies should be safe, included and able to participate fully in school life.
- Allergy safety is a whole-school responsibility.
- Serious incidents and near misses should be recorded, reviewed and used to improve practice.

Approved by: Headteacher / Governing Body

Policy owner: Steph Milburn, Allergy Lead / Senior Leader Responsible for Allergy Safety

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