The Oak Partnership

Allergy Safety Policy

Stoke St Gregory Primary School

We are committed to safeguarding and ensuring the health, safety and well-being of all pupils in accordance with safeguarding procedures and guidance for staff outlined in the schools' Health and Safety, Child Protection, Security and Safeguarding policies.

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Contents

1. Policy Rationale and Statutory Guidance

Stoke St Gregory Primary School is committed to ensuring that all children with medical conditions, including allergies are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The school recognises that living with allergy can create significant anxiety for pupils and families.

The school will:

- work proactively with families to build confidence in allergy arrangements;
- ensure pupils with allergies can participate fully in school life;
- promote inclusion at lunchtime, clubs, educational visits and extracurricular activities;
- provide appropriate pastoral support where allergy affects wellbeing;

Bullying, teasing, intimidation or deliberate exposure to allergens will be treated as a breach of the Behaviour Policy.

This policy has been developed in accordance with the Department for Education's *Allergy Safety in Schools Statutory Guidance (2026)* and Section 34 of the Children's Wellbeing and Schools Act 2026. It should be read alongside the school's Medical Conditions Policy, First Aid Policy, Supporting Pupils with Medical Conditions Policy, Safeguarding Policy and Data Protection Policy.

2. Allergy Awareness

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

The term for this more severe reaction is anaphylaxis.

The most common causes of whole body allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

3. Emergency Treatment for Anaphylaxis

Anaphylaxis reactions can be fatal. Anaphylaxis always requires an emergency response

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

What to look for:
Symptoms usually come 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.

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.

What does adrenaline do?

Adrenaline is the mainstay of treatment, and it starts to work within seconds.

- It opens 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 child where they are, call for help and do not leave them unattended.

- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE 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
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child 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, causing 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 reoccur after treatment

4. Roles and Responsibilities

Named Allergy Safety Leads

The designated member/s of the senior leadership team responsible for allergy safety is/are:

- David Rowland

The Allergy Safety Lead/s are responsible for:

- overseeing implementation of this policy;
- ensuring annual review;
- ensuring staff training;
- monitoring incidents and near misses;
- ensuring Individual Healthcare Plans are maintained;
- reporting significant issues to governors.

Parental Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school office of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. Individual pupil plans will be updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff designated to serve food (e.g. before and after school club, and lunch service) are expected to have completed training and be aware of ALL pupils in the school who have allergies.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

5. Allergy Awareness and Emergency Response Training

All staff working on site whilst pupils are present will receive annual allergy awareness and emergency response training.

Training will include:

- understanding allergy and allergic conditions including food allergy, asthma, eczema and hay fever;
- understanding the difference between allergy, coeliac disease and food intolerance;
- recognising symptoms of allergic reactions;
- recognising anaphylaxis;
- use of prescribed AAIs;
- use of school spare AAIs;
- emergency response procedures;
- use of asthma action plans and allergy action plans;
- minimising allergen exposure;
- incident and near-miss reporting;
- supporting wellbeing.

Training will also be provided as part of induction for new staff and following significant incidents where lessons are identified.

We will expect temporary, agency and supply staff to have completed training.

6. Identification of Individuals with Allergies

Admissions Data Collection: We collect detailed medical information from parents/ carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via our permissions and consent booklet.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through a child's Arbor profile and individual healthcare plans

Staff: Medical information about staff is collected. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: Visitors to the school are asked on arrival whether they have an allergy that the school needs to be aware of. Ifan allergy is declared, this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

7. Minimising Risk and Allergen Exposure

The school will take reasonable steps to minimise exposure to known allergens.

These measures include:

Food provided by school

- allergen information available for all meals;
- liaison with catering providers;
- identification systems for pupils with allergies;
- measures to prevent cross-contamination.

Food brought from home

- clear communication with parents;
- discouraging food sharing;
- management of birthday treats and celebrations.

Classroom activities

Staff planning activities will consider allergy risks including:

- cooking;
- arts and crafts;
- science;
- sensory activities;
- animal handling.

Alternative materials will be used where necessary.

Airborne and contact allergens

Where pupils have diagnosed airborne or contact allergies, reasonable control measures will be implemented following assessment of individual needs.

8. Individual Healthcare Plans (IHPs)

We will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

The IHP will:

- be developed with parents and the pupil;
- identify support arrangements;
- describe risk-reduction measures;
- include emergency procedures;
- identify medication arrangements;

Where available:

- Allergy Action Plans;
- Asthma Action Plans;
- other clinical documentation

will be attached to and referenced within the IHP.

The IHP is a school document and does not replace healthcare professional documentation.

9. Prescribed Adrenaline Devices

Pupils prescribed adrenaline devices will have access to them at all times.

The school encourages pupils, where appropriate, to carry their own devices.

Where pupils cannot do so safely:

- devices will be stored in an unlocked location;
- accessible within five minutes;
- accompanied by an Allergy Action Plan.

10. School Spare Adrenaline Devices

The school maintains two spare AAIs and emergency asthma inhalers in accordance with Government guidance.

The school will:

- store spare devices in pairs in clearly labelled emergency kits;
- ensure they are accessible and not locked away;
- maintain devices within expiry dates;
- replace devices following use or expiry;
- maintain records of use.

The spare adrenaline pens are kept in the following location:

Red cupboard in the staff room

Spare devices may be used in accordance with statutory guidance and emergency procedures.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

11. Supply, Storage and Care of Medication

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.

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two AAIs on them in a suitable bag/container.

For younger children or those not ready to take responsibility for their own medication, this will be supported by class staff. Their anaphylaxis kit will kept within 5 minutes of them, 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
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the SOA will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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 can be obtained from and disposed of by a clinical waste contractor or the Local Authority.

12. Educational Visits and Trips

Trip and visit risk assessments will consider how to manage the specific risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Consideration will include:

- medication access;
- staff training;
- emergency procedures;
- catering;
- accommodation;
- transport arrangements.

Pupils with allergies will not be prevented from participating in educational visits solely because of their allergy.

13. Food Provision and Catering

We will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and this is available to check independently
- Provide pupil's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Identify students with allergies at point of service by colour coding the menu choice sheet
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Encouraging pupils not to food share, trade food or share utensils or food containers with the reasons why.

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought to ensure inclusion and safety for students with allergies**.**

These procedures apply to school led breakfast and after school provision.

Ensuring that PTA members who are serving food have a basic awareness of allergen management.

14. Serious Incidents and Near Misses

All allergy-related incidents and near misses will be:

- recorded on EEC Live;
- investigated;
- reviewed for lessons learned.

Parents will be informed promptly.

Where appropriate:

- RIDDOR reporting requirements will be considered;
- food safety reporting requirements will be followed.

Significant incidents will trigger review of:

- this policy;
- risk assessments;
- Individual Healthcare Plans.

15. Monitoring, Review and Awareness

This policy will be reviewed:

- annually;
- following significant incidents or near misses;
- whenever statutory guidance changes.

Review will take account of:

- incident records;
- near misses;

Awareness of the Allergy Safety Policy:

- Published on website.
- Available on request.
- Included within staff induction.
- Referenced in annual training.
- Communicated to staff annually.
- Age and stage appropriate allergy awareness promoted with pupils.

16. Useful Links

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools