School allergy policy

Policy completed by:	Reece Murphy, Ian Oldfield
Date:	31/09/2026
Date of next review:	31/09/2027
Purpose of the policy:	The purpose of an allergy policy is to ensure the safety, wellbeing and inclusion of pupils, staff and visitors with allergies or food hypersensitivities by setting out clear procedures for prevention, awareness and emergency response.
Board approval provided by:	

Names of staff members responsible for coordinating training and reviewing the policy (at least 2):

Name:	Role
Reece Murphy	Head Teacher
Ian Oldfield	Estate Manager/Health and Safety Officer
Victoria Williams	Lead First Aider

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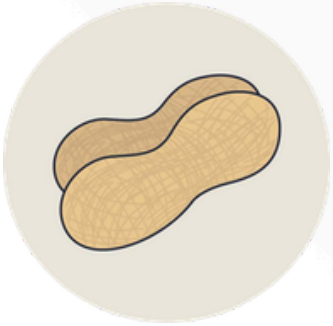
1. Introduction

This policy demonstrates the school's commitment to reducing the risk to pupils and staff with allergies, intolerances, coeliac disease and wider food hypersensitivities.

Throughout this policy, we aim to highlight the procedures the school will follow to ensure that schools are doing everything they can to maintain safety and that all staff are appropriately trained and able to deal with situations where pupils experience allergic reactions.

Pupils can be allergic to many different things around them - these are called allergens. Common allergens include:



Food -
any food can be an allergen. Common food allergens include nuts, milk, eggs and shellfish.

Airborne allergens -
such as spores, pollen, dust mites, animal skin cells and fur.

Medication -
such as penicillin, anti-inflammatory drugs or contrast medication.

Chemicals -
such as those used in preservatives, fragrances, cleaning products and nail polishes.

Plants -
such as oil, sap or pollen.

Insect stings or bites -
such as bees, wasps, hornets or ants.

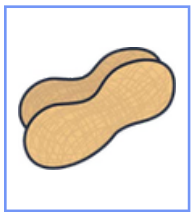
Metals -
such as nickel and cobalt.

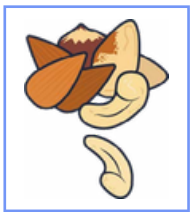
Latex -
such as rubber gloves or aprons.

1. Introduction

The 14 food allergens

There are 14 food allergens as contained within the law:


Peanuts

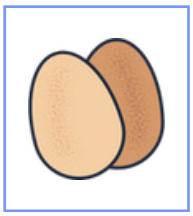

Nuts

Custaceans

Molluscs

Shell f ish

Fish

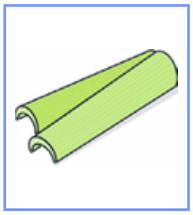

Eggs

Milk

Cereals containing Gluten

Soya

Sesame seeds


C eler y

Mustard

Lupin

Sulphur Dioxide

The school will ensure that any food served is correctly identified or labelled, highlighting the presence of the 14 food allergens.

Allergic reactions can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to usually harmless ingredients. Mild reactions may include itching, sneezing or skin rashes; however, anaphylaxis is a severe reaction that requires immediate treatment usually with an adrenaline auto-injector (AAI).

Details on how to recognise and treat anaphylaxis can be found in section four of this policy.

2.Background information

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

What is an allergy?	→ An adverse reaction by the body's immune system to a specific allergen. → An allergic reaction can occur even after being exposed to just a trace of the allergen and can be life-threatening. → Symptoms of an allergy are often mild but can be very severe. → The most common symptoms include sneezing, itchy skin and rashes, stomach cramps, nausea and vomiting. Symptoms of anaphylaxis include difficulty breathing, a drop in blood pressure and a loss of consciousness. → Allergies can present themselves differently, and each person may show different symptoms. → These are most likely to occur either while eating or soon after eating the allergenic food but, in some cases, can develop hours - or even days - later.
What is an intolerance?	→ An adverse reaction by the body to a specific food ingredient. → It is unrelated to the immune system and, therefore, is not life-threatening. Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts. → Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop gradually within a few hours of eating the offending ingredient.
What is coeliac disease?	→ Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed. → The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb some nutrients from food. → The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.

2.Background information

Who does it affect and how?	→ No one is born with an allergy. They can develop at any age and are dependent on a multitude of factors. Similarly, food intolerances and Coeliac disease can occur at any stage in a person's life. Currently, there is no known 'cure' for food hypersensitivities - instead, they are conditions that need to be managed throughout an individuals life → Allergic reactions can be life-threatening, known as anaphylaxis. They occur because the body's immune system has overreacted to an allergen. They can cause swelling of the airways, and the person will need immediate medical attention. → Severe allergies can be triggered by even trace amounts of the allergen. → If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

3.Roles and responsibilities

Staff responsibilities

- All staff must complete allergy training annually.
- Staff must familiarise themselves with the pupils in their care with allergies and how to deal with any reactions they may experience.
- Mealtimes will be supervised with care, and pupils with severe allergies will receive further vigilance. Particular attention should be paid to the risk of cross-contamination and protein transfer from adjacent pupils' foods.
- All staff supervising meal times must be aware of the ingredients in the food served. Pupils should always have options that they can enjoy safely, and those with food hypersensitivities should be able to feel included.
- We encourage children not to share food. We communicate parents not to provide nuts in snacks.
- School trip leaders must inform accompanying staff of pupils with allergies and ensure that pupils carry the required medication. This will be checked carefully prior to the trip, and pupils without medication must not attend the trip.
- The school lead first aider will be responsible for keeping records of pupil medication, ensuring the safe storage of pupil medication and recording any incidents linked to adverse reactions.
- The school will not participate in reintroducing an allergen to a pupil. However, we may consider supporting a pupil who is progressing through an allergen ladder - however, written communication with a parent/carer and healthcare professional must be obtained and recorded. Our designated
- members of staff should be responsible for recording accidents, incidents and near misses regarding allergic reactions. The responsible staff members should regularly report to, and be monitored by, the board.

3.Roles and responsibilities

Parent/carer responsibilities

- Parents/carers must provide the school with accurate and up-to-date information regarding allergies when the pupil joins the school and throughout the time they attend.
- Parents/carers are responsible for ensuring that any required medication is in-date and provided as required. (The school will also keep a note of this information).
- Parents/carers must ensure that appointments with GPs or allergy specialists are attended as required and that relevant information arising from these is passed on to the school. Parents/carers should provide the school with the pupil's signed Allergy Action Plan.

Pupil education

- Pupils are encouraged to actively engage in learning regarding allergies and hypersensitivities, regardless of whether they themselves experience them
- They are encouraged to support their peers and must always be kind and understanding
  Pupils with food hypersensitivities are encouraged to communicate with catering staff and
- lunchtime supervisors regarding the ingredients in the meals served

- Pupils are encouraged not to share food

4.Emergency anaphylaxis response plan

Symptoms of anaphylaxis

The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

Think ABC:

- Airways: Severe swelling of the airways, often indicated by difficulty speaking or swallowing.
- Breathing: Difficulty breathing, often indicated by wheezing or noisy, laboured breathing or an odd, repetitive cough after ingesting food.
- Circulation: Dizziness, feeling faint, tired or confused or having pale/clammy skin may indicate issues with circulation, which is known as an “altered conscious state.”

If a pupil displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient they are allergic to, a swift response is vital.

4.Emergency anaphylaxis response plan

This is considered a medical emergency, and the emergency anaphylaxis response plan must be followed:

•Lay the child down flat wherever possible with the head slightly elevated.

•Administer the adrenaline auto-injector (AAI) without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.

•After administering the AAI, raise the child's legs. The child can sit up at short intervals if they feel more comfortable, but ideally, they should remain in this position.

•Call 999, stating anaphylaxis.

•After five minutes, a second AAI can be administered in the outer thigh of the opposite leg if possible.

•If the pupil stops breathing, commence CPR and locate the defibrillator . •Call parents/carers as soon as possible.

Do not leave the pupil unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil.

All pupils must go to the hospital following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a secondary reaction. If one or two of their AAIs has been used, the hospital will need to replace them before the child is discharged.

5.Supply, storage and care of medication

Parents/carers must ensure that any medication is provided and labelled with the child's name. They must ensure that replacement medication is sourced quickly and before the expiry dates.

Any medication which the school holds is stored safely and is accessible to all staff in the staff room and in the school kitchen (Halse Hall). AAIs are stored at room temperature, ideally between 15 C and 25 C, away from direct sunlight and away from any heat source, and medication is never locked away.

All staff are made aware of the location of all medication through briefings.

6. The storage and use of spare adrenaline auto-injectors in school

Schools are allowed to obtain, without a prescription, adrenaline auto-injector (AAI) devices for use in emergencies. These can be administered to children with a prescribed AAI in an event where, for example, they have forgotten their own AAI, it is out of date or broken. They can also be administered to children who, as per medical confirmation in their Allergy Action Plan, are at risk of anaphylaxis and have parental consent.

The school has purchased 1 spare AAI, which can be administered if a pupil does not have their AAI or it is out of date.

The Spare AAI are stored in the following location:

Staff room

In the event that a pupil presents with symptoms of anaphylaxis but does not have their own prescribed AAI, or medical/parental consent to administer one as outlined above, one of the school's AAIs may be used. However, advice must be obtained by emergency services first.

7. Staff training

Our Annual School Allergy training is completed through high speed training. There is also a training Epi Pen at school which staff are able to use to practice.

The names of staff members responsible for coordinating staff training and reviewing the school allergy policy are:

Name	Depar tment	EXT no / mobile
Reece Murphy	Head Teacher	01522 702657 (1006)
Ian Oldfield	Health and Safety Officer	01522 702657 (1004)

All staff will complete allergy awareness and anaphylaxis training annually. The training will cover:

- Background information regarding allergies and food hypersensitivities.
- Symptoms of allergic reactions, including anaphylaxis.
- Anaphylaxis emergency response plans, including how to correctly administer an AAI.
- How to reduce the risk of a pupil experiencing an adverse reaction, including the catering arrangements in school.
- How to manage and understand allergy action plans.
- School activities, including:
    - Food Tech/Cooking
    - School trips.
    - Projects involving food.

8. Safeguarding

The school is committed to ensuring that all pupils receive the highest levels of safeguarding. We acknowledge that pupils with allergies and hypersensitivities may require an additional layer of safeguarding to ensure bullying does not take place.

The following steps aim to ensure that all pupils with allergies feel safe and confident when attending school:

- All pupils will receive lessons linked to allergy awareness, allowing them to support their peers effectively, with kindness and understanding.
- Staff will take care to ensure that they keep up-to-date information regarding pupil allergies and hypersensitivities.
    - Those with allergies outside of the 14 named food allergens will be documented for all staff to be aware of.
- Staff will engage with all training provided with care and attention.
- Additional monitoring is provided at meal times.
- Further planning and attention are given to pupils with allergies and hypersensitivities when attending extracurricular trips, sports events and projects, including informing any external caterers.

9. Catering

The school will operate in line with the Food Information Regulations 2014 (1169/2011) when it comes to providing allergy labelling on all food provided.

Pupils with allergies and food hypersensitivities will be identified through a list provided to all catering staff and supervisors.

The school will also operate within guidance from the Department of Health, including adhering to the following:

- Careful measures will be in place to avoid allergenic cross-contamination, including two-step cleaning procedures and separate preparation areas for allergenic ingredients.
- Parents/carers who provide packed lunches and water bottles must ensure that these items are clearly labelled with the child's name.
- Open communication is always taught and encouraged; this includes pupils communicating with catering staff and supervisors to ensure that the food they consume is suitable and safe for them.
- Pupils can ask for additional reassurance if they have any concerns over a dish offered to them.

10. Extra-curricular activities

The school is committed to ensuring that pupils with allergies and hypersensitivities are included in extracurricular activities such as school trips and excursions.

The trip/excursion leader will check allergies and hypersensitivities for all pupils and communicate this to other staff. They will also lead additional planning and preparation, involving parents/carers/ other staff within the school to ensure that the activity remains safe for the pupil.

Trip staff will be trained to confidently administer AAIs.

External venue staff—i.e. staff at a centre for an overnight stay—will have all allergies and hypersensitivities communicated to them clearly. They will be encouraged to advise on how they will provide/cater for pupils safely ahead of the planned trip, and the suitability of these arrangements will be checked by staff and agreed upon by parents.

In some cases, where external catering cannot satisfactorily reassure that they can accommodate pupils with food allergies or hypersensitivities, parents/carers may choose to provide food and drink for the pupil.

Risk assessments must consider these pupils for activities such as sports days where insect stings could occur or lessons involving food, such as food technology, baking or creative lessons where food ingredients or boxes are used.

11. Communication and allergen awareness

The school aims to foster an environment of allergy awareness. Pupils are encouraged to understand allergies, coeliac disease and food intolerances and develop an empathetic approach towards their peers. Time is allocated within the curriculum to allow for this.

The school also strongly welcomes and encourages open communication between staff, parents/ carers and all other relevant medical professionals as we work towards providing the best care possible for pupils with allergies and hypersensitivities.

12. Allergy Plans

The school will have allergy action plans which are displayed clearly for staff. These will be reviewed annually to see if there has been a change in the child's allergy status or if new medical information is provided by the parents.

Helpful contacts

Should you wish to know more about the school's approach to managing food allergies and hypersensitivities, please contact the following members of staff in the first instance, who will be happy to support you in your enquiry:

Reece Murphy - 01522 702657 (1004)

Ian Oldfield - 01522 702657 (1006)

Or, the school reception:

01522 702657