Allergy and Anaphylaxis Policy

Last reviewed: 01.09.2026
Owner: Headteacher
Due for review: 01.09.2027
Reviewed by: Full Governing Body

This policy is based on the **Anaphylaxis UK** model policy.
It ensures the school is compliant with **Benedict's Law** and **Natasha's Law.**

2026/7 Allergens not permitted in school
Foods containing the following allergens must not be brought into school: ● Nuts ● Sesame ● Kiwi

1. Introduction

This policy sets out how St Mary's CE Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Aims

2.1. To minimise the risk of any pupil suffering an allergic reaction whilst at school or attending any school related activity.

2.2. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.

3. Role and responsibilities

3.1. Parent Responsibilities

3.1.1. On entry to the school, it is the parent's responsibility to inform reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

3.1.2. 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. School nurse/GP/allergy specialist.

3.1.3. Parents are responsible for ensuring any required medication is supplied, in-date and replaced as necessary. Parents are required to provide an insulated case designed for adrenaline storage to help maintain medicine at a safe temperature.

3.1.4. Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

3.1.5. Parents are requested to explain to children that they may be asked "Can you have…?" to help them learn about their allergies. This does not mean they are responsible for making the decision; it is to help them practice making good decisions so they will be able to do this when they are older. An adult will always confirm if they can / can't have something. (Staff will reinforce this message.)

3.1.6. When older pupils take responsibility for carrying their own epi-pens offsite, parents are required to provide a suitable bag, according to their own preference.

3.1.7. Parents are responsible for communicating directly with The Easy Lunch Company about their child's allergies, if the child will be having school meals.

3.2. Staff Responsibilities

3.2.1. **The Headteacher** is the strategic lead for Allergy Management in school, and responsible for this policy.

3.2.2. **All staff** will complete annual anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.

3.2.3. **All 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 mealtimes. Any food-related activities must be supervised with due caution.

3.2.4. **Staff leading school trips** will ensure they carry all relevant emergency supplies. Trip leaders will check that any necessary medication for pupils with medical conditions, including allergies, is taken on the trip in the care of the most appropriate adult, and is accessible for the pupil at all times (can be reached in 5 minutes or less.) Pupils unable to produce their required medication will not be able to attend the excursion.

3.2.5. **The Inclusion Leader** will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

3.2.6. It is the parent's responsibility to ensure all medication is in date, however the **Office Manager** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

3.2.7. **The Office Manager** 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.

3.2.8. **The DT Leader and PSHE Leaders** will plan for and monitor the teaching and learning of allergy awareness as part of their curriculum areas.

3.2.9. **Staff for whom English is an additional language** are provided with additional support, if needed, to ensure they are confident in the pronunciation and use of specific vocabulary relating to allergy and anaphylaxis. This is to ensure communication will be clear and effective in an emergency.

3.3. Pupil Responsibilities

NB: Pupil responsibilities are encouraged to help pupils with allergies to learn about their allergies and prepare for life beyond primary school. They are never held ultimately responsible - a member of staff should always check. Staff should be mindful a pupil may not be able to speak during an anaphylactic reaction.

3.3.1. Pupils are encouraged to have awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction or experience a symptom (their way of describing this may vary depending on the pupil's age and awareness, which adults will be sensitive to.)

3.3.2. Pupils who are trained and confident to administer their own AAIs will, with parental consent, be encouraged to take responsibility for carrying an AAI on their person when necessary (e.g. on trips / to clubs), in preparation for managing their allergy more independently in secondary school. The decision about when a pupil is ready to do so will be made on an individual basis, in consultation with parents.

3.3.3. If pupils carry an epi-pen on them for walking to school independently, they are responsible for handing this in to the office on arrival, and collecting it before leaving at the end of the

day.

3.4. Volunteer and visitors responsibilities

3.4.1. Volunteer training includes basic allergy training, which all school-approved volunteers are required to complete. Volunteers are made aware of this policy.

3.4.2. Volunteers working with children will be informed if they are working with a child who has known allergies. Details of the allergies, risk assessment, allergy plan and location of emergency medication will be shared with the volunteer.

3.4.3. Volunteers are expected to be aware and informed and to uphold the school's policy. They will not take lead responsibility for a child with known allergies, or responsibility for carrying medication.

3.4.4. Visitors to the school are required to adhere to the school's policy on banned allergens, which is confirmed at sign-in.

3.5. Third parties

3.5.1. **Office staff** are responsible for sharing relevant policies with third parties and service providers.

4. Allergy action plans

4.1. Allergy action plans are designed to function as **individual healthcare plans** for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

4.2. St Mary's School recommends using the British Society of 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.

4.3. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

5. Supply, storage and care of medication in school

5.1. An anaphylaxis kit for each child is kept in our temperature-controlled medical cupboard in the staffroom. This is a central location accessible to all staff and not locked.

5.1.1. This ensures that AAIs are stored at room temperature, protected from direct sunlight and temperature extremes.

5.1.2. Temperature is monitored regularly and temperature checks recorded, especially during extreme weather.

5.1.3. If adrenaline is compromised by changes in temperature, parents will be informed immediately so that it can be replaced.

5.2. Depending on their level of understanding and competence, older pupils (Years 5 and 6) will be encouraged to take responsibility for carrying an AAI or trainer AAI on them at all times (in a suitable bag/container) when offsite, with parental consent. It is important to note that the child is **learning** to be independent and should **not** be relied upon - the responsible adult should always carry two AAIs as well, in case the child should lose their AAI.

5.3. Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

5.3.1. Two AAIs i.e. EpiPen® or Jext® or Emerade®

5.3.2. An up-to-date allergy action plan

5.3.3. Antihistamine as tablets or syrup (if included on allergy action plan)

5.3.4. Spoon if required

5.3.5. Asthma inhaler (if included on allergy action plan).

5.4. Parents are asked to subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

6. Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to ambulance paramedics on arrival for safe disposal.

7. Spare adrenaline auto-injectors in school

7.1. The Department of Health: Guidance on the use of adrenaline auto-injectors in schools says:

7.1.1. *Schools may administer their 'spare' adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.*

7.1.2. *The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.*

7.1.3. *In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.*

7.2. St Mary's School holds two spare AAIs for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date). We hold two doses each of Epipen Junior 0.15mg and Epipen 0.3mg. Before administering, it is important to check the allergy plan for the appropriate dosage, which is based on the bodyweight of the child.

7.3. These are stored in the temperature-controlled medical cupboard in the staffroom, where they are accessible and known to all staff.

7.4. **The Officer Manager** is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

7.5. Written parental permission for use of the spare AAIs is included in the pupil's allergy risk assessment.

7.6. If anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate and which dosage to administer.

8. Staff Training

8.1. The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

8.1.1. The Office Manager

8.1.2. The Admin Assistant

8.2. All staff will complete online AllergyWise anaphylaxis training (or equivalent) within the first half term of joining the school, and will renew their training annually.

8.2.1. Staff directly responsible for children with known allergies (their class teacher or group leader if working out of class) will complete this training before assuming lead responsibility for a child with allergies. Children with known allergies will never be left in the care of a member of staff who has not yet completed their training.

8.3. Records are kept by the school admin assistant who is responsible for alerting staff when their training needs refreshing.

8.4. Anaphylaxis drills are conducted termly, in order to test and refine emergency response procedures.

9. Inclusion and safeguarding

St Mary's School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, 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.

10. Catering

10.1. 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.

10.2. The school menu is available for parents to view for the term in advance via School Grid, with allergens and 'may contains' listed for each recipe.

10.3. **Parents / carers** need to inform the Easy Lunch Company directly of pupils with food allergies, in line with the company's Special Diets Policy. The Easy Lunch company will discuss the child's allergies and needs to ensure they are fully understood.

10.4. **The Office Manager** is responsible for providing catering staff with a sheet of children with allergies, listing the allergies beside a photograph of each child.

10.5. **Class teachers** (permanent or cover) are responsible for issuing children having school meals with the appropriate wristband to denote their lunch option each day. However, **catering staff** should check that children with known allergies have the correct band and receive the appropriate meal.

10.6. The school adheres to the following Department of Health guidance recommendations:

10.6.1. 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.

10.6.2. If children are having a school meal, parents should check the appropriateness of foods by speaking directly to the Easy Lunch company.

10.6.3. 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.

10.7. Food should not be given to food-allergic children without parental engagement and permission (e.g. class parties, food treats).

10.8. 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.

10.9. Wherever possible, the school will encourage and plan for inclusive participation so that pupils with food allergies can safely take part in the same celebrations, events and activities as their peers. This may include exploring non-food based options, advance communication with parents to provide safe alternatives or adjustments to the food provided so that all children can participate and be included equally.

11. School trips

11.1. Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that medication is brought for all pupils with medical conditions, including allergies. Older pupils may carry their own medication if this is part of their risk assessment and preparation for independence in secondary school.

11.2. Hand sanitiser is not used as an alternative to handwashing if there is a risk of allergen transfer; hand sanitizer does **not** remove allergens (but is offered at some venues e.g. farms.)

11.3. All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils, and precautions taken to reduce risk or alternative activities planned to ensure inclusion.

11.4. Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

11.5. Volunteers on school trips will receive information about pupils with allergies and are reminded of school policy for packed lunches, including their own.

12. Sporting Excursions

12.1. 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.

12.2. 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 cooperation with any special arrangements required.

13. Allergy awareness education

13.1. St Mary's School supports the approach advocated by Anaphylaxis UK towards allergy aware schools. This calls for an approach that goes beyond excluding individual allergens, and places greater emphasis on whole-community awareness of allergens and allergy risks.

13.2. A whole school awareness of allergies ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

13.3. Being allergy-aware means that the whole school community knows which allergens are a risk to pupils at St Mary's School and how they are managed. This is reviewed annually or whenever a new pupil with allergies joins the school.

13.3.1. Some allergens are banned from the school site. This message is communicated clearly and widely, with regular reminders.

13.3.2. For others which are more difficult to avoid, such as eggs and dairy, this means supporting and reinforcing messages about not sharing food, clearing up mess, washing hands etc.

13.4. Being allergy-aware means that all staff and regular volunteers receive training in managing allergies and anaphylaxis, which is updated annually.

13.5. Being allergy-aware means all volunteers receive key information about the school's policies on allergies and allergens, and are made aware of any children they are working with who may be at risk of anaphylaxis. It is also important to recognise that anaphylaxis can occur in children without a previously known allergy, so awareness and preparedness are essential for everyone's safety.

13.6. Being allergy-aware means that all pupils are taught about the risks of allergies - both in general terms and as relevant to the school setting. Allergy-awareness is woven through our DT and PSHE curriculum and is a necessary factor in all lessons and experiences involving food.

13.7. Being allergy-aware means that staff take opportunities to reinforce messages around allergy safety when using food in school.

13.8. Being allergy-aware means school policy on allergy management is included in information shared with parents/carers at the point of enrolment (for all children), and reiterated in home visits and welcome talks when they join the school (children joining EYFS.)

13.9. Being allergy-aware means we use National Anaphylaxis Awareness Week (October) and/or National Allergy Awareness Week (April) to raise awareness and improve understanding e.g. through school assemblies and parent communications.

13.10. Being allergy-aware means working with parents and carers to ensure children with allergies are explicitly taught about their own allergies and how to check food packaging or ask for help. As children get older, it means working with parents/carers to teach them to be independent in preparation for secondary school (see 3.3.2 and 5.3)

13.11. Being allergy-aware means that we do not share aerophones (musical instruments which go in the mouth) and that peripatetic music teachers who deliver lessons or demonstrations are made aware of this. We share allergy plans for individual pupils who have instrumental lessons with their visiting teacher.

13.12. Being allergy-aware means key messages about allergy safety, including what food cannot be brought into school, are translated into different languages so they are as clear as possible to the whole community.

13.13. Being allergy-aware means our lettings policy stipulates that the hirers must not bring products containing prohibited allergens onto school premises, and that if working with children in school, the hirer must ensure they have obtained any relevant medical information about the child in advance.

13.14. Being allergy-aware means that staff, children, and the wider community know we can **never assume or promise an allergen-free environment,** and that some children may have allergies they are not yet aware of. Vigilance around food protocols, banned allergens, education, training and information sharing are the most important ways in which we can protect children at risk of anaphylaxis.

14. Risk Assessment

14.1. St Mary's 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. We will use the most up to date template from Anaphylaxis UK.

14.2. When food is used by school as part of lessons or learning experiences, teachers will make provision for children with allergies by consulting their risk assessment and planning accordingly. Where

possible, activities should be planned or adapted so that all children can take part in the same activity safely, without the need for separate alternatives.

14.3. Teachers will notify parents / carers of children with allergies in advance about the use of food in lessons or school experiences, obtaining consent for children to try foods. We will endeavour to give as much notice as possible to enable parents / carers to trial new foods with children under controlled conditions at home before consenting to their consumption in school, if they wish to do so. If a child is unable to have food being offered in school, parents may provide a comparable alternative if they wish to do so.

15. Linked Policies

15.1. Food in School Policy

15.2. Managing Medicines Policy

15.3. First Aid Policy

15.4. Supporting Pupils with Medical Needs Policy

16. Useful Links

16.1. Anaphylaxis UK Safer Schools Programme:
https://www.anaphylaxis.org.uk/education/safer-schools-programme/

16.2. AllergyWise for Schools (including certificate) online training :
https://www.allergywise.org.uk/p/allergywise-for-schools1

16.3. BSACI Allergy Action Plans:
https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

16.4. Spare Pens in Schools:
http://www.sparepensinschools.uk

16.5. Department for Education Supporting pupils at school with medical conditions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

16.6. Department of Health Guidance on the use of adrenaline auto-injectors in schools:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

16.7. Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016):
https://www.nice.org.uk/guidance/qs118

16.8. Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020):
https://www.nice.org.uk/guidance/cg134?unlid=2290415042016711583

16.9. The Equality Act
https://www.legislation.gov.uk/ukpga/2010/15/contents

16.10. Allergy School, produced by Natasha Allergy Foundation
https://www.allergyschool.org.uk/

16.11. British Society for Allergy and Clinical Immunology (BSACI) for the ABCDE approach to emergency anaphylaxis treatment
https://www.bsaci.org/guidelines-and-standards/bsaci-guidelines/emergency-anaphylatic-treatment/)

16.12. Children's and Families Act
https://www.legislation.gov.uk/ukpga/2014/6/contents