Brown Clee C.E. Primary School

ALLERGY SAFETY AND MANAGEMENT POLICY

Most recently reviewed: **Autumn '26**

Approved by governor: **Julie Pinches**

Future review date: **Autumn '27**

Aspire ~ Believe ~ Persevere ~ Succeed

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SUMMARY OF POLICY

Responsible individuals:

Governing Body,
Headteacher,
Class Teachers,
Teaching Assistants,
Lunchtime Supervisors,
Administrator.

Relevant documentation used in the formation of this policy:

Allergy Safety in Schools (2026 - DfE)
Allergy Safety Policy – Template (2026 - DfE)
Supporting Pupils with Medical Conditions at School (2017)
Guidance on the use of Adrenaline Auto-Injectors in Schools (2017 – Department of Health)
Guidance on the use of Emergency Sabutamol Inhalers in Schools (2015 – Department of Health)
The Food Information Regulations (2014)
The Food Information Regulations (Amendment) (2019)
Brown Clee: Food Safety Management Policy
Brown Clee: Wraparound Policy

Policy developed to ensure:

1. …that a clear and robust systems are in place to manage allergy safety, including reducing the risk of exposure and map the procedures in place in the case of a suspected allergic reaction
2. …make clear how we support pupils with allergies to ensure their wellbeing and inclusion in school life
3. …promote and maintain allergy awareness among the school community

Implementation:

The school will…

- …ensure that all staff, governors, volunteers and relevant visitors have been aware of the following policy
- …ensure that the policy is followed at all times
- …ensure that any questions are raised with the headteacher if unsure about any aspects of the policy

Roles/Responsibilities:

Headteacher/Allergy Safety Lead:

The nominated allergy safety lead is Danny Harley, headteacher.

The nominated allergy safety lead is responsible for…

- Implementing, publishing and reviewing this policy
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage, handling and disposal of adrenaline aut-injectors (AAIs)
- Ensuring allergy information is up to date and made available to relevant members of staff
- Initiating the decision making of creating an IHCP (Individual Health Care Plans) alongside parents (and healthcare professionals – where appropriate) and keeping these updated
- Ensure allergy action plan (issued by a medical professional) are shared with all staff
- All staff receive regular allergy awareness training
- Serious incidents and “near misses” relating to allergy safety are reported and recorded – and systems/plans are reviewed in light of these

Office Administrator:

Mandy Lloyd, Office Administrator, is responsible for…

- Checking spare AAIs are present, in the correct location and in-date
- Ensuring that AAIs are not locked away
- Ensuring the replacement AAIs are obtained when expiry dates approach

Teaching and Support Staff:

All teaching and support staff are responsible for…

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of potential and severe allergic reactions and anaphylaxis
- Ensuring that allocated training is completed and that any uncertainties or questions regarding their competency and/or responsibilities are raised in a timely manner
- Being aware of specific pupils with known allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

Parents/Carers

Parents/carers are responsible for…

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition in a timely manner

Pupils with Known Allergies

If capable, pupils with known allergies are responsible for…

- Being aware of their allergens and the risks they pose
- Knowing the location of their AAI or carrying their AAI on their person (if appropriate and with parental consent) and only using it for its intended purpose
- Understanding how and when to use their AAI

Pupils without Allergies

Pupils without allergies are responsible for…

- Being aware of allergens and the risks they may pose to their peers
- Taking into consideration inclusion and wellbeing of pupils with known allergies, having an awareness of specific allergies to pupils that encounter regularly (e.g. peers in same class)
- If appropriate and necessary, support peers and staff in the case of an emergency

Identifying Individuals at Risk:

"Allergy" is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") that they are allergic to.

Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Airborne allergen-triggered Asthma
- Allergy to insect stings and medicines

Identifying Pupils at Risk

All new starters are required to fill in a registration form, which includes identification of known allergies which a pupil has and whether this requires medication.

Between these times, parents/carers are expected to keep school updated with changes to allergy information when/should this happen. Regular reminders do keep information up to date are sent out.

In September 2026, all parents were sent registration forms with the request to provide updated information held about their child. From September 2027, pupil entering Year 3 will be sent a new registration form for parents/carers to voluntarily update this information.

Identifying Staff and Visitors at Risk

All new starting staff are required to declare any health information, including allergies

All visitors will be asked to provide allergy information upon their first visit to the school and upon signing the code of conduct when signing in.

Individual Health Care Plan (IHCP):

An individual health care plan is a document that sets out needs, risks, actions and procedures for pupils that have healthcare needs beyond what could be managed typically.

Pupils with a known allergy will have an IHCP if they…

- Have an allergy which has a functional impact on them in the school environment
- There is a known risk of harm when coming into contact with a allergen
- Require arrangements which are additional to, or different from, those made generally

Pupils do not necessarily require a formal diagnosis of an allergy to have a IHCP – especially if healthcare professionals have decided that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The decision of whether an IHCP will be created in discussion with parents – and will be typically triggered by registration information provided by parents/carers when registered as a new starter. Other events that may trigger a discussion on creating an IHCP could be (but is not limited to):

- Parents sharing new information with school
- Children sharing new information with school
- An incident occurring in school relating to a potentially unknown allergy

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHCP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHCP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHCP will be shared as part of the transition.

An IHCP will have the pupil's image on the front so that all staff can identify them.

IHCPs will be shared with parents/carers – and re-sent annually to check whether updates are required.

Allergy and Asthma Action Plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional. The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHCP. Whenever the allergy action plan is updated, the pupil's IHCP should be reviewed to incorporate it.

Register of Pupils with Known Allergies, Intolerances and/or Auto-immune Diseases

The school will maintain registers of pupils who have a known allergy, intolerance and/or auto-immune diseases. The register will include:

- Whether the condition is an allergy, intolerance or auto-immune disease
- Whether the pupil has a prescribed AAI (including details of this – e.g. type and dose)
- Where pupils have been prescribed an AAI, that parental consent for administering it has been granted

The register will also have copies of IHCPs for pupils that have them.

Registers for pupils with known allergies, intolerances and/or auto-immune diseases will be kept in the following locations:

Location	**Children referenced**	**Physical copies kept updated by**
Administration Office	Whole School	Office Administrator
Kitchen	Whole School	Head Cook
Wraparound Care Room	Whole School	Extended Schools Co-ordinator
Classrooms	Children from relevant class	Class teachers

Risk Assessments

Risk assessments will take into consideration of any child at risk of anaphylaxis (particularly those with known allergies or auto-immune disease) when taking part in…

- Lessons involving food or allergen-containing products. This could include:
    - Cooking involving foods
    - Science experiments involving food
    - Crafting activities involving food packaging
    - Off-site events and school trips – particular those involving food eaten prepared outside of school (e.g. on a residential)
    - Any activities involving animals or food, including animal handling or where animals are present (e.g. a visitor with a guide dog)

Risk Minimisation

To minimise the risk of exposure to a known allergen, the following procedures/steps are in place:

Hygiene Procedures

- Pupils reminded to, and provide with washing facilities, to wash their hands with soap and water before and after eating. *Please note: hand sanitiser is not an effective sole handwashing procedure as it will not breakdown or remove allergens from hands*
- Pupils reminded not to share food, food containers and food utensils – particularly with those with known allergies
- Pupils reminded to bring in their own water bottles.
- Food prepared for pupils will be prepared with this in mind and clearly labelled with the pupil's name
- Parental engagement will be sought in cases where there are concerns with a pupil with a known allergy and their hygiene/food sharing habits which may be placing them at risk

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies. Further information on this can be found within the school's Food Management Policy.

- Catering staff receive appropriate training, including allergen awareness – which will be regularly updated
- Catering staff are able to identify all pupils with known allergies, intolerances or auto-immune diseases
- Catering staff will be aware, and follow, the school's Food Safety Management Policy and Risk Assessments, including following hygiene and allergy procedures when preparing food to avoid cross-contamination
- Where changes are made to the menu, the school's allergen matrix will be updated to reflect these changes
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens

Insect Bites and Animals

Insect bites and interaction with animals should be considered within the school day, particularly where there are pupils with relevant known allergies

- When outdoors, shoes should be worn
- Proactive and reactive pest control and management systems in place
- Clusters of common stinging insects to be identified and area avoided (if required)
- When taking part in any animal handling activities, register for allergies should always be considered (see Risk Assessments above). Pupils will always wash hands after interacting with animals to avoid later contact with pupils with known allergies
- Pupils with known animal allergies will not touch animals – unless advised acceptable and with Risk Assessment, following consultation with parents/carers

Visits and Trips

Visits and trips bring a different host of risk, and therefore the following are considered to minimise risk:

- Visit leader will plan accordingly for all visits and trips, ensuring allergies is considered in their risk assessment and that all staff members involved are aware of specific pupils' allergies and have receive appropriate training
- Pupils at known risk of anaphylaxis should have their own AAIs with them at all times
- Staff trained to administer adrenaline via an AAI in an emergency will be present on the school trip
- Risk assessments should consider whether spare AAIs are required for specific school trips (e.g. overnight residentials). Visit leader should seek whether hosting venue has emergency AAIs as part of their risk assessment.

Handling Potential Allergic Reactions

It is vitally important that allergic reactions can be handled efficiently and effectively to prevent emergency situations

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and known how to respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency and are aware of what dosage is required for the child (see Appendix A: AAI Dosage)
- If a pupil has an allergy action plan, this MUST be followed
- Spare school AAIs (see below) will only be used in the following circumstances:
    - A trained staff member feel a pupil is experiencing anaphylaxis, and the pupil does not have their own prescribed AAI[1]
    - A pupil (with a prescribed AAI)'s own AAI is not available or is misfire/malfunctioning
- If an AAI is administered, the follow should occur:
    - Post-recovery patient care should be given, including monitoring patient
    - 999 should always be dialled in cases of suspected anaphylaxis, stating suspected anaphylaxis, the time and the dose administered
    - A second dose of adrenaline can be administered if…
        - The first dose misfired or malfunctioned
        - Symptoms do not improve 5 minutes after the first
        - If advised by 999

[1]*Under Regulation 238 of the Human Medicines Regulations 2012 permits a school's spare adrenaline auto-injector(s) to be used for any pupil or other person not known by the school to be at risk of anaphylaxis in an emergency unforeseen situation. Written permission is not required. (Medicines and Healthcare Products Regulatory Agency)*

Adrenaline Auto-Injectors (AAI)

Adrenaline auto-injectors are stored in school for two reasons:

- Prescribed devices
- Spare devices

Prescribed AAIs

Pupils who are prescribed AAIs should have two devices on site. Whilst on the school premises, these should be kept in a known location within their classroom. All staff, and the child, should know the location of these AAIs. This location should be at room temperatures and protected from direct sunlight (in line with manufacturer's guidelines.

In cases of multiple children requiring AAIs, these should be kept in separate named containers/cases with pupils' initial labelling each AAI.

Due to the small size of our school, there is nowhere onsite that cannot be reached within 5 minutes, and therefore a solitary storage location is sufficient. Depending on the activity and specific allergy, it ay be deemed necessary for pupils to take AAIs with them to the onsite Forest School site.

As stated in "Visits and Trips" above, any activity off-site will require AAIs to be taken with pupils.

During preliminary and ongoing discussions with parents, it may be deemed necessary for pupils to bring their AAIs with them to and from school.

A copy of the pupil's IHCP and Allergy Action Plan will be kept alongside their AAI.

The Allergy Register will state which pupils have a prescribed AAI. This will also be stated in their IHCP.

Spare AAIs

Spare AAIs are purchased by the school – and, as stated in "Handling Potential Allergic Reactions", will only be used in the following circumstances:

- A trained staff member feel a pupil is experiencing anaphylaxis, and the pupil does not have their own prescribed AAI[1]
- A pupil (with a prescribed AAI)'s own AAI is not available or is misfire/malfunctioning

Spare AAIs will be stored in the school office ("Reception"), within the medical cabinet. These are stored in two separate labelled ("Spare AAI – [Dosage] and Inhaler") first-aid cases. One of these contains x2 0.15mg EpiPens an the other contains x2 0.3mg EpiPens.

The office administrator will check the spare AAIs on a monthly basis to check these are present and in date. When nearing expiration, replacements will be purchased.

Under Regulation 238 of the Human Medicines Regulations 2012 permits a school's spare adrenaline auto-injector(s) to be used for any pupil or other person not known by the school to be at risk of anaphylaxis in an emergency unforeseen situation. Written permission is not required. (Medicines and Healthcare Products Regulatory Agency).

Disposal of AAIs

Once used, AAIs will be disposed of in line with the manufacturer's instructions – which will involve disposal in the schools sharps bin (found in the school office).

Off-site Use of AAIs

When off-site, pupils with known allergies and prescribed AAIs should take both AAIs with them. These should be kept with the pupil at all times. If the visit leaders' risk assessment deems it inappropriate for the pupil to carry their own AAI (e.g. age, specific needs, activity limitations, lack of parental consent), then these must be kept in a known and accessible location to the child at all times. Visit leaders' risk assessment should consider the risk of accidental use (or deliberate misuse) of AAIs – as well as misplaced devices.

As mentioned in "Visits and Trips" above, individual Risk assessments should consider whether spare AAIs are required for specific school trips (e.g. overnight residentials). Visit leader should seek whether hosting venue has emergency AAIs as part of their risk assessment.

Serious Incidents and Near Misses

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and

significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Incident Recording

Parents/carers of child involved in a serious incident should be notified as soon as possible – whilst making medical care the priority. Parents/carers of child involved in a near miss should be notified before child returns home.

If an allergy-related incident occurs at home, parents should inform school so that the potential impact of a delayed reaction can be assessed.

Any serious incident or near miss will require a review of IHCP and this policy as to whether changes need to occur. In the even that an incident or near miss was related to the delivery of a care/action plan issued by a healthcare professional, the relevant healthcare professional should be notified.

Allergy Awareness

Incident Recording

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

Staff will be aware of the specific devices prescribed to pupils in school – and be additionally familiar with these.

The school will conduct allergy safety drills. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency

- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

Awareness of Allergy Safety Policy

This allergy safety policy will be published on the school website – and specifically shared with parents/carers when first initiated.

This policy is present in the staff meeting and is shared with staff as part of induction and annually.

In cases of pupils with known allergies requiring prescribed AAI, consideration of raising awareness among children of specific allergies to pupils that they encounter regularly (e.g. peers in same class). This must always take into consideration inclusion and wellbeing of pupils with known allergies.

Wellbeing

Ensuring maintenance of all pupils' wellbeing is paramount. Therefore, it is vitally important that ongoing consideration of pupils' mental health in regard to their allergy.

Any indication of children's wellbeing being impacted by their perception of their allergy or behaviour of others requires timely intervention. This can be through…

- Additional pastoral care
- Regular check-ins with their class teacher
- ELSA (Emotional Literacy Support Assistant) Support
- Application of behaviour policy in case of behaviour of other impacting a pupil with an allergy

Following a serious incident or near miss, the need for additional support will be very carefully monitored. Support will be considered for the child involved, their family, first aiders and any witnesses.

Information Sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

Appendix A: AAI Dosage

As recommended by the Resuscitation Council (UK), we would follow treatment of anaphylaxis using the age-based criteria, as follows:

AAIs for children under 6 years	**150 microgram / 0.15 milligram** e.g. EpiPen Junior (0.15mg), Emerade 150 or Jext 150 microgram
AAIs for children aged 6-12 years	**300 microgram / 0.3 milligram** e.g. EpiPen Junior (0.3mg), Emerade 300 or Jext 300 microgram

In cases of prescribed AAIs, the medically devised action plan will be followed, in terms of dosage. When contacting 999, advice will be followed accordingly.

Appendix B: Signs of an Allergic Reaction

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)



2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix C: Allergy-awareness Classroom Poster

Keeping our classroom safe for people with allergies

Allergies are very common and can range from mild to severe. Those with severe allergies require medical assistance very quickly, as their reactions can be life-threatening. This is why it's so important to keep our classroom as safe as possible for people with allergies.
You can work together to achieve this by:



Never eating food in the classroom, unless you have permission from a teacher



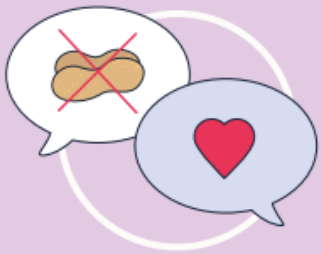
Washing your hands thoroughly after eating



Knowing the signs and symptoms of an allergic reaction



Seeking help immediately from a staff member if you think someone is having an allergic reaction



Understanding the allergies that people have and supporting them to stay safe



Wiping down surfaces and cleaning equipment carefully when instructed to do so



Never making someone feel uncomfortable for having an allergy and never doing something that could increase their risk of having a reaction



REMEMBER

It is important to follow these steps and ensure that those with allergies feel safe and supported while using our classroom.

Aspire ~ Believe ~ Persevere ~ Succeed

Allergy incident and near miss report

School:

Named allergy lead:

This form should be completed as soon as possible following any allergy-related incident or near miss. Near misses must be recorded even where no harm has occurred, as they may identify gaps in procedures, communication, supervision, or training and help prevent future incidents. Parents/carers and, where appropriate, the individual affected should be involved in reviewing the incident and identifying any lessons learned. The named allergy senior leader and governor should also review incidents to ensure that school policies, risk assessments, and Individual Healthcare Plans were appropriate, followed correctly, and updated where needed.

Date	Time	Incident location	Child affected	Staff member present	Emergency services called?

What happened/ allergen involved (if known)?

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Allergy incident and near miss report

Why the incident happened? (as far as is known)

How staff and pupils responded?

What support was provided to the individual including any medication administered?

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Allergy incident and near miss report

What immediate actions were taken afterwards?

Any lessons learned and recommended changes to any policies, procedures, training and supervision?

Reviewed by:	Name	Signed	Date
School allergy governor:			
School allergy lead:			

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