

Statutory:

Policy provided centrally for adoption by schools with minimal amendment to the core text. Changes are allowed to the text where indicated

Pupil Allergy Policy

St Francis CE Primary School

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s [Allergy guidance for schools - GOV.UK](#) and [Supporting pupils with medical conditions at school - GOV.UK](#), the Department of Health and Social Care's guidance on [Using emergency adrenaline auto-injectors in schools - GOV.UK](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Sophie Gottfried, SENCO.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an allergy action plan completed by a medical professional
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs) and checking they are in date
- Regularly reviewing and updating the allergy policy

3.2 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.3 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy 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
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.4 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.5 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Add any other responsibilities

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

To prevent contamination in the school;

- Pupils are reminded to wash their hands before and after eating or (in rare instances) handling animals.
- Sharing of food, utensils and or drinks is not permitted
- Pupils have their own named water bottles
- Tables and desks are wiped down before and after eating
- Kitchen staff provide separate utensils for different foods to avoid cross contamination

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and can identify pupils with allergies
- A list of children with allergies (including photos) is clearly displayed in the school kitchen so anyone working in the kitchen can quickly identify those children with allergies.
- Children with allergies wear a purple wristband and are given a purple plate at lunch so they are immediately identifiable.
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- 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) [Allergen guidance for food businesses | Food Standards Agency](#)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they will be immediately confiscated.

Additional procedures for managing food brought into school include:

- Birthday treats: We ask families not to send edible birthday treats such as cakes into school. If families would like to celebrate their child's birthday with food, we suggest they do this outside school hours with their child's friends.
- If parents are given special dispensation to bring food into school for children, it must be given to staff and not directly to children.
- Any homemade food brought into school for events (such as cake sales or international day) must be clearly labelled with a full list of ingredients. Allergen-free options are kept and displayed separately.
- Any shop bought food brought into school must be in its original packaging with a full list of ingredients.
- The school must not retain or reuse any containers that have previously held products containing nuts (for example, empty Celebrations boxes).

5.4 Insect bites/stings

The school's procedure for preventing and dealing with insect bites/sting is as follows:

When outdoors:

Prevention:

- Outdoor areas are regularly checked for wasp or bee nests prior to children's activities
- Children are reminded not to disturb insects or nests
- Shoes should always be worn
- Food and drink should be covered

If a child is stung or bitten:

- The child is moved away from the area, the sting (if visible) removed and the area treated with cold water and a compress
- The child will then be closely monitored for any adverse reactions and staff aware to call 999 immediately if the child shows signs of: difficulty breathing, swelling of face/throat, dizziness, or loss of consciousness
- In the case of an allergic reaction the child's adrenaline auto-injector (AAI) will be administered immediately, if prescribed. The child awaiting emergency care will be laid flat and remain accompanied at all times by a member of staff until emergency services arrive.

5.5 Animals

On the rare occasions our children come into contact with animals (e.g. a visiting petting farm) the school will follow these strict procedures:

- A risk assessment will be conducted prior to the visit to include appropriate control measures and emergency procedures for potential allergic reactions
- The school will determine the provider's experience of working with children with allergies and ensure appropriate procedures are in place to minimise the risk
- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Consider what procedures you can put in place to support their mental health and wellbeing, in line with your school's behaviour policy and any other measures you have in place to prevent bullying.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher or form tutor

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

- The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
 - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
 - A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response

Our school is relatively small and therefore it is suggested all AAI (prescribed to children and spares) are kept in the school medical room, so everyone knows where to find them. If an AAI is prescribed to a child, it will be kept in their dedicated medical container (together with all relevant information) in the school medical room.

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAI to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures:
 - School will treat anaphylaxis as a medical emergency, based on the child's symptoms, and take immediate action
 - Staff will call 999 immediately informing them that anaphylaxis is suspected
 - Staff will give adrenaline immediately (child's prescribed AAI or the school's spare AAI where the child is known to be at risk)
 - Child will be positioned correctly – laying flat with legs raised if possible. If breathing is difficult they will be allowed to sit up gradually. The child should not be permitted to stand or walk. If unconscious the child will be placed in the recovery position
 - Child will be closely monitored
 - If symptoms worsen and another AAI is available a second dose can be given (after about 5 minutes)
 - Staff will remain with the child until an ambulance arrives
- [Anaphylaxis - NHS](#)
- [What to do in an emergency | Anaphylaxis UK](#)
- A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance [Using emergency adrenaline auto-injectors in schools - GOV.UK](#), St Francis follows the following procedures regarding AAIs.

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance. Our procedures are as follows:

- Spare AAIs will be sourced from a local pharmacy
- The school will ensure there are always 2 spare AAIs available (to ensure a second dose is available if needed, to ensure back-up if one is used or damaged and to provide coverage if one expires)
- The brand of AAI the school will purchase will be EpiPen. This is in line with the AAIs currently prescribed to pupils in the school and could change
- For children aged 6-12 years a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an **EpiPen (0.3mg)**, Emerade 300 or Jext 300 microgram device)
- If an AAI were to be required for a child under 6 years, a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an **EpiPen Junior (0.15mg)**, Emerade 150 or Jext 150 microgram device).

Suggested dosage is in line with pages 11 and 12 of the guidance [Using emergency adrenaline auto-injectors in schools - GOV.UK](#)

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location (the school medical room) to which all staff have access at all times, but is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed

AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

See pages 12 and 13 of the guidance [Using emergency adrenaline auto-injectors in schools - GOV.UK](#)

7.3 Maintenance (of spare AAIs)

Rachel Hinton (Office Administrator) and Sophie Gottfried (SENCO) are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (in a sharps bin in the school medical room).

See page 13 of the guidance [Using emergency adrenaline auto-injectors in schools - GOV.UK](#)

7.5 Use of AAls off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAls should carry their own AAI with them on school trips and off-site events
- The trip lead will ensure a spare AAI is carried with them in the general medical pack taken on any school events.

See page 13 of the guidance [Using emergency adrenaline auto-injectors in schools - GOV.UK](#)

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls
- Instructions for the use of AAls
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAls have been administered

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAls are kept on the school site, and how to access them
- How to administer AAls
- The wellbeing and inclusion implications of allergies
- Include any other relevant training points

Training will be carried out [e.g. bi-annually or annually] by the allergy lead.

It's recommended that all staff are trained at least once a year.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First aid policy
- School food policy
- EYFS policy