Allergy Management Policy

Aspire Federation

'Let your light shine!'

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1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Aspire Federation Schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Aspire Federation adopts a whole-school approach to allergy management. All staff, governors, pupils, parents/carers, volunteers, contractors, catering providers and third-party providers share responsibility for maintaining a safe, inclusive and supportive environment for pupils with allergies.

This policy has been developed in accordance with:
Children and Families Act 2014 (Section 100)
Supporting Pupils at School with Medical Conditions (DfE)
Allergy Safety in Schools Statutory Guidance (DfE 2026)
Food Information Regulations 2014
Human Medicines (Amendment) Regulations 2017
Equality Act 2010

The Federation is committed to ensuring that allergy management arrangements promote safety, inclusion, participation and wellbeing for all pupils.

2. Role and responsibilities

Parent Responsibilities

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

• Parents are to supply a copy of their child's Allergy Action Plan (British Society for Allergy and Clinical Immunology plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.

• Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

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

Staff Responsibilities

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

• 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.

• Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

• Head of School will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.

• It is the parent's responsibility to ensure all medication in in date however the class teacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

• The Head of School 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.

• All staff, including teachers, teaching assistants, midday supervisors, office staff, breakfast club staff, after-school club staff, volunteers and regular agency staff will receive appropriate allergy awareness training.

• Staff must follow individual healthcare plans, allergy action plans and risk assessments relating to pupils in their care.

• Staff must take all reasonable steps to reduce the risk of allergen exposure whilst maintaining pupil inclusion.

• Any allergic incident, medication administration or near miss will be reported and recorded in accordance with school procedures.

Pupil Responsibilities

• Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

• Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Safeguarding, Inclusion and Emotional Wellbeing

Aspire Federation recognises that living with an allergy can affect a pupil's confidence, participation and emotional wellbeing.

Pupils with allergies will be supported to participate fully in school life, educational visits, sporting activities, assemblies, enrichment activities and residential visits wherever it is safe and reasonable to do so.

Any bullying, teasing, intimidation or deliberate exposure of a pupil to an allergen will be treated as a serious matter and managed in accordance with the school's Behaviour Policy, Anti-Bullying Policy and Safeguarding procedures.

Staff will encourage a culture of respect, understanding and allergy awareness across the Federation.

4. Allergy Action Plans

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.

Aspire Federation Schools recommend 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.

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

5. Individual Healthcare Plans (IHPs)

In addition to an Allergy Action Plan, pupils with significant allergies or those at risk of anaphylaxis will have an Individual Healthcare Plan (IHP) where appropriate.

The IHP will be developed collaboratively between the school, parents/carers and relevant healthcare professionals.

The plan will include:

- identified allergens and triggers
- signs and symptoms of allergic reaction

- prescribed medication and dosage requirements
- emergency procedures
- arrangements for educational visits and residential visits
- dining and catering arrangements
- responsibilities of staff
- reasonable adjustments required to support inclusion

Individual Healthcare Plans will be reviewed at least annually and whenever there is a significant change in a pupil's medical condition.

6. Prevention and Allergen Risk Reduction

Aspire Federation recognises that it is not possible to guarantee an allergen-free environment. The Federation therefore adopts a risk-reduction approach incorporating education, awareness and reasonable adjustments.
Measures may include:
individual risk assessments
careful supervision of meal and snack times
allergen awareness education
controls around food sharing
communication with catering providers
consideration of allergens during curriculum activities, cooking activities, celebrations and enrichment events.

Risk reduction measures will be proportionate to the age, understanding and medical needs of individual pupils.

7. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

• a red raised rash (known as hives or urticaria) anywhere on the body

• a tingling or itchy feeling in the mouth

• swelling of lips, face or eyes

• stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

• AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

• BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

• CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

• It opens up the airways

• It stops swelling

• It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

• Keep the child where they are, call for help and do not leave them unattended.

• LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.

• USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.

• CALL 999 and state ANAPHYLAXIS (ana-fil-axis).

• If no improvement after 5 minutes, administer second AAI.

• If no signs of life commence CPR.

• Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Following any allergic reaction:

- Parents/carers will be informed as soon as possible.
- An incident record will be completed.
- The pupil's healthcare arrangements will be reviewed.

- Risk assessments and care plans will be amended where necessary.
- Lessons learned will be shared with relevant staff to reduce future risks.

8. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container – preferably a named 'bumbag').

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

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

• An up-to-date allergy action plan

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

• Spoon if required

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

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

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

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed specialist collection service. The sharps bin is kept in the school office.

9. 'Spare' adrenaline auto-injectors in school

Each school has purchased two spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date). One which can be kept in school, and one which can be taken on a school trip.

These are stored in a white medical cabinet with a green cross on the front in each school staffroom, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The Head of School is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

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.

10. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

The Head of School at St. George's

The Head of School at William Hildyard

The Executive Head of the Federation

All staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

• Knowing the common allergens and triggers of allergy

• Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services

• Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device

• Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what

• Managing allergy action plans and ensuring these are up to date

• A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

11. Catering

All food businesses, including school caterers, must comply with the Food Information Regulations 2014.

Information relating to the 14 recognised allergens must be available for all food products supplied.

The school menu is available for parents to view in advance with ingredients and allergens identified.

Parents/carers are responsible for informing both the school and the catering provider of any food allergies.

Midday supervisors and relevant catering staff will have access to information required to safely support pupils with allergies.

Where ingredients, recipes or products are substituted, allergen information must be re-checked prior to serving food.

Any pupil requiring a modified menu because of allergy, medical condition, religious requirement or other approved dietary need will continue to receive appropriate alternative provision.

Any pre-packed for direct sale (PPDS) foods provided by the school, catering provider or wraparound provision must comply with current allergen labelling legislation.

Staff involved in food preparation or service will receive appropriate allergen awareness training including:

- identification of allergens
- label checking
- prevention of cross-contamination
- safe food preparation and handling.

Food should not be provided to a primary-aged pupil with a known food allergy without parental engagement and consideration of the pupil's allergy management arrangements.

Curriculum activities involving food, cooking, science investigations, enrichment activities, celebrations and special events must be risk assessed where relevant.

12. Breakfast Clubs, Wraparound Care and Third-Party Providers

Any breakfast club, after-school club, holiday provision or third-party organisation operating on school premises must comply with this policy.

Providers will:
be made aware of pupils with allergies where appropriate
have access to relevant emergency procedures
understand how to contact emergency services
know how to obtain assistance from trained members of staff
comply with allergen information and food safety requirements.
The Federation will seek assurance that appropriate training and procedures are in place where third-party organisations are providing food.

13. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

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

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 a child with allergies is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Children with allergies 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 child with food allergies, the school will arrange for the child to take alternative/their own food. 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 co-operation with any special arrangements required.

14. Allergy awareness and nut bans

Aspire Federation Schools support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

15. Risk Assessment

Aspire Federation Schools will undertake an individual allergy risk assessment for:

all newly admitted pupils with allergies

pupils who receive a new diagnosis

pupils whose medical needs significantly change

educational visits where additional risks may be present.

Risk assessments will consider:

classroom arrangements

dining arrangements

educational visits

extracurricular activities

sporting activities

wraparound provision

emergency response procedures.

Risk assessments will be reviewed at least annually and when circumstances change.

16. Monitoring and Governance

The Executive Headteacher and Heads of School are responsible for the implementation of this policy.

Governors will:
review the policy in accordance with the review schedule;
receive reports regarding any significant allergy-related incidents;
monitor compliance with statutory guidance and safeguarding requirements;
support the Federation in maintaining effective allergy management arrangements.

The policy will be reviewed sooner where:
legislation changes;
statutory guidance is updated;
significant incidents identify a need for review.

17. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

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

• AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

• Resources for managing allergies at school - https://www.allergyuk.org/living-with-an-allergy/at-school/

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

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

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

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

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

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115 83

Department for Education – Allergy Safety in Schools Statutory Guidance (2026) - Allergy safety in schools - GOV.UK

Food Standards Agency – Allergen Guidance for Institutional Caterers - Allergen guidance for institutional caterers - GOV.UK

Food Standards Agency – Pre-packed for Direct Sale (PPDS) Food Guidance - Labelling guidance for prepacked for direct sale (PPDS) food products - GOV.UK