



Allergy Safety Policy

Date of Review: September 2026

Date of Next Review: September 2027

This is to be read and adopted as an annex to the school's wider medical conditions policy as required by the Supporting Pupil/Students in schools with medical conditions statutory guidance.

This policy is based on the model policy produced by BSACI, Allergy UK and Anaphylaxis UK and approved by the Department for Education.

Author/s	BSACI, Allergy UK / Lindsey Foden
Review frequency	Annually / Following any significant allergy related incident or near miss.
Date approved by Trustees	
Date of next review	September 2027
Purpose	To minimise the risk of any Pupil/Student suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Medical Needs policy

Each school will appoint a named Senior Leadership Team (SLT) Allergy Lead responsible for:

- Coordinating implementation of this policy.
- Maintaining oversight of allergy safety arrangements.
- Monitoring and investigating serious incidents and near misses.
- Ensuring appropriate staff training.
- Reporting significant allergy matters to Governors/Trustees.
- Coordinating reviews of this policy and individual healthcare arrangements.

Allergy risks will be included within the school's risk management arrangements and reviewed regularly.

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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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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 each school in the Trust will support Pupil/Students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Roles and responsibilities

Parent/Carers' responsibilities

- On entry to the school, it is the Parent/Carer's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parent/Carers 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. This should form part of an Individual Healthcare Plan.
- Parent/Carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parent/Carers 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 (regular or cover classes) must be aware of the Pupil/Students in their care 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 Pupil/Students with medical conditions, including allergies, carry their medication. Pupil/Students unable to produce their required medication will not be able to attend the excursion.
- School Nurse/First Aider or other named staff member will ensure that the up-to-date Allergy

- Action Plan is kept with the Pupil/Student's medication.
- It is the Parent/Carer's/carer's responsibility to ensure all medication is in date however the School Nurse/First Aider or other named staff member will check medication kept at school on a termly basis and send a reminder to Parent/Carers if medication is approaching expiry.
- School Nurse/First Aider or other named staff member keeps a register of Pupil/Students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- School Nurse/First Aider or other named staff member ensures that any reaction or near misses are recorded and reported internally or in accordance with RIDDOR.

Pupil/Student responsibilities

- Pupil/Students 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.
- Pupil/Students who are trained and confident to administer their own AAI(s) will be encouraged to take responsibility for carrying them on their person at all times.

Individual Healthcare Plans (IHPs)

Pupils whose allergy has a functional impact on their participation in school life; places them at risk of harm; and requires arrangements additional to those generally available, will have an Individual Healthcare Plan (IHP).

Individual Healthcare Plans will be developed in partnership with:

- the Pupil/Student;
- Parents/Carers;
- relevant healthcare professionals.

The IHP will:

- identify known allergens;
- identify required adjustments;
- contain emergency arrangements;
- specify medication requirements;
- include arrangements for school trips and visits;
- attach any Allergy Action Plan and Asthma Action Plan.

IHPs will be reviewed:

- at least annually;
- following any significant change in medical advice;
- following any serious incident or near miss.

Allergy Action Plans

Allergy Action Plans form part of the information used to develop the school's Individual Healthcare Plan and should be attached to the Individual Healthcare Plan where applicable. They provide medical and Parent/Carer consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are national plans that have been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

Information Sharing

Schools require information relating to allergies to keep pupils safe and support participation in education. Information about a Pupil/Student's allergy will be shared only with staff who need the information to fulfil their safeguarding, pastoral, educational or medical responsibilities. Information will be managed in accordance with UK GDPR and the Data Protection Act.

Appropriate information regarding known allergens and emergency arrangements may be displayed within staff-only areas where necessary for safeguarding purposes.

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 severe 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/Student 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. AAls 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/Students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

The Trust recognises the strong association between food allergy, anaphylaxis, asthma and air quality.

Pupil/Students with asthma should:

- have rapid access to their reliever inhaler;
- have an Asthma Action Plan where applicable;
- be supported through their Individual Healthcare Plan.

Schools will maintain emergency salbutamol inhalers in accordance with national guidance. Staff will be trained to recognise the difference between asthma symptoms and anaphylaxis but understand that both may occur together. In line with wider health and safety arrangements schools will promote good ventilation where possible; minimise exposure to environmental triggers where reasonably practicable and consider air quality when planning activities for Pupil/Students known to have severe asthma or allergy-related respiratory conditions.

Supply, storage and care of medication

Depending on their level of understanding and competence, Pupil/Students will be encouraged to take responsibility for and to carry their own AAls on them at all times.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff**.

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

- Two AAls i.e. EpiPen® or Jext®
- 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 Parent/Carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/First Aider or other named staff member will check medication kept at school on a termly basis and send a reminder to Parent/Carers if medication is approaching expiry.

Parent/Carers can subscribe to expiry alerts for the relevant AAI's 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 Parent/Carers. 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 AAI's can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

'Spare' adrenaline auto-injectors in school

Every School has purchased 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) or are experiencing anaphylaxis for the first time. These are stored around the school site; clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

The School Nurse/First Aider or other named staff is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written Parental/Carer permission for use of the spare AAI's is included in the Pupil/Student's allergy action plan.

Staff training

Trust HR are responsible for coordinating staff anaphylaxis training. The named allergy lead is responsible for the upkeep of the school's anaphylaxis policy in liaison with the Trust Health and Safety and Safeguarding teams.

All staff will complete Allergy & Anaphylaxis Awareness training annually, and on an ad-hoc basis during induction of new 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 AAI's) 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

Schools ensure that staff undertake a practical session using trainer devices where reasonably practicable.

Inclusion and safeguarding

The Laurus Trust 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. The Trust recognises that living with allergy may affect a Pupil/Student's emotional wellbeing and may result in anxiety linked to accidental allergen exposure; participation in activities; meal times; school trips; previous allergic reactions.

Schools will:

- actively promote a culture of inclusion and understanding;
- provide reassurance regarding safety arrangements;
- involve pupils in planning support strategies wherever appropriate;
- provide pastoral support where required;
- engage parents in reviewing support arrangements.

Allergy-related bullying is taken extremely seriously. Such behaviour will be managed through the school's Behaviour Policy and Anti-Bullying procedures. Schools will actively promote awareness and understanding of allergies amongst pupils and staff to reduce risks of bullying and discrimination.

Catering

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.

The school's menu is available for Parents/Carers to view in advance on the school website.

Parent/Carers are encouraged to contact the schools catering suppliers to discuss their child's needs.

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

- Bottles, other drinks and lunch boxes provided by Parent/Carers for Pupil/Students with food allergies should be clearly labelled with the name of the child for whom they are intended.

- If food is purchased from the school canteen/tuck shop, Parent/Carers should check the appropriateness of foods by speaking directly to the schools catering team.
- The Pupil/Student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- 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. For further information, Parent/Carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without Parental/Carer engagement and permission (e.g. birthday parties, food treats). –
- 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.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all Pupil/Students with medical conditions, including allergies, carry their medication. Pupil/Students 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 Pupil/Students and alternative activities planned to ensure inclusion. Pupil/Students with allergies will not be excluded from activities, trips, educational visits or enrichment opportunities unless a thorough risk assessment identifies significant unmanaged risk.

Overnight school trips should be possible with careful planning and a meeting for Parent/Carers 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).

Sporting Excursions

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.

Most Parent/Carers 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.

Staff and Visitors

Schools will take reasonable steps to identify and support staff and visitors with known allergies. Visitors attending school events involving food provision will be encouraged to advise the school of significant allergies in advance wherever possible. Reasonable adjustments will be considered to minimise risks associated with known allergies.

Allergy awareness and nut bans

Every school supports 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/Students, 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/Students and all other staff are aware of what allergies are, the importance of avoiding the Pupils/Students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk assessment

Every school will conduct a detailed individual risk assessment in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist for all new joining Pupil/Students with allergies and any Pupil/Students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

All allergy related serious incidents and near misses will be:

- recorded;
- reported appropriately;
- communicated to parents/carers;
- reviewed by the School Allergy Lead.

Following review, the school will consider:

- lessons learned;
- additional training needs;
- amendments to risk assessments;
- amendments to Individual Healthcare Plans;
- amendments to this policy.

Governors/Trustees will receive periodic reports regarding serious incidents and emerging themes.

Useful links

School and individual risk assessments can be downloaded for free from:
<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

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>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

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 Pupil/Students at school with medical conditions – https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-Pupil/Students-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/cq134?unlid=22904150420167115834>

Equality Impact Statement

Names and title of people involved with this assessment	Rachel Robinson Trust Director of Inclusion
Impact assessment carried out with regard to identified characteristics	☒ Race ☒ Disability ☒ Sex ☒ Age ☒ Religious belief ☒ Sexual Orientation ☒ Gender Reassignment
Summary of any issue/proposed changes	N/A
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Laurus Trust
Woods Lane
Cheadle Hulme
Cheshire
SK8 7JY

t: 0161 549 7000
e: enquiries@laurustrust.co.uk
w: laurustrust.co.uk