

The Roche School

Allergy Management Policy to be read with the Medical/First Aid Policy

Policy Statement

This policy, which applies to the whole school, is publicly available on the school website and, upon request, a copy may be obtained from the School Office (this can be made available in large print, or another accessible format if required).

Information Sharing Category	Public Domain
Date Published	September 2026
Authorised by (if required)	Proprietor and the Advisory Board
Responsible Area	Louise Gilmartin

Availability: All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All new employees and volunteers are required to state that they have read, understood, and will abide by this policy and its procedural documents and confirm this by signing the Policies Register.

Monitoring and Review: This document will be subject to continuous monitoring, refinement and audit by the Proprietor. This document was reviewed and agreed by the Advisory Board in September 2021. If significant systemic and procedural changes occur; or if legislation, regulatory requirements or best practice guidelines demand, the policy will be reviewed accordingly prior to September 2022.

Signed:

Next Review: September 2027



Jonny Gilbert

Headteacher



Louise Gilmartin

Designated Safeguarding Lead



James Roche

Proprietor

The Roche School is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors with allergies. We recognise that allergies can have a significant impact on health, wellbeing and participation in school life and that severe allergic reactions (anaphylaxis) require an immediate and effective response.

Although it is not possible to provide an allergen-free environment, the School will take all reasonable steps to minimise the risk of exposure to known allergens, support pupils with allergies and ensure that staff are trained to respond appropriately in an emergency.

This policy should be read alongside the School's Medical Policy, First Aid Policy, Health and Safety Policy, Safeguarding and Child Protection Policy and Educational Visits Policy.

Aims

The School aims to:

- safeguard pupils with allergies by reducing the risk of exposure to known allergens;
- promote a whole-school culture of allergy awareness;
- ensure staff understand their responsibilities for allergy prevention and emergency response;
- provide appropriate support for pupils with allergies, including those at risk of anaphylaxis;
- promote the emotional wellbeing and inclusion of pupils with allergies;
- ensure effective communication between parents, healthcare professionals and school staff;
- comply with current Department for Education guidance and relevant legislation.

Scope

This policy applies to:

- all pupils;
- all staff, including temporary, agency and supply staff;
- volunteers;
- peripatetic staff;
- catering staff;
- visitors where appropriate.

Roles and Responsibilities

Senior Leadership Team

The designated member of the Senior Leadership Team responsible for allergy safety is:

Louise Gilmartin (Designated Allergy Lead)

Responsibilities include:

- overseeing implementation of this policy;

- ensuring annual review of the policy;
- ensuring allergy management forms part of safeguarding and health and safety procedures;
- ensuring appropriate staff training;
- reviewing allergy incidents and near misses to improve practice.

Medical Team

The Medical Team manages the day-to-day implementation of this policy.

Louise Gilmartin – Head of Inclusion and Wellbeing, Designated Safeguarding Lead (DSL) and Mental Health First Aider

Louise works alongside the Medical Team to coordinate support for pupils with medical conditions, disabilities and additional needs.

Responsibilities include:

- Creating and leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff ;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures ;
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or “near misses”, reporting these to the governing body and appropriate authority (e.g. under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy at least annually; and

- Ensuring there is an anaphylaxis drill at least [once a year] and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.
- ensuring reasonable adjustments are made to enable pupils with allergies and medical needs to participate fully in school life;
- overseeing pupil wellbeing and supporting the emotional needs of children living with allergies and long-term medical conditions;
- ensuring allergy management forms part of safeguarding practice;
- working with the Medical Team to review incidents, near misses and any changes to procedures.

Ros Holmes – Lead First Aider

Responsible for:

- maintaining the allergy register and updating individual lanyards
- ensuring there is a clear method to capture allergy information or special dietary information at the earliest opportunity ;
- ensuring there is a clear structure in place to communicate this information to the relevant parties
- ensuring Individual Healthcare Plans (IHPs) remain current;
- monitoring emergency medication;
- coordinating emergency responses;
- recording incidents and reviewing procedures alongside Louise.

Antoinette McQuaid – Allergies and lunches

Responsible for ensuring:

- All allergies and food intolerances are accurately recorded and safely catered for in the lunch hall.
- Give staff regular opportunities to practice with test auto injectors
- All children's EpiPens/adrenaline auto-injectors and inhalers are in date, appropriately stored and readily accessible.
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;

- Ensuring staff (and pupils where appropriate) can practice with trainer adrenaline devices and arranging refresher training as required e.g. before school trips
- The wellbeing and safety of children with allergies is supported throughout the school day, including trips and activities.
- Effective communication with families regarding allergy management, medical needs and appropriate support.

Tyrone Pugh – Sports

Responsible for ensuring:

- emergency medication accompanies sporting activities and educational visits;
- trained staff are present during sporting activities;
- allergy risks are considered during PE and outdoor learning.

Vanessa Mieville

Responsible for supporting:

- implementation of allergy procedures;
- record keeping;
- emergency preparedness.
- Ensuring Inhalers, All epi-pens and medication are in date and order replacements when needed

Lizzie Aldridge – First Aid Supplies Coordinator

Responsible for:

- monitoring stocks of first aid supplies and medical equipment;
- ordering replacement first aid equipment and consumables;
- ensuring emergency first aid resources are appropriately stocked across the School;
- supporting the Medical Team by maintaining essential medical supplies, including items required for allergy management where appropriate.

All staff

- All school staff (this includes all staff present when pupils are expected to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee

children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel) are responsible for:

- Championing and practising allergy and asthma awareness across the school;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary ;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Lead
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip'

Parents and Carers

Parents and carers are responsible for:

- informing the School of any diagnosed allergy before admission or immediately following diagnosis;
- providing current medical information and healthcare plans;
- supplying prescribed medication, including two in-date adrenaline auto-injectors (AAIs) where prescribed;
- replacing medication before expiry;
- informing the School promptly of any changes to their child's medical needs.

- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice;

What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and, instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance or coeliac disease. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system. Coeliac disease is a serious autoimmune condition where the body reacts to gluten but does not cause acute reactions.

Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the “main 14” in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURneffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional , detailing a person's allergy and their treatment plan .

ALLERGIC RHINITIS: An allergic reaction to something in the environment such as pollen, dust mites or animal dander that causes a blocked or runny nose, sneezing, itchy eyes and sometimes a sore throat, headaches and disrupted sleep. Hay fever is allergic rhinitis triggered by pollen.

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

ECZEMA: A common skin condition, often linked to allergy, causing dry, itchy, sore skin.

EURNEFFY: EURneffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions (including allergy), history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. If the pupil has an Allergy Action Plan or an Asthma Action Plan this should be contained within the IHP.

“NEAR MISS”: An event that did not result in harm but had the clear potential to do so, for example when an allergic reaction was averted (e.g. accidental exposure identified before ingestion, or ingestion of a known allergen without reaction).

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline devices. These should be held as a back-up, in case pupils' prescribed adrenaline devices are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

SERIOUS INCIDENT: Where someone with an allergy is harmed or placed in immediate or significant risk of harm including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

Identification and Individual Healthcare Plans

The School maintains an up-to-date register of pupils with allergies.

Where appropriate, pupils will have an Individual Healthcare Plan (IHP), supported by an Allergy Action Plan and/or Asthma Action Plan provided by a healthcare professional.

Healthcare Plans will include:

- The child's name, date of birth, class, a photograph and emergency contact details;
- known allergens;
- symptoms;
- A history of their allergic reactions;
- preventative measures;
- emergency procedures;
- prescribed medication;
- reasonable adjustments required.
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;

Plans are reviewed annually or sooner if medical needs change.

Information sharing

- Staff will know which pupils have allergies, what they are allergic to, their triggers and other relevant information. Where appropriate they will also know which staff and visitors have allergies.
- When relevant to do so, information may be shared with external organisations, for example for the purposes of keeping pupils, staff and visitors safe .
- Information will be shared in line with our Data Protection policy.

Promoting Wellbeing

The School recognises that allergies may affect a child's confidence, wellbeing and participation in school life.

We will:

- support pupils to participate fully in school activities;
- encourage understanding and inclusion among peers;
- challenge any bullying or inappropriate behaviour relating to allergies;

- work closely with families to support pupils' emotional wellbeing.

Staff in danger from Anaphylaxis

Staff working in the school are expected to take responsibility for the management of their condition and inform the link members of staff of their care plan.

* Susie Prus is allergic to wasp stings and keeps her AAI pens in her handbag which is located in Hilden House in the Art room. As she has previously had anaphylaxis swift action will be required in the event of a wasp sting. The spare epipens (age 6+) are suitable and should be used if needed.

• Alba Vellido-allergic to peaches. AAI devices are kept in her desk (2nd drawer) in her classroom.

Minimising Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. The School will take reasonable steps to minimise exposure to known allergens.

These include:

- maintaining an accurate allergy register;
- informing relevant staff of pupils' allergies;
- encouraging good hand hygiene;
- discouraging food sharing;
- ensuring eating areas are cleaned appropriately;
- considering allergy risks during curriculum activities such as cooking, science, art and animal handling;
- carrying out risk assessments for educational visits and residential trips.

Staff planning activities are expected to consider allergy risks as part of normal risk assessment procedures.

Food Allergy Management

The School works closely with catering staff and parents to reduce the risk of accidental exposure to food allergens.

The School will:

- provide allergen information for food prepared on site where appropriate;
- consider food allergies when planning school events;

- ask parents not to send food that presents an unacceptable risk to pupils with severe allergies where this has been identified;
- encourage pupils not to share food.

As it is not possible to eliminate all allergens, pupils and staff should remain vigilant at all times.

Catering in School

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The catering team and school staff will endeavour to ensure pupils are not segregated from peers at mealtime;
- The school has two robust procedures in place to identify pupils with food allergies, these are [*outline what these are here and which staff are responsible*]¹;
- The school will provide allergen information clearly and accessibly² [*insert the procedures here, including any additional procedures required for pupils or staff with allergies to food other than the “main 14” allergens*];
- Information on allergens will be available for the pupil to check independently;
- Pre-packaged food will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging.

¹ There should be two methods in place. Ideally one should be a visual check from a member of staff familiar with the pupils who have allergies. Photos of pupils with allergies (and staff, if agreed) should also be available in the kitchen (and in other areas, for example the staff room, food lesson classrooms, science etc). There should be back up plans in place, and documented in case of staff absences.

² Good practice is for dishes and menus containing the main 14 allergens (see Allergens definition) to be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request.

Food brought into school

Food brought into classrooms should be shop bought and the packaging clearly labelled. Teachers should check the ingredients label before distributing to their class. This includes birthday treats and end of term parties.

For cake sales, all cakes must be donated with a clear label of ingredients from parents. Children can only purchase cakes from a cake sale if they are supervised by their parent or their class teacher.

Food bans or restrictions

This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. We are nut free but acknowledge that even a school that bans nuts cannot guarantee the complete absence of nut allergens and that vigilance from all staff is still a priority for nut allergies.

Medication

Pupils prescribed adrenaline auto-injectors should have rapid access to them at all times.

Emergency medication will be:

- clearly labelled;
- easily accessible;
- stored in accordance with medical guidance;
- taken on educational visits and sporting activities.

Parents remain responsible for ensuring prescribed medication is within its expiry date.

Spare Adrenaline Auto-Injectors

The School maintains spare adrenaline auto-injectors in accordance with Department for Education guidance. These can be used on someone presenting with anaphylaxis for the purpose of saving a life if they do not have their own prescribed adrenaline devices, or if their prescribed adrenaline devices are not available

Spare devices will:

- be clearly identified;
- be stored in accessible locations and never locked away;
- be checked regularly to ensure they remain in date;
- be replaced promptly after use or expiry;
- be available in pairs.

The School aims to ensure that no pupil is more than five minutes from an adrenaline auto-injector in the event of an emergency.

Insect Stings

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

Animals

It's normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed.

Asthma

- The school understands that it is vital that pupils with asthma keep it well- controlled. As well as increasing the risk of asthma attacks, poor asthma control can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.
- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- Pupils with asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan .
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location; and
- The school will consider air quality and ventilation as part of its wider health and safety arrangements.

Allergic Rhinitis, Hay Fever and Eczema

- Pupils with more serious hay fever will be supported through reasonable adjustments where needed, for example wearing sunglasses during sport, having a window closed during high-pollen periods, or receiving additional medication during the school day;

- Most pupils with allergic rhinitis or eczema manage their condition at home and will not need an Individual Healthcare Plan; pupils with more severe or harder-to-manage symptoms will be considered for one;
- Pupils with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the school day;
- Staff will be mindful that allergic rhinitis or eczema-related sleep disruption can affect a pupil's concentration and behaviour, and will make reasonable adjustments.

Staff Training

All staff who may supervise pupils receive annual allergy awareness and emergency response training.

Training includes:

- understanding allergies and allergic conditions;
- recognising allergic reactions and anaphylaxis;
- identifying allergy triggers;
- understanding Individual Healthcare Plans;
- reducing exposure to allergens;
- administering adrenaline auto-injectors;
- emergency procedures;
- reporting incidents and near misses.
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- How to report an allergic reaction or “near miss”.

New staff receive allergy awareness as part of their induction, and supply staff are informed of relevant procedures before supervising pupils.

Emergency Procedures

If anaphylaxis is suspected:

1. Administer an adrenaline auto-injector immediately.
2. Call 999 and state that anaphylaxis is suspected.

3. Send a member of staff to collect any additional emergency medication if required.
4. Contact parents or carers as soon as possible.
5. Monitor the pupil continuously until emergency services arrive.
6. Administer a second adrenaline auto-injector if required and in accordance with the Allergy Action Plan.
7. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.
8. Record the incident and review procedures afterwards.

Educational Visits and Sporting Activities

All visits and sporting activities include consideration of allergy risks. Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies; Allergies will be considered on the risk assessment and catering provision put in place;

Planning will include:

- access to prescribed medication;
- availability of trained staff;
- emergency communication arrangements;
- food provision where relevant;
- individual risk assessments for pupils at risk of anaphylaxis.

No pupil will be excluded from activities solely because of an allergy where reasonable adjustments can safely be made.

Recording Incidents and Near Misses

All allergic reactions, use of emergency medication and allergy-related near misses will be recorded.

Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded.

All incident reports should be shared with the pupil's parents or carers (and where appropriate, the pupil themselves), who will be given the opportunity to discuss the incident and contribute their views to the review.

Following any significant incident, the School will:

- review the circumstances;
- identify lessons learned;
- amend procedures where necessary;
- communicate appropriately with parents.
- It may be necessary to share the report with other agencies, for example:
 schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
 incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
 the relevant healthcare professional or team where an incident related to the delivery of an action plan they issued.
- Following any incident or “near miss”, the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or “near miss” not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

Information Sharing

Information about pupils with allergies will be shared only with staff who need it in order to safeguard pupils and fulfil their responsibilities.

Medical information will be managed in accordance with UK GDPR and data protection legislation.

The School will ensure relevant staff know:

- who has allergies;
- where medication is stored;
- how to access Individual Healthcare Plans;
- how to respond in an emergency.

Raising Awareness

This policy is published on the School website and is available on request.

All staff receive annual allergy awareness training.

The School promotes age-appropriate allergy awareness among pupils to encourage understanding, inclusion and safe behaviour.

Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy;
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teacher;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Uniform policies take into account that children may need emergency medication near them at all times.

Monitoring and Review

This policy will be reviewed annually or sooner if:

- legislation or Department for Education guidance changes;
- a significant allergy incident or near miss occurs;
- school procedures require amendment.

Related Policies

This policy should be read alongside:

- Medical Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy

Policy Owner: Louise Gilmartin (Senior Leadership Team)

Medical Team:

- Ros Holmes – Lead First Aider
- Tyrone Pugh – Sports
- Vanessa Mieville

Review Cycle: Annual

Legislative and Guidance References

This policy has been informed by:

- Children's Wellbeing and Schools Act 2026
- Department for Education: *Supporting Pupils at School with Medical Conditions*
- Equality Act 2010
- Children and Families Act 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Food Information Regulations 2014 (where applicable)



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C – Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit up with legs outstretched and give adrenaline.
3. Pupils may be able to administer adrenaline themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
4. If you are using an adrenaline auto-injector it is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. If you are using an adrenaline nasal spray (EURneffy). Hold the device with two fingers on the sides and thumb underneath, place into nostril and press firmly with your thumb until the dose is delivered.
6. Make a note of the time you gave the first dose.
7. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
8. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
9. Call the pupil's emergency contact.

10. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes (into the **other thigh** if using an adrenaline pen, or into the **same nostril** if using a nasal spray) using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
11. Start CPR if necessary.
12. Hand over used devices to paramedics and remember to get replacements.
13. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools](#).