



Pupils with Allergies Policy

Berry Hill Primary

*This policy has due regard for the NCC Allergy Safety Policy Published 12.07.2026

A copy of this is also available.

Approved by:	Governing Body	Date: September 2026
Last reviewed on:	September 2026	
Next review due by:	September 2027	

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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 guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, 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 L Smith.

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 is delegated to Office staff, with support from NCC Catering staff)
 - Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff – this is in the form of an Allergy Healthcare Plan
 - All pupils with allergies have an allergy action plan
 - 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 a risk evaluation in terms of allergy, and school has considered and shared the Anaphylaxis UK Whole School Allergy risk assessment
 - Keeping stock of the school's adrenaline auto-injectors (AAIs)
 - Regularly reviewing and updating the allergy policy
 - Co-ordinating the paperwork and information from families
- K Salter in the Office is responsible for:
- Co-ordinating medication with families
 - Checking spare AAIs are in date
 - Any other appropriate tasks delegated by the allergy lead

3.2 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils and sharing this with relevant staff
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis:

Symptoms of anaphylaxis

- Symptoms of anaphylaxis happen very quickly.
 - They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.
 - Symptoms include:
 - swelling of your throat and tongue
 - difficulty breathing or breathing very fast
 - difficulty swallowing, tightness in your throat or a hoarse voice
 - wheezing, coughing or noisy breathing
 - feeling tired or confused
 - feeling faint, dizzy or fainting
 - skin that feels cold to the touch
 - blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
 - You may also have a rash that's swollen, raised or itchy. (NHS guidance June 2026)
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- 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

4. Assessing risk

The school has conducted a whole school risk assessment for risk of anaphylaxis considering 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
- Where a visitor requires a guide dog or an animal visits

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

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 are able to identify pupils with allergies
- 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)
- 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 may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Supervising staff are aware of allergy risks

5.5 Animals

- 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 will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/support staff]

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 AAls

- The school maintains a register of pupils who have been prescribed AAls or where a doctor has provided a written plan recommending AAls 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 (with parental consent)
- The register is kept online and can be checked quickly by any member of staff as part of initiating an emergency response. Information is also recorded on Arbor, school information system.

Allowing all pupils to keep their AAls in class in Class Medicines Bags reduces delay and allows for confirmation of consent without the need to check the register.

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 AAls to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initially follow the individual allergy plan, then initiate the school's emergency response plan if needed.
 - 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 inline with the NHS advice on treatment of anaphylaxis and Anaphylaxis UK's advice on what to do in an emergency.
- 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)

7.1 Purchasing of spare AAls

The allergy lead is responsible for buying AAls and ensuring they are stored according to the guidance.

- AAls will be sourced from local pharmacy.
- School will hold two AAls
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance).

- For children age 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).
- For children age 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).

(See pages 11 and 12 of the guidance.)

7.2 Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls 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 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 - in the small Kitchen near the office.

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

7.3 Maintenance (of spare AAls)

L Smith and K Salter are responsible for checking monthly that:

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

7.4 Disposal

AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

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

- On school trips, pupils prescribed AAls will take two AAls. A spare AAI will also be taken on the trip.

(See page 13 of the guidance.)

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Two Spare AAls- Mylan Autoinjectors 0.3mg for children between 6-12
- 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

9. Links to other policies

This policy links to the following policies and procedures:

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