Austhorpe Primary School

Allergy Management Policy

Creating safe, inclusive environments through consistent allergy awareness, prevention and rapid response.

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Contents

1. Policy statement and aims

Austhorpe Primary School is committed to providing a safe, inclusive and supportive environment for pupils, staff and visitors with allergies. This policy sets out the school's approach to reducing foreseeable allergy risks, supporting individuals with known allergies, responding promptly to allergic reactions and learning from incidents and near misses. It will be published on the school website, made readily accessible to parents, carers, staff and visitors, and made available in hard copy or alternative formats on request.

This policy covers allergies affecting pupils, staff, volunteers and visitors while on school premises, taking part in school-led activities, attending breakfast or after-school clubs, participating in educational visits, using school catering provision, or attending school events. It covers food allergies, insect sting allergies, latex and other environmental allergies where these may affect safety, health, attendance, participation or wellbeing.

This policy is informed by the Children and Families Act 2014, section 100A of the Children and Families Act 2014 as inserted by the Children's Wellbeing and Schools Act 2026, the Equality Act 2010, the Health and Safety at Work etc. Act 1974, food allergen legislation, Department for Education statutory guidance on allergy safety in schools, Department for Education guidance on supporting pupils with medical conditions at school, and Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools. The school will review this policy at least annually and sooner where legislation, statutory guidance or local arrangements change.

2. Definitions

Allergy is an immune system response to a substance that is normally harmless to most people. Allergic reactions can range from mild symptoms to anaphylaxis. Common allergic conditions include hay fever (allergic rhinitis), skin allergies, food allergy, insect stings, medicines and asthma.

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Symptoms may affect the airway, breathing or circulation and require immediate emergency action.

Adrenaline auto-injector (AAI) means a prescribed or school-held emergency device used to administer adrenaline during suspected anaphylaxis.

Allergy action plan means a medical plan, usually completed by a healthcare professional, that sets out known allergens, symptoms, medication and emergency steps for an individual.

Coeliac disease is an autoimmune condition triggered by gluten. It is not an allergy, but exposure to gluten can cause significant illness and long-term health risks. Pupils with coeliac disease may require safe gluten-free food provision, controls to prevent cross-contact and an individual healthcare plan or special diet arrangements.

Food intolerance means a non-allergic reaction to a food or ingredient which may cause symptoms such as abdominal pain, bloating, diarrhoea or headaches. Food intolerance does not cause anaphylaxis but may still require dietary controls or reasonable adjustments in school.

Individual healthcare plan means a school plan developed with parents or carers, the pupil where appropriate, school staff and relevant healthcare professionals, setting out support needed in school and during school activities.

3. Roles and responsibilities

3.1 Red Kite Learning Trust

Red Kite Learning Trust provides the overarching policy framework, support and assurance arrangements for allergy management across its schools. The school will use this template to develop local arrangements that reflect its site, staffing, catering provision, pupil needs and activities.

3.2 Headteachers

The headteacher is responsible for implementing this policy and advising the trust of significant incidents so that lessons can be shared. The headteacher will ensure that allergy risks are assessed and managed, staff receive appropriate training, pupils with known allergies are identified and supported, emergency medicines are accessible, incidents are reported and reviewed, and parents or carers are kept informed. The headteacher will ensure that parents and pupils are made aware of their responsibilities before joining the school and reminded annually.

3.3 School allergy lead

The school allergy lead will coordinate allergy information, maintain the register of pupils with known allergies, support completion and review of allergy action plans and individual healthcare plans, oversee AAI arrangements, liaise with catering and educational visits leads, and check that staff are aware of relevant procedures. Plans will be reviewed at least every 12 months as a minimum, and sooner if the pupil's condition, medication, weight-related AAI dose, school activities or catering arrangements change, or following any allergic reaction, near miss, incident or update in circumstances.

3.4 All staff

All staff will follow this policy, remain alert to allergy risks, know how to summon help in an emergency, know where emergency medication is kept, support inclusive participation and avoid unnecessary use of food or other allergens in lessons or activities. Staff will not delay emergency action while seeking further advice if anaphylaxis is suspected.

3.5 Catering teams and food handlers

Catering teams and food handlers will follow the school's food safety procedures, allergen labelling requirements and agreed special diet processes. They will ensure allergen information is accurate, check supplier and ingredient changes, prevent cross-contact, communicate clearly with relevant school staff and never provide substitute food to a pupil with an allergy unless the ingredients and supply chain have been checked thoroughly.

3.6 Parents and carers

Parents and carers are responsible for providing accurate and up-to-date allergy information in writing to the school, supplying prescribed medication including two in-date AAIs where required, ensuring medication is replaced before expiry, providing medical plans or evidence

when requested, informing the school of any changes, and supporting reasonable school measures to reduce allergy risks. Parents and carers must notify the school in writing of any changes or updates to their child's allergy, medication or care arrangements as soon as possible.

3.7 Pupils

Pupils will be supported to understand allergies in an age-appropriate way. Pupils with allergies will be encouraged, where developmentally appropriate, to understand their triggers, avoid sharing food, carry or know where their medication is kept, tell an adult immediately if symptoms occur, and participate in decisions about their support. Other pupils will be taught to respect allergy arrangements and never use allergens to tease, exclude or bully another pupil, including being taught to look out for symptoms and how to respond if they become concerned about their friend.

4. Identifying and planning support

The school will collect allergy information on admission, through annual data checks, before educational visits and whenever parents, carers, pupils, staff or healthcare professionals notify the school of a new or changed allergy. Relevant information will be recorded securely and shared with staff who need it to keep the individual safe.

The school will seek relevant allergy information for pupils where this is needed to manage foreseeable risk. For visitors, this may include pre-visit information requests, event booking checks, sign-in prompts or confirmation by the member of staff hosting the visit. Information will be handled sensitively and shared only with staff who need it to keep individuals safe.

A pupil with a known allergy that may affect their safety or participation will have an allergy action plan and, where support in school is required, an individual healthcare plan. Where appropriate, pupils will be encouraged to take part in the risk assessment and planning process to help promote maturity, independence and confidence in managing their allergy safely. Where a pupil has a known food or insect sting allergy, parents or carers will be asked to provide an appropriate allergy action plan issued by a healthcare professional. The plan will be attached to the individual healthcare plan where required and will identify allergens, route of exposure, symptoms, emergency medication, storage location, level of pupil self-management, catering arrangements, reasonable adjustments, trip arrangements, staff training requirements and emergency contacts.

Where the school decides that an individual healthcare plan is not required for a pupil with an allergy, the reason will be recorded, agreed with parents or carers where possible, and kept under review. The decision will not prevent the school from recording essential allergy information, sharing relevant safety information with staff, or putting proportionate risk controls in place.

Where a pupil with an allergy also has asthma, this will be clearly recorded. Parents or carers will be asked to provide an asthma action plan where one is available, and this will be attached to the individual healthcare plan where relevant. The plan will confirm inhaler access, emergency inhaler consent where applicable, and the action staff should take if asthma symptoms occur alongside a possible allergic reaction.

For pupils starting at the school, arrangements will be in place for the start of the relevant term wherever possible. Where a pupil with an allergy joins mid-year, or where a new allergy is identified during the school year, every effort will be made to put appropriate arrangements in place as quickly as possible and within two weeks.

The school will maintain appropriate allergy information for staff use. In areas where food may be served, prepared, handled or used in activities, such as dining areas, kitchens, and breakfast or after-school club spaces, staff-only allergy lists or photographs will be available where needed. These will include known allergens and key emergency information, while preserving confidentiality as far as possible.

5. Reducing allergy risks

5.1 General controls

The school cannot guarantee an allergen-free environment. Instead, it will take proportionate steps to reduce foreseeable risk, including promoting handwashing before and after eating, discouraging food sharing, using named water bottles, cleaning eating areas, considering allergens in curriculum activities, and communicating reasonable restrictions for high-risk foods where appropriate.

5.2 Catering, food provision and food brought from home

The school will provide safe food options for pupils with allergies where this can be achieved through agreed catering processes. Menus and allergen information will be available to parents and carers. Ingredient or supplier changes will be checked before meals are served. Catering teams will identify pupils with agreed special diets through the approved system and follow cross-contact controls during storage, preparation, service and cleaning.

The school will also consider pupils with food intolerance, coeliac disease and other medically advised dietary requirements. Where arrangements are needed, these will be recorded through an individual healthcare plan, special diet process or agreed catering plan. Controls will include clear communication with parents and carers, appropriate ingredient checks, cross-contact prevention and review where symptoms, dietary advice or catering arrangements change.

Pre-packed for direct sale foods and any food packaged on site will meet allergen labelling requirements. Food brought into school for events, curriculum activities, rewards, cake sales or celebrations will be risk assessed and managed locally, with clear communication to staff, pupils and parents where restrictions apply.

Food brought from home, including packed lunches, snacks, birthday treats, lesson ingredients and event food, will be considered as part of the school's allergy risk management arrangements. Parents, carers, pupils and staff will be given clear expectations about labelling, storage, food sharing and any allergy-aware restrictions that apply. Pupils will be reminded not to share or swap food, drinks, bottles, utensils or containers. Where food is brought into school for a shared event, celebration or curriculum activity, staff will check whether it creates a foreseeable risk for anyone with a known allergy and agree suitable controls or alternatives before the activity takes place.

5.3 Curriculum, activities and events

Staff will consider allergy risks when planning lessons, practical work, craft activities using food packaging, animal visits, fundraising events, breakfast clubs, after-school clubs and celebrations. Where a pupil or member of staff has a known allergy, a specific risk assessment will be completed where exposure could reasonably occur.

Allergy arrangements apply during breakfast clubs, after-school clubs, enrichment activities and any extended provision, whether delivered directly by the school or by a third-party provider operating on or near the school site. Staff or providers responsible for these sessions will be made aware of relevant allergy action plans and individual healthcare plans, know how to access emergency medication, follow agreed food and allergen controls, and support pupils with allergies to participate safely and inclusively.

5.4 Educational visits, PE and off-site activities

All pupils will be supported to participate in visits, PE, sports fixtures and residential activities wherever reasonably possible. Pupils' prescribed AAIs will accompany them on off-site activities. Visit leaders will review allergy action plans, ensure medication and AAIs are immediately accessible, check catering arrangements, brief staff, and ensure at least one trained member of staff is available to support emergency action where a pupil is at risk of anaphylaxis. The visit risk assessment will consider whether a school-owned spare AAI should also be taken, based on the nature, location, duration and accessibility of emergency medical support for the visit.

5.5 Insect stings, animals and environmental triggers

For pupils or staff with insect sting allergies, outdoor activities will consider footwear, covered food and drinks, waste management and immediate access to medication. Animal-related activities will be risk assessed for known animal allergies, including hygiene controls and alternative arrangements where necessary. Latex, dust, pollen, chemicals or other environmental triggers will be considered within relevant risk assessments.

Where a pupil, member of staff or visitor has a documented allergy or medical sensitivity to airborne or environmental triggers, the school will consider reasonable and proportionate controls. These may include attention to ventilation, cleaning products, fragrances, aerosols, air fresheners, pollen, dust, mould, animal dander, chemicals used in lessons and other known triggers. Where needed, arrangements will be recorded in the allergy action plan, individual healthcare plan or risk assessment. Staff will avoid unnecessary use of fragranced products, aerosols or strong-smelling chemicals in areas where these are known to trigger symptoms for an identified individual.

6. Medication and adrenaline auto-injectors

Where a pupil has been prescribed AAIs, parents or carers will provide two in-date devices and any associated medication identified in the allergy action plan. Medication will be stored in accordance with manufacturer instructions and will be immediately accessible in an emergency in the office medical cabinet – *e.g. Spare AAIs will be stored in a clearly labelled emergency anaphylaxis kit with instructions, storage information, batch numbers, expiry dates, monthly check records, replacement arrangements, a record of any administration, and arrangements for ensuring staff can access the kit without delay.*

Where pupils are mature and competent to do so, they may carry their own AAIs. Younger pupils or those unable to self-manage will know where their medication is kept, and staff will be able to access it without delay. The school will maintain a process for checking expiry dates, recording checks, requesting replacements and returning expired medication to parents or carers for safe disposal.

The school will hold school-owned spare AAIs for emergency use. Spare AAIs may be used for any child or adult experiencing anaphylaxis where emergency adrenaline is required. They are not a replacement for pupils' own prescribed devices and will not be made up from a second set of devices prescribed to an individual pupil. The manufacturer or brand of the school's spare AAIs may differ from those prescribed to individuals. Spare AAIs will be stored in a clearly labelled emergency anaphylaxis kit with instructions, storage information, batch numbers, expiry dates, monthly check records, replacement arrangements, a list of pupils with consent or medical authorisation where relevant, and a record of any administration.

The school will use the following minimum spare AAI stock levels, unless future statutory guidance requires a different arrangement:

School type	**AAIs for children under age 6 years** 150 micrograms, for example EpiPen Junior or Jext 150	**AAIs for individuals over 6 years of age** 300 micrograms, for example EpiPen or Jext 300
State-funded nursery school	Two spare devices	N/A
Primary school	Two spare devices	Two spare devices
Secondary school	N/A	Two to four spare devices
Special school	Two spare devices, where required	Two spare devices, where required

7. Emergency response during an allergic reaction

Anaphylaxis will be treated as a medical emergency. Warning signs include persistent cough, hoarse voice, difficulty swallowing, swollen tongue, throat tightness, difficult or noisy breathing, wheeze, persistent dizziness, becoming pale or floppy, collapse or loss of consciousness.

Mild symptoms may include rash, itching, tingling mouth, swollen lips, face or eyes, abdominal pain, vomiting or sudden change in behaviour. The individual will be monitored by a colleague in a safe place for at least 60 minutes because mild or moderate symptoms can progress to anaphylaxis. Colleagues shall consult with the school's allergy lead and check

the pupil's information on record. Parents, carers or emergency contacts will be informed of the reaction.

A person who has had suspected anaphylaxis or has been given adrenaline will always be taken to hospital for further observation and treatment. Parents, carers or emergency contacts will be informed as soon as practicable, but this will not delay emergency treatment or calling 999.

Recognise and act immediately	• Look for mild and severe symptoms • Treat as an emergency if a pupil shows signs of a severe allergic reaction
Get the pupil into the correct position	• Lay the person flat on their back, raise their legs • DO NOT allow them to stand or walk • If breathing is difficult, sit them up slightly with legs straight • If unconscious place in the recovery position
Give adrenaline immediately	• Administer an adrenaline auto-injector (AAI) without delay • Use the pupil's prescribed pen, or the school's emergency AAI • Follow the device instructions • Record the time the first dose is given
Call for help	Dial 999 immediately. Clearly state: "This is anaphylaxis" Give the exact location using What3Words [insert schools location words]
Keep the pupil still	Do not allow them to move, stand, or walk Even if they feel better, they must remain lying down. Movement can cause a sudden drop in blood pressure.
Give a second dose if needed	If symptoms do not improve after 5 minutes, OR symptoms worsen give a second adrenaline dose
Stay with the pupil	Do not leave them alone, Reassure them and keep them calm Continue to monitor breathing, consciousness, rashes and swelling Stay until emergency services arrive

8. Actions after an allergic reaction or emergency

Following any allergic reaction, near miss or administration of medication, the school's allergy lead will record the incident on risk manager, inform parents or carers, update medicine administration records, replace any used AAI or medication, review the individual's

allergy action plan and risk assessment, and consider whether staff briefings, training, catering controls or activity arrangements need to change.

Any serious allergic reaction, suspected anaphylaxis, use of adrenaline, medication error, exposure to a known allergen, failure of agreed controls, or event that could reasonably have resulted in harm will be treated as an incident or near miss. The record will include who was affected, what happened, when and where it happened, the suspected cause, how staff and pupils responded, what action was taken, whether emergency services were called, how the incident concluded and any immediate follow-up required. The incident or near miss will be shared with parents or carers and reviewed by the headteacher, school allergy lead and, where appropriate, the trust or governing body so that lessons are identified and acted on.

Where a serious incident has occurred, the headteacher will follow trust incident reporting procedures and any local school escalation arrangements and consider whether external reporting is required, including health and safety reporting, food safety reporting, safeguarding escalation or notification to relevant authorities. The school will complete a timely debrief with staff involved and provide appropriate pastoral support for the pupil, staff, witnesses and wider school community.

Where an incident involves food supplied by the school or its catering provider, the school will consider whether this is an allergen-related food safety incident. If unsafe food has been supplied, for example food containing an undeclared allergen or food provided contrary to agreed allergen information, the school will follow food safety procedures without delay, including withdrawal of the food where necessary, liaison with the catering provider and consideration of notification to the local authority environmental health team or relevant food safety authority. Near misses or administrative errors that do not involve unsafe food being supplied will still be recorded, reviewed and used for learning and improvement.

9. Training and awareness

All pupil-facing staff will receive allergy awareness training at induction and at least annually. Training will cover common allergens and triggers, signs and symptoms of allergic reactions and anaphylaxis, emergency response, use of AAIs, location of emergency medication, individual plans, food and activity risk reduction, recording requirements, inclusion and prevention of allergy-related bullying.

Staff who are expected to support pupils with specific plans or administer emergency medication will receive appropriate practical instruction. Temporary staff, supply staff, volunteers and visitors supervising pupils will receive relevant allergy information proportionate to their role.

The school will periodically test its emergency allergy response arrangements through discussion-based scenarios, practical demonstrations or simulated anaphylaxis drills, proportionate to the age of pupils and the level of risk in school. Any learning from these exercises will be recorded and used to improve staff training, emergency medication access, communication and incident response procedures.

10. Inclusion, wellbeing and bullying

Pupils with allergies will not be unnecessarily excluded from lessons, dining arrangements, trips, clubs, rewards, celebrations or school events. Any restrictions will be proportionate,

risk-based and reviewed. The school will promote allergy awareness in an age-appropriate way and respond promptly to allergy-related bullying, teasing, deliberate exposure to allergens or exclusionary behaviour.

The school will recognise that allergies can affect emotional wellbeing, independence, friendships and confidence. The Pastoral Team will offer support where pupils experience anxiety, avoidance, bullying or reduced participation linked to allergy.

11. Records, monitoring and review

The school will maintain appropriate records, including allergy information, individual healthcare plans, allergy action plans, parental consent forms, medication checks, AAI kit checks, staff training records, medicine administration records, risk assessments and incident reports. Records will be stored and shared in line with data protection requirements and the need to protect health and safety.

This policy will be reviewed by the school annually, following any significant incident, or sooner if legislation, statutory guidance, trust procedures or school arrangements change. The school will monitor compliance through local checks, training records, incident reviews, catering assurance and educational visit planning.