



Allergy Policy – Whole School

If you need this policy in an alternative format (large print, Easy Read, other languages), contact the school office

Summary

Purpose

This policy sets out the school's approach to managing allergies, reducing the risk of exposure to allergens, responding to allergic reactions, and ensuring all pupils with allergies are safe, supported, included, and able to participate fully in school life. It aligns with the Department for Education's *Allergy Safety in Schools* statutory guidance (July 2026).

Key Responsibilities

Allergy Lead

Jane Rowlinson (Deputy Headteacher) is the designated Allergy Lead, supported by Stephanie Williams (Assistant Headteacher). Responsibilities include:

- Maintaining allergy awareness across the school.
- Ensuring allergy information, Individual Healthcare Plans (IHPs), and action plans are up to date.
- Managing staff training and AAI (Adrenaline Auto-Injector) provision.
- Conducting termly audits and reporting to governors.

Staff

All staff must:

- Understand allergy procedures.
- Recognise signs of allergic reactions and anaphylaxis.
- Attend allergy training.
- Consider allergy risks in lessons, activities, trips, and events.
- Support the wellbeing and inclusion of pupils with allergies.

Parents/Carers

Parents/carers must:

- Provide accurate and up-to-date medical information.
- Supply prescribed medication, including in-date AAI where required.
- Inform the school of any changes to their child's condition.
- Follow school guidance regarding food and allergens.

Risk Management Measures

The school adopts a whole-school approach to allergy prevention through:

- Regular hand washing before and after eating.
- No sharing of food.
- Clear allergen information on menus and food products.
- Measures to prevent cross-contamination in catering.
- Risk assessments for high-risk activities, school trips, animal interactions, therapy sessions, and other relevant activities.
- Encouraging avoidance of high-risk allergens such as nuts and sesame products, while recognising a completely allergen-free environment is not practical.



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Individual Healthcare Plans (IHPs)

All pupils with medically diagnosed allergies requiring medication or emergency response have an IHP which includes:

- Known allergens.
- Symptoms and emergency actions.
- Medication and AAI arrangements.
- School trip and activity planning.
- Parental consent for use of spare AAIs where applicable.

IHPs are reviewed annually and whenever circumstances change or an allergic incident occurs.

Responding to Allergic Reactions

All staff are trained to recognise allergic reactions and follow emergency procedures.

For suspected anaphylaxis:

1. Administer an AAI immediately.
2. Call 999 without delay.
3. Monitor and support the pupil until emergency services arrive.
4. Inform parents/carers and record the incident.

All allergic reactions and near-misses are recorded, reviewed, and used to improve risk management arrangements.

Adrenaline Auto-Injectors (AAIs)

The school:

- Maintains 4 spare AAIs for emergencies (2 for primary age and 2 for adults).
- Stores AAIs in accessible locations (Main Office and Meds Room).
- Ensures AAIs can be accessed within five minutes where needed.
- Carries out monthly checks of expiry dates and stock levels.
- Maintains an emergency anaphylaxis kit and replacement process.

Training

The school provides:

- Allergy awareness induction for all staff.
- Annual refresher training.
- Practical AAI administration training at least every two years.
- Regular competency checks and training records.

Governance and Review

The policy is approved by the Resources Committee, monitored through termly reporting, and reviewed annually to ensure compliance with statutory guidance and best practice. A summary policy is published on the school website



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1. Policy 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 students with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislative Guidance

This policy reflects the [Department for Education statutory guidance 'Allergy safety in schools' \(July 2026\)](#). The school will comply with the requirements set out in that document including publishing an allergy safety policy, maintaining Individual Healthcare Plans (IHPs) where required, keeping records of serious incidents and near misses, staff training obligations, and AAI protocols. The policy will be reviewed in line with any updates to statutory guidance or legislation.

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Jane Rowlinson, Deputy Headteacher. The allergy lead is accountable to the headteacher and governors for allergy safety implementation and will report termly to the Resources Committee (or equivalent) on incidents, training completion, AAI stock and policy review. The deputy lead will be Stephanie Williams, Assistant Headteacher, and will act when the allergy lead is absent and maintain continuity of responsibilities. The allergy lead is responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant students
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All students with allergies have an individual healthcare plan (IHP) and allergy action plan completed by a medical professional
 - 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 an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

The allergy lead will conduct termly audits of IHP currency, AAI stocks and training completion. Key performance indicators reported to governors termly: % of at-risk students with up-to-date IHPs; %



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staff with up-to-date practical AAI competency; number of incidents and outcomes; % of AAIs replaced within 6 weeks of expiry.

3.2 HLTA Responsible for Welfare

The HLTA Responsible for Welfare is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific students 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 students with allergies

3.4 Parents/carers

Parents/carers must supply up-to-date prescribed AAIs (two in-date devices if required), labelled with the child's name, and replace them before expiry. Parents/carers will supply relevant medical documentation to inform an IHP, inform the school of any changes promptly, and agree to planned arrangements for school spare AAIs where applicable.

Parents/carers must provide written consent for the administration of the school's spare AAI where requested. They must ensure prescribed medication (including 2 in-date AAIs where clinically advised) is brought to school promptly and replaced before expiry. If parents/carers do not provide required medication or consent, the school will follow the IHP and statutory guidance and act in the student's best interests in an emergency

Parents/carers are also 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



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- 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

3.5 Governors

This policy will be approved by the Resources Committee (or equivalent) and reviewed annually. The allergy lead will report termly to governors on incident statistics, training completion and stock management. A summary of the school's allergy policy (and the full policy on request) will be published on the school website.

3.6 Satellite Staff

The staff based at the Satellite class in Upton-by-Chester High School will follow the guidance in the Upton-by-Chester High School **Supporting Learners with Medical Conditions Policy**, with the following exceptions:

- Students in the Satellite class who have been prescribed AAIs will be on the Upton-by-Chester High School register and the Dorin Park register.

4. Assessing risk

Risk assessments for any student at risk of anaphylaxis participating in identified activities (cooking, animal handling, off-site trips, therapy rooms, sensory sessions) will be completed in writing, appended to the student's IHP, and signed by the allergy lead and trip/activity leader prior to the activity. The completed risk assessment will include mitigations, named staff responsibilities and AAI carriage plans.

A risk assessment for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

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

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies. The catering function at the school is run internally, by staff hired by the school.

Catering and therapy staff will follow specific protocols for students with modified diets (e.g., pureed/texture-modified diets), enteral feeding or where clinical nutrition plans exist. Any changes to meal composition for medical reasons must be authorised in writing by a clinician and recorded in the student's IHP. Staff involved in feeding or mealtime support will receive training appropriate to the student's needs.



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- Catering staff receive appropriate training and are able to identify students with allergies
- School menus are available for all staff as well as parents/carers to view with ingredients clearly labelled and allergens highlighted
- Custom menus are created for each student and distributed to classroom staff with any allergies or restrictions for that student noted with colour-coding.
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students 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.

Where external suppliers or visiting providers supply food, the school will ensure they provide allergen information, follow our cross-contamination minimisation procedures, and sign an agreement to comply with our allergy safety policy. The catering manager will keep supplier allergen sheets and evidence of their training

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage students 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

While recognising that a completely allergen-free environment is impractical, high-risk foods are discouraged. If a student brings a high-risk food item, staff may ask that the student consumes it separately or that the item be stored safely for return to parents. Confiscation will be recorded and parents informed promptly. The school will apply reasonable adjustments for students who require particular diets for cultural or medical reasons.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals



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- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals
- Parents and carers will be advised before any activities involving animals

5.6 Support for mental health

Students with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher

5.7 Events and school trips

For all off-site activities and transport, the trip lead will:

- Take the student's IHP, prescribed AAIs and one school spare AAI(s) when a student with a prescribed AAI is attending the trip;
- Ensure at least one named trained adult with access to AAIs accompanies the student;
- Ensure emergency contact numbers and nearest A&E details are included;
- Confirm roles, responsibilities and AAI carriage/holding arrangements with transport providers in advance.

For events, including ones that take place outside of the school, and school trips, no students 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 students' 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 students with AAIs

All students with medically diagnosed allergies that may require medication or emergency response (including those at risk of anaphylaxis) will have an Individual Healthcare Plan (IHP). IHPs will be created jointly by the allergy lead, family, relevant healthcare professionals (e.g. GP, paediatrician, allergy nurse) and the student where appropriate. IHPs will state known allergens, usual symptoms for that student, specific action plans, location of prescribed AAIs, record of parental consent for use of school spare AAI, arrangements for trips, and communication arrangements. IHPs will be reviewed:

- at least annually,
- after any allergic reaction or near miss,
- when medication or medical advice changes,



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- on transfer between phases/schools.

Reasonable adjustments will be made to ensure students with SEND (including visual impairment and communication needs) receive allergy provision appropriate to their needs. This includes accessible IHP formats (symbols, large print, Easy Read, or verbal briefings), staff briefing sheets for mobility/visually impaired students, and additional supervised support for medication/self-administration where needed. Where students cannot self-administer AAIs, named trained staff will be identified in the IHP for administration.

The school maintains a register of students who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so, what type and dose)
- Where a student 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 student
- A photograph of each student to allow a visual check to be made

Before a school spare AAI may be administered to a named student, written parental consent and, where appropriate, medical authorisation will be obtained and recorded on the student's IHP.

Where a student has no parent/guardian available in an emergency and no IHP, staff will act in the student's best interests and may use a school spare AAI in accordance with DfE guidance.

The register is kept in the classroom, in the shared drive, and in each student's individual online record and can be checked quickly by any member of staff as part of initiating an emergency response.

6.2 Allergic reaction procedures

All allergic reactions — mild, moderate or severe — and all near misses will be recorded on the school's medical incident log and reviewed by the allergy lead. Records will include time, location, staff involved, actions taken (including AAI batch number if used), ambulance details, notification to parents, any clinical follow-up, and recommended follow-up actions. The allergy lead will report serious incidents or repeat near misses to governors and review risk assessments and IHPs accordingly.

- 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 AAIs to minimise delays in student's receiving adrenaline in an emergency
- If a student has an allergic reaction, the staff member will initiate the school's emergency response plan, following the student's allergy action plan
- If an AAI needs to be administered, a member of staff will use the student's own AAI, or if it is not available, a school one

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- If the student has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures
- A school AAI device will be used instead of the student's own AAI device if:
 - Medical authorisation and written parental consent have been provided, or
 - The student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered),
- Before a school spare AAI may be administered to a named student, written parental consent and, where appropriate, medical authorisation will be obtained and recorded on the student's IHP. Where a student has no parent/guardian available in an emergency and no IHP, staff will act in the student's best interests and may use a school spare AAI in accordance with DfE guidance.
- If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/carers informed.

Emergency response steps for suspected anaphylaxis:

1. Assess airway/breathing and call for trained staff.
2. Administer AAI immediately if anaphylaxis suspected — do not delay to await ambulance.
3. Call emergency services (999) immediately after administering AAI; inform them that adrenaline has been given.
4. Lie student flat with legs elevated (unless breathing difficulties or vomiting) and monitor until ambulance arrives.
5. Record time, dose, batch number, and who administered. Notify parent/guardian and senior leader.
6. Staff will aim to administer adrenaline within minutes of recognising anaphylaxis; training will emphasise immediate administration where indicated.

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

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

7.2 Storage (of both spare and prescribed AAIs)

AAIs (both prescribed and spare) will be stored in the Medication Room. For students taught in specialist rooms (therapy suites, hydrotherapy pool, sensory rooms) a clear plan will identify the nearest AAI and expected access time (must not be more than 5 minutes). Staff supervising activities adjacent to these spaces will be briefed on location and access. For visually impaired students, AAIs and IHP information will be made available in accessible formats for staff (e.g., enlarged print, verbal briefings).



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AAIs must not be locked away. For off-site lessons or specialist rooms where immediate access may be compromised, a recorded plan for rapid access is required (e.g., AAI carried by named trained staff; radio/phone contact). AAIs for visually impaired students should be accompanied by accessible storage information and staff briefings.

The allergy lead will make sure all AAIs 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
- Spare AAIs will be kept separate from any student's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

The Allergy Lead and HLTA Responsible for Welfare will check AAIs monthly and maintain a log recording:

- AAI type and batch number,
- Expiry date,
- Location,
- Actions taken to replace near-expiry devices.

A quarterly inventory will be presented to SLT and recorded on the school's medical records system.

7.4 Disposal

Used AAIs will be treated as clinical waste, placed into a sharps/clinical waste container and disposed of in accordance with local NHS or contractor arrangements. The incident will be recorded, and the used AAI stored/labelled for handover to ambulance/parents as required.

7.5 Use of AAIs off school premises

For all off-site activities and transport, the trip lead will:

- Take the student's IHP, prescribed AAIs and school spare AAI(s) where permitted,
- Ensure at least one named trained adult with access to AAIs accompanies the student,
- Ensure emergency contact numbers and nearest A&E details are included,
- Confirm roles, responsibilities and AAI carriage/holding arrangements with transport providers in advance.

7.6 Emergency anaphylaxis kit

The emergency anaphylaxis kit will contain at least two spare AAIs (of appropriate doses for the school population), instructions and records. A replacement process will be triggered when any



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device is within 6 weeks of expiry or on use. The allergy lead will maintain procurement contacts to ensure prompt replacement. The kit includes:

- Spare AAls
- 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 students 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. Training will include competence checks (practical demonstration, scenario-based assessment) recorded by the trainer. Named staff who are competent will be recorded on each IHP. All staff including cover/supply staff, volunteers and transport escorts working regularly with students will receive allergy induction and be informed of the locations of AAls and IHPs. Records will include expiry dates of any competency certification.

All staff will receive:

- Induction training on allergy awareness and the school's procedures before first working with students.
- Whole-staff refresher training annually covering recognition of allergic reactions, anaphylaxis, use of AAls, location of AAls and how to access IHPs.
- Practical, hands-on AAI administration training delivered by a trained clinician or approved trainer at least every 2 years, with interim refreshers (e.g., annual briefings and scenario practice) and any time anaphylaxis protocol or devices change.
- Records of training, trainer, date and competency checks will be kept by the allergy lead. Training will be part of the mandatory safeguarding/medical training record.

Training will be carried out annually by the allergy lead.

9. Links to other policies

This policy links to: Health and safety policy; Supporting students with medical conditions policy; School food policy; Safeguarding policy; Data protection policy; Infection control; Off-site visits policy. Any safeguarding concerns arising from medical neglect or repeated failure to provide medication will be escalated through the school's safeguarding procedures.



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This is a ☒ *Policy Document* ☐ *Guidance Document* ☐ *Information Document*

Reviewer: SLT

Approver: Resources Committee

Last Review Date: September 2026

Last Approval Date:

Next Review Date: