



Our Lady Immaculate Catholic Primary School

**"With God in our hearts, we follow Jesus'
footsteps, as we love and learn together."**

Allergy Policy

Date: September 2026

Renewal Date: September 2027

Schedule of review: Annually

Contents

1. Aims.
2. Legislation and guidance.
3. Roles and responsibilities.
4. Assessing risk.
5. Managing risk.
6. Procedures for handling an allergic reaction.
7. Adrenaline auto-injectors (AAIs) and Inhalers
8. Training.
9. Links to other policies.

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 well-being and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on guidance from the following

[allergies in schools](#)

[supporting pupils with medical conditions at school](#)

[using emergency adrenaline auto-injectors in schools](#)

[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 the Assistant Head for Inclusion

They're responsible for:

Promoting and maintaining allergy awareness across our school community

Ensuring the recording and collating of allergy and special dietary information for all relevant pupils to include:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an 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) and emergency Inhalers
- Regularly reviewing and updating the allergy policy

3.2 First-Aid trained office staff

The First-Aid trained office staff are responsible for:

Here is the revised list with the training requirement integrated:

- Complete up-to-date, relevant allergy and anaphylaxis training (including how to administer AAIs and inhalers, and recognise symptoms) to maintain emergency readiness.
- Familiarise themselves with the emergency instructions kept in the first aid room so they are prepared to assist or act swiftly during an allergic reaction.
- Maintain pupil safety records by informing the Assistant Head for Inclusion if a parent supplies information that their child has allergy needs or needs have changed so that a plan can be updated.
- Oversee the intake of emergency devices (e.g., AAIs, asthma pumps) from parents, ensuring all items are correctly provided and accounted for and ensure they are distributed to the relevant classrooms.
- Send a reminder email to parents before the new school year starts, requesting in-date emergency devices.
- Regularly check spare AAIs (Adrenaline Auto-Injectors), inhalers, and backup emergency devices to ensure they are strictly in date.

- Receive clear, labelled emergency medication boxes back from class teachers at the end of the school year.
- Ensure expired or no-longer-needed emergency devices are returned to parents/carers for safe disposal rather than being disposed of on-site.
- 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 pupils
- 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 pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning and, when appropriate, complete a risk assessment.
- Ensuring the well-being and inclusion of pupils with allergies
- Ensure all emergency devices for children in their care are stored appropriately, and all adults know where to find them.

3.4 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, provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine, etc., and make 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 to support the school community to stay safe.
- Updating the school on any changes to their child's condition

3.5 Pupils

Pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in activities to ensure that all materials used are free from any allergens that might pose a risk for a specific child. This may include:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging are free from any residue
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil 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

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

The catering staff are given an allergen form for any child with identified needs. Identify pupils with allergies.

At the point the children receive their food, the catering staff tick a register that has allergen information next to each child's name.

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

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

While it is impractical to enforce a strictly nut-free or allergen-free environment, our school operates as an "allergy-aware" community. Simply banning specific foods can create a false sense of security, as nuts are only one of many potential allergens, and precautionary labels like "may contain nuts" can lead to confusion.

To minimize risk, we encourage pupils and staff to avoid bringing high-risk nut and sesame products onto school grounds. Rather than relying solely on bans, our primary focus is on maintaining active risk awareness, minimizing exposure opportunities, and maintaining robust emergency response plans.

High-risk foods to avoid bringing on site include:

- Packaged nuts
- Cereal, granola, or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces (e.g., satay)
- Sesame seeds and foods containing sesame seeds

If a pupil brings these items to school, they may be asked to eat them away from others or have the food safely confiscated to protect vulnerable peers. Reminders are sent regularly to ensure parents remain informed of our allergy-aware approach.

5.4 Insect bites/stings

When outdoors:

Shoes should always be worn

Food and drink should be covered

Any unusual insect activity should be reported to the site manager who will assess and take action to minimise risk.

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

All staff will be notified if animals are onsite to help reduce unexpected risk.

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression related to their allergy.

Pupils with allergies will have additional support if required through:

Pastoral care

Regular check-ins with their class teacher/LSA

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 school's AAI and inhaler 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 AAI and Inhalers

The school maintains a register of pupils who have been prescribed AAI or Inhalers where a doctor has provided a written plan recommending AAI 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) or an inhaler (and if so, what type and dose)
- Where a pupil has been prescribed an AAI or Inhaler, whether parental consent has been given for use of the spare AAI or spare inhaler, 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.

A register is kept in an easily accessible plastic wallet attached to the wall of each room and can be checked quickly by any member of staff as part of initiating an emergency

response. Allowing all pupils to keep their AAls and Inhalers in their classrooms will reduce delays and allow for confirmation of consent without the need to check the register.

Allowing all pupils to keep their AAls in their classrooms will reduce delays and allow for confirmation of consent without the need to check the register.

6.2 Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in school for supporting the child or young person with their medical condition or allergy, including in emergencies. This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency). Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person’s Individual Healthcare Plan should be reviewed to incorporate it.

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 and Inhalers to minimise delays in pupils receiving adrenaline or asthma medication in an emergency

If a pupil has an allergic reaction, the staff member will initiate the school’s emergency response plan, following the pupil’s allergy action plan

- 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 using the NHS advice on [treatment of anaphylaxis](#) found on the schools response poster (See Appendix 1) .

A school AAI device or Inhaler will be used instead of the pupil’s own AAI device if:

- o The child has not been recognised as having an allergy but is displaying all the symptoms of anaphylactic shock.
- o 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) and Inhalers

7.1 Purchasing of spare AAIs and Inhalers

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

AAIs are bought from a local chemist

The school holds 1 junior Mylan 0.3mg and 1 Mylan 0.3mg

Inhalers are brought from a local chemist

The school holds 2 and a spare inhaler

The school also has 2 full anaphylaxis kits (see content 7.6 of this policy)

7.2 Storage (of both spare and prescribed AAIs and Inhalers)

The allergy lead will make sure all AAIs and Inhalers 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 AAls and inhalers will be kept separate from any pupil's own prescribed medication, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAls)

The Office team 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 (for example, in a sharps bin for collection by the local council). Any out of date inhalers or AAI's will be given back to parents to dispose of.

7.5 Use of AAls off school premises

For any off-site event or school trip, pupils requiring an AAI or inhaler must have both their personal device and a spare device taken along. These devices will be held at all times by trained staff members responsible for the pupil's group.

7.6 Emergency anaphylaxis kit

It's good practice for schools to hold spare AAls as part of an emergency anaphylaxis kit.

The school holds an emergency anaphylaxis kit. This includes:

1 spare AAls and 1 spare inhaler and spacer

Instructions for the use of AAls and Inhalers

Instructions on storage

Manufacturer's information

A checklist of injectors and Inhalers, identified by batch number and expiry date with monthly checks recorded

A note of arrangements for replacing injectors and Inhalers

A list of pupils to whom the AAI or inhalers can be administered

A record of when AAls or Inhalers 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 and Inhalers are kept on the school site, and how to access them

How to administer AAls and Inhalers

The wellbeing and inclusion implications of allergies

Training will be carried out with all staff annually, overseen by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting pupils with medical conditions policy

First Aid Policy

Appendix 1

AAI Response Poster

Recognise the signs of anaphylaxis

A AIRWAYS	➔	• Tightening of the throat • Hoarse voice • Difficulty swallowing • Swollen tongue	B BREATHING	➔	• Sudden wheezing • Difficult or noisy breathing • Persistent cough	C CIRCULATION	➔	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
---------------------	---	--	-----------------------	---	---	-------------------------	---	--

If any one (or more) of these signs are present: **Don't delay**

- ① Lie flat with legs raised** (if breathing is difficult, allow to sit)
 ✓  ✓  ✗
- ② Give adrenaline device without delay** (use the school's spare device if needed)
 Scan this dose for instructions on how to use adrenaline devices
- ③ Immediately dial 999** for ambulance and say **ANAPHYLAXIS** (ana-fill-axis) 

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



**If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.**

Commence CPR at any time if there are no signs of life 

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

Appendix 2

NHS Guidance on Anaphylaxis

Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings. Call 999 if you think you or someone else is having an anaphylactic reaction.

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.

Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up

- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

What to do if you have anaphylaxis

Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you think you're having an anaphylactic reaction.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If you have been stung by an insect, try to remove the sting if it's still in the skin.
5. If your symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Do not stand or walk at any time, even if you feel better.