Homer First School and Nursery
Pupil Allergy 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 pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

Legislation and guidance

This policy has been written to reflect the Department for Education Allergy Safety in Schools statutory guidance published July 2026.

allergy safety 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

Roles and responsibilities

We take a whole-school approach to allergy awareness.

Allergy lead

The nominated allergy lead is Gemma Sharma

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
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff, including lunchtime staff, wraparound provision staff, supply staff, volunteers and trip leaders, will have access to allergy information proportionate to their role
    - All pupils with allergies have an allergy action plan completed by a medical professional and Individual Healthcare Plan
    - All staff receive an appropriate level of allergy training
    - The Allergy Lead will maintain records of staff allergy training and ensure refresher training is completed where required
    - 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

School medical officer

The named medical officer is Lynn Mirfin they're responsible for:

- Co-ordinating the paperwork and information from families, this includes completing Individual Health Care Plans for children with food allergies, ensure school have copies of Allergy Action Plans. The Individual Healthcare Plan, provides medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

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
- Ensuring the wellbeing and inclusion of pupils with allergies

Equality, Inclusion and Participation. The school recognises its duties under the Equality Act 2010 and will make reasonable adjustments for pupils with allergies.

Governing Body

The governing body is responsible for ensuring the school fulfils its duties under allergy safety legislation and statutory guidance, including maintaining an allergy safety policy, appropriate training and suitable arrangements for supporting pupils with allergies.

Governor with responsibility: Vicky Brand

Parents/carers of pupils with allergies

Parents/carers are responsible for:

- Information regarding allergies and dietary requirements will be collected as part of the admissions process and reviewed annually. Parents will be reminded to notify the school immediately of any new diagnosis or changes to allergy management
- 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

All Parents/carers

Must ensure that all water bottles, lunch boxes and snack bags are clearly labelled.

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. The decision regarding whether a pupil carries their own AAI will be agreed by parents, healthcare professionals and the school, and recorded within the Individual Healthcare Plan
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Pupils without allergies

These 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.

Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis 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

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

Data Protection

Allergy information will be shared on a need-to-know basis and stored securely in accordance with UK GDPR.

Individual Healthcare Plans - Appendix 3

IHPs. The school will maintain Individual Healthcare Plans where required and review them annually.

Managing risk

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, snack bags and lunch boxes

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
- School dinners are prepared on-site by Caterlink. The allergy lead has checked Caterlink's policy and procedures.

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.

Further measures include:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered and closely supervised by adults

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

Support for mental health

Pupils with allergies will have additional support through:

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

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.

Procedures for handling an allergic reaction

Register of pupils with AAIs

- The school maintains a register of pupils 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 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
    - The register is kept in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response

Allergic reaction procedures – Appendix 1

- 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 pupil's receiving adrenaline 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 and, if needed, the school's normal emergency procedures

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

  - 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
- If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Incident and Near-Miss Reporting

All allergy incidents, AAI administrations and significant near misses will be recorded, reviewed and used to improve practice.

Following any serious allergic reaction or near miss, the school will undertake a review to identify contributory factors and implement any necessary changes to procedures, risk assessments, training or communication.

Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, we have set out the procedures for purchasing & storing AAIs, covering these areas:

Purchasing of spare AAIs – Appendix 2

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

- The AAIs will be sourced from a local pharmacy or supplied by a company
- The school will purchase 2 -4 AAIs
- Which brand(s) of AAI are purchased (schools are recommended to buy a single brand to avoid confusion)
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)

Storage (of both spare and prescribed AAIs) – Appendix 2

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 pupil's own prescribed AAI, and clearly labelled to avoid confusion.
- Spare AAIs will be kept in the School Office.

Maintenance (of spare AAIs)

Allergy Lead and Medical Officer are responsible for checking monthly that:

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

Disposal

AAIs can only be used once. Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

Prior to a trip school will conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises. Pupils at risk of anaphylaxis should have their AAI with them either carrying this or have an assigned member of staff carrying the AAI who remains with the pupil, this should be a staff member trained to administer AAI in an emergency. During school trip, staff will also take one of the school's spare AAI

Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- 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 AAIs have been administered

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 AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Training will be carried out annually booked through AfC School Nursing

Transition Arrangements

Relevant allergy information, IHPs and risk assessments will be shared with new teachers and receiving schools.

Policy Publication and Review

This policy will be published on the school website, reviewed annually and following any serious allergy-related incident.

Links to other policies

This policy links to the following policies and procedures:

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

Appendix 1

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)



2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix 2

Homer First School and Nursery has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a White Box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

Homer First School holds 4 spare pens which are kept in the following location/s:-

School Office

Appendix 3

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
</table>

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy
Annex: Medication needed while in school / college / setting</th></tr>
<tr><td colspan="2">Non-prescription medication:
Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Prescription medication:
Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Prescribed by:</td><td>Date:</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” adrenaline devices:
Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” salbutamol inhaler:
If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
</table>

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: