



Hillside Infant School

Pupil allergy policy

1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Mrs Rebecca Fennell and Mrs Beverly Maclachlan

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself will be delegated to Mrs Beverley Maclachlan medical and attendance officer
- Ensuring:
 - 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)

- Regularly reviewing and updating the allergy policy

3.2 School nurse/medical officer

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date alongside school business manager
- 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
- Ensuring the wellbeing and inclusion of pupils with allergies

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, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose where possible due to age and developmental stage
- Understanding how and when to use their adrenaline auto-injector where possible due to age and developmental stage

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers within reason, very young children are not always aware

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

Breakfast and or after school clubs where relevant

- 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.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed and children are explicitly taught this
- Pupils have their own named water bottles
- Food stored for children with allergies is clearly labelled and kept safe

5.2 Catering- HCL

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies alongside catering company HCL

- 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. HCL will work with parents to discuss menus and care plan requirements
- Where changes are made to school menus, HCL will make sure these continue to meet any special dietary needs of pupils and liaise with parents/carers
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we are a Nut free school and ensure all our families are aware of this and do not send nut based products to

school for packed lunch would expect pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect bites/stings:

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Fruit peel and left over fruit is put away in the food bins and these are emptied regularly
- A first aid box is taken outside during lunch and playtimes

5.5 Animals

A thorough risk assessment of visiting animals or animals met though an offsite trip will be undertaken and our risk assessments will look at reasonable adjustments and non-negotiables for key children.

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with Welfare and attendance officer

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

- The school maintains a register (medical plan) 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
- The medical plan is kept in each class with up-to-date information and can be checked quickly by any member of staff as part of initiating an emergency response

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 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

RESPONDING TO AN UNKNOWN ALLERGIC REACTION

- Staff member is alerted to a child/staff member experiencing anaphylaxis symptoms
- ➡ **AIRWAY**– swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing
- ➡ **BREATHING**– sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
- ➡ **CIRCULATION**– dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse

ACTIONS

- **Staff alert allergy leads**
- **OTHER STAFF stay with child/adult**
- **Get in position**
 - If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.
 - If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.
 - Allergy leads to administer AAI **Give adrenaline immediately.** *
 - Allergy lead would monitor symptoms and decide on next stage of action

➤ IF SYMPTOMS INCREASE

➤ **999** admin call tell operator it is "anaphylaxis"

➤ Staff member/admin calls parents/carers

Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.

➤ 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 and Piriton or similar administered.

7.1 Purchasing of spare AAIs

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

➤ (We would purchase at Boots or local pharmacy)

➤ 2 per age group (under 6 and over 6)

➤ EPI pen auto injectors The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of [the guidance](#))

(See pages 11 and 12 of the guidance.)

7.2 Storage (of both spare and prescribed AAIs)

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 (welfare room)

➤ Kept in the welfare room 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.

(See pages 12 and 13 of the guidance.)

7.3 Maintenance (of spare AAIs)

Rebecca Fennell and Beverley Maclachlan are responsible for checking monthly that:

➤ The AAIs are present and in date (alerts on medical tracker)

➤ Replacement AAIs are obtained when the expiry date is nearby school business manager

7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for disposal at local pharmacy).

(See page 13 of the guidance.)

7.5 Use of AAIs off school premises

Emergency and prescribed AAI's are taken on every trip or off site visit. A qualified first aider is responsible for carrying and administering AAIs and medication such as Piriton.

7.6 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
- This information will also be duplicated on medical tracker

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 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 by the NHS/allergy nursing team

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
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Approved by:

Governing Body

Date: 01/10/2026

Last reviewed on: September 2026

Next review due by: September 2027