Allergy Management Policy

Approved by the HR Committee on: 11 May 2026 Review date: May 2027

Signature of the Committee Chair: 

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes anaphylaxis - a serious, life-threatening allergic reaction at the extreme end of the allergic spectrum.

2. Aims

This policy aims to: set out our approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction; make clear how our schools support pupils with allergies to ensure their wellbeing and inclusion; and promote and maintain allergy awareness among the schools and their communities.

The trust's intention is to develop 'whole school awareness of allergies' as this approach ensures staff and pupils are aware of what allergies are, the importance of avoiding pupils' allergens, and how to recognise and deal with allergic reaction. No school can guarantee a truly allergen free environment for a child (or adult) with an allergy, and so education is vital.

3. Legislation and Guidance

DfE - Allergy guidance for schools
DfE - Supporting pupils with medical conditions at school
DfE - Using emergency adrenaline auto-injectors in schools
Food Standards Agency | Allergen guidance for food businesses
The Food Information Regulations 2014
The Food Information (Amendment) (England) Regulations 2019
NICE - Anaphylaxis assessment and referral after emergency treatment

4. Roles and Responsibilities

4.1 Trust Board

The academy trust is the legal entity; the trust board has a duty to safeguard and promote the welfare of children, and must have regard to statutory guidance on safeguarding. The trust's Human Resources Committee will approve this policy and oversee its implementation at a strategic level.

4.2 Local Governing Body

Each school's local governing body has a strategic responsibility for their school's safeguarding arrangements and must ensure that they comply with their duties under legislation and meet the requirements of this policy. Each local governing body will:

- Review and evaluate the effective implementation of this policy in their school, having due regard to statutory guidance and legal requirements.
- Ensure that a senior member of staff is designated as the school's allergy lead; and that they have appropriate training, resources and time to fulfil their duties.
- Ensure that this policy and related local procedures are transparent, clear and easy to understand for staff, pupils and parents/carers, as appropriate. The policy should be posted on the school's website.
- Ensure, with the support of the trust, that onsite catering provision – whether commissioned or managed inhouse – meets all legal requirements that apply, including those which apply to naming food and listing ingredients, as outlined by the Food Standards Agency. Catering staff should be able to identify pupils with allergies, and follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

4.3 Headteacher

- The Headteacher will:
- Ensure that this policy and related procedures are implemented effectively at an operational level.
- Provide support and supervision to the designated allergy lead.
- Communicate this policy to staff, pupils and parents/carers, as appropriate.
- Provide apposite information to local governors such that they can objectively evaluate the efficacy of the policy.
- Liaise with the school's catering lead/team, as appropriate, to monitor compliance with expected practice.

4.4 Designated Allergy Lead

The designated allergy lead is responsible for promoting and maintaining allergy awareness across the school, and ensuring that:

- All allergy and special dietary information is collected and recorded.
- All allergy information is up to date and readily available to relevant members of staff, including the catering team.
- All pupils with allergies have an allergy action plan completed by an appropriate medical professional.
- All staff receive an appropriate level of allergy training in line with their role requirements.
- All staff are aware of this policy and related local procedures regarding allergies.
- Relevant staff are aware of what activities need an allergy risk assessment.
- The school's 'spare' adrenaline auto-injectors (AAIs) are kept in stock and in date; stored correctly; and provided for offsite activities, as appropriate.
- Pupils' medication is stored and labelled correctly in line with requirements (including those specific to controlled medication).
- Appropriate staff, e.g. school first-aider, are appropriately trained to signpost parents/carers to support regarding allergies.
- With the support of the Headteacher, tasks are delegated appropriately to staff to meet the requirements above (4.4).
- Regular updates are provided for the ongoing review and development of the policy.

4.5 Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils.
- Maintaining awareness of this allergy policy and related procedures.
- Being able to recognise the signs of severe allergic reactions and anaphylaxis; and respond immediately should they occur (see appendix 1).
- Attending appropriate allergy training as required.
- Being aware of specific pupils with allergies in their care; and implement pupil allergy action plans, as appropriate.

- Carefully considering and risk-assessing the use of food or other potential allergens (e.g. contact with animals, insect stings) in lesson and activity planning (including off site activities).
- Ensuring the wellbeing and inclusion of pupils with allergies.
- Referring any concerns regarding pupil safeguarding/welfare promptly.
- Carrying all relevant emergency supplies and medical information when leading school trips, offsite visits, sports fixtures, etc.

5.0 Parents/Carers

Parents/carers are responsible for:

- Being aware of this allergy management policy, and their responsibilities within it.
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis when their child joins the school.
- Providing their child (if required) with 2 in-date adrenaline auto-injectors and any other required medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Taking all reasonable steps to ensure that their child takes responsibility for carrying/managing such medication at all times – taking into account the age and capacity of the child.
- Providing the school with a copy of their child's allergy action plan – BSACI plans preferred; this should be completed with a suitably trained medical professional, e.g. GP or allergy nurse.
- Attending meetings with staff at the school to discuss support for their child.
- Updating the school promptly on any changes to their child's condition.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.
- Following their child's school's guidance on food brought in to be shared.
- Support their child's understanding and awareness of allergies – whether their child has an allergy or not – in order that their child can be understanding of and support the needs of others.

6.0 Pupils

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- Pupils are encouraged to take all reasonable measures to avoid contact with allergens known to affect them – taking into account the child's age and capacity.

7.0 Training

As a minimum, core training should include:

- How to reduce and prevent the risk of allergic reactions.
- Knowing the common allergens and triggers of allergy.
- Recognising the signs and symptoms of allergy and anaphylaxis.
- The importance of acting quickly in the case of anaphylaxis and what to do.
- Where AAIs are kept on the school site, and how to access them.
- Understanding and managing allergy action plans.
- How to administer AAI (where possible, with a practical session using trainer devices).

8.0 Links to Other Policies

This policy should be read in conjunction with:

- DCT Health and Safety Policy
- School Health and Safety Policy
- School Medical Conditions Policy

Appendix 1

Emergency management of anaphylaxis (ABC) and involving family/carers

All pupils at risk of anaphylaxis, should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The BSACI Allergy Action Plans include this information, and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline.

Identify activities which the child may be at risk - for example food-based and outdoor activities.

Symptoms of anaphylaxis include one of more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

Source:

The British Society for Allergy and Clinical Immunology: https://www.bsaci.org/

Appendix 2 – Further Information / Guidance / Support

Allergy UK:
https://www.allergyuk.org/information-and-support/at-school/for-schools/

The British Society for Allergy and Clinical Immunology:
https://www.bsaci.org/

Safer Schools Programme:
https://www.anaphylaxis.org.uk/education/saferschools-programme/

Resources for managing allergies at school:
https://www.allergyuk.org/living-withan-allergy/at-school/

BSACI Allergy Action Plans:
https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools:
http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016):
https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment
(The National Institute for Health and Care Excellence, 2020)
https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834