‘Learning for a fuller life…’

WHOLE SCHOOL POLICY FOR ALLERGY SAFETY

As a Church of England school, we see it as our duty to give children and members of the school community the skills to maximise their engagement with the world around them, enable them to grow spiritually, emotionally and personally, and develop the character and values which will serve them well in future life and support success.

Formally adopted by the Governing Body/ Trust of:-	Taverham VC CE Junior School
On:-	21/09/2026
Chair of Governors/Trustees:-	Dave Filby
Next review	Sept 2027

1. Purpose

Taverham VC CE Junior School is committed to providing a safe, inclusive and supportive environment for all pupils with allergies.

This policy sets out how the school will identify pupils with allergies, reduce allergy-related risks, support pupils in managing their allergies and respond appropriately to allergic reactions and anaphylaxis.

The policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Medicines Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Equality Policy
- Risk assessments for school activities and educational visits.

This policy has regard to the Department for Education's **Allergy safety in schools statutory guidance**, published July 2026.

2. Legal and statutory framework

The school will comply with its statutory duties relating to allergy safety and will have regard to the DfE statutory guidance.

The school recognises its wider duties under legislation including the Children and Families Act 2014, Equality Act 2010, Education Act 2002 and relevant safeguarding legislation.

The school will ensure that its arrangements for pupils with allergies are consistent with its wider arrangements for supporting pupils with medical conditions.

3. Definition of allergy

An allergy occurs when the body's immune system reacts to a normally harmless substance.

Allergic reactions can range from mild symptoms to a severe, potentially life-threatening reaction known as **anaphylaxis**.

Common allergens include foods such as:

- peanuts
- tree nuts
- milk
- egg

- wheat
- soya
- sesame
- fish
- shellfish

as well as non-food allergens such as:

- insect stings
- medicines
- latex
- other environmental allergens.

The school recognises that anaphylaxis can occur without obvious warning and that a previously mild reaction does not necessarily predict the severity of a future reaction.

4. Identification of pupils with allergies

The school will establish and maintain an accurate record of pupils known to have allergies.

Information will be obtained from parents/carers and, where appropriate, healthcare professionals.

For pupils with significant allergies requiring support in school, the school will develop an **Individual Healthcare Plan (IHP)** in partnership with parents/carers and the pupil, where appropriate, and relevant healthcare professionals.

The IHP will include, where relevant:

- the pupil's diagnosed allergy/allergies
- known triggers
- signs and symptoms of an allergic reaction
- the pupil's prescribed medication
- the location of medication
- the circumstances in which medication should be administered
- the pupil's Allergy Action Plan where one has been provided
- emergency procedures
- arrangements for school trips, sporting activities and other off-site activities
- arrangements for lunchtime and food provision
- relevant emergency contact information.

The school will ensure that information is updated when circumstances change.

5. Allergy information and confidentiality

Information about pupils' allergies will be shared with staff who need the information to keep the pupil safe.

Relevant information will be available to:

- class teachers
- teaching assistants
- lunchtime staff
- first aiders
- catering staff
- educational visit leaders
- supply staff and other temporary staff where necessary.

Information will be handled sensitively and in accordance with data protection requirements.

Pupils with allergies will not be unnecessarily identified or treated differently from their peers.

6. Allergy awareness training

All school staff will receive allergy awareness training appropriate to their role.

Training will cover:

- what an allergy is
- common allergens
- recognition of symptoms
- recognition of anaphylaxis
- appropriate emergency action
- the use of adrenaline auto-injectors
- the location of the school's spare adrenaline auto-injectors
- arrangements for individual pupils with allergies
- how to summon emergency assistance.

Relevant staff will receive additional training where their role requires it.

The school will maintain a record of staff allergy training and will ensure that new staff receive appropriate information and training as soon as reasonably practicable.

7. Adrenaline auto-injectors

Where appropriate, pupils will have access to their own prescribed adrenaline auto-injectors (AAIs).

The school will also maintain **spare emergency AAIs** in accordance with current Department for Education requirements and guidance.

Spare AAIs will:

- be stored safely but remain readily accessible
- be clearly identified
- be kept in an appropriate location
- be accessible within the required time
- be stored according to the manufacturer's instructions
- be checked regularly for expiry dates and damage
- be replaced before expiry.

The school will maintain the appropriate spare AAI strengths recommended by the DfE and will review the number and location of devices according to the size and layout of the school.

The school will have two additional sets of AAIs due to the size of the school site.

8. Individual pupil medication

A pupil's prescribed medication must be readily accessible when required.

Where a pupil has been prescribed an AAI, the school will ensure that appropriate arrangements are made for the device to accompany the pupil during:

- lessons
- PE
- sporting activities
- school trips
- residential visits
- visits off the school site
- other activities where the pupil may be at risk.

Where appropriate, pupils may carry their own medication in accordance with their age, maturity, IHP and healthcare advice.

The school will not make arrangements that unnecessarily prevent a pupil from participating fully in school life because of their allergy.

9. Recognising anaphylaxis

Symptoms of anaphylaxis can include:

- difficulty breathing or wheezing
- swelling of the tongue or throat
- difficulty swallowing or speaking

- persistent dizziness or collapse
- pale, floppy or suddenly unresponsive appearance
- widespread rash or hives
- sudden deterioration following exposure to a known allergen.

Anaphylaxis should be treated as a medical emergency.

Staff should **not wait for all symptoms to appear** before taking action.

If in doubt, the school will treat the reaction as anaphylaxis.

10. Emergency procedure

If a pupil is suspected of experiencing anaphylaxis:

Step 1 – Give adrenaline

Administer the pupil's prescribed adrenaline auto-injector immediately, following the manufacturer's instructions and the pupil's Allergy Action Plan where available.

If the pupil's prescribed AAI is unavailable, the school's spare emergency AAI should be used where appropriate.

Treatment must not be delayed while attempting to establish the pupil's weight or obtain further information.

Step 2 – Call 999

A member of staff should call 999 and state:

"Anaphylaxis – adrenaline has been administered."

The pupil should not be left alone.

Step 3 – Position the pupil appropriately

The pupil should generally lie down with their legs raised.

If breathing is difficult, they may sit up with their legs extended.

A pupil who is unconscious but breathing should be placed in the recovery position.

A pupil should not be allowed to stand or walk following anaphylaxis.

Step 4 – Second adrenaline auto-injector

If there is no improvement after approximately 5 minutes, a second AAI should be administered where one is available and appropriate.

Step 5 – Emergency services

The pupil must be transferred to hospital by ambulance.

A member of staff should accompany the pupil where necessary and appropriate arrangements should be made to contact the parent/carer.

11. Spare AAI storage

The school will maintain a clearly identified emergency AAI supply.

The devices will be stored in locations that allow rapid access: **the main school office and the Stanley Building**

The location of spare AAIs will be known to all relevant staff.

School Office staff will maintain a regular checking system (monthly) covering:

- expiry dates
- physical condition
- storage conditions
- accessibility
- correct number of devices
- correct dosage strengths
- availability of replacement devices.

12. Food and catering

The school will work with its catering provider to reduce the risk of allergen exposure.

Catering arrangements will include:

- accurate recording of pupils' food allergies
- appropriate communication of allergy information to catering staff
- checking ingredients and product information
- appropriate food preparation procedures
- measures to reduce cross-contamination
- appropriate labelling and communication of allergens
- appropriate procedures when menus or ingredients change.

The school will comply with relevant food allergen legislation.

Individual pupils' allergy needs will be assessed and appropriate risk-reduction measures put in place.

13. Classroom activities

Teachers will consider allergy risks when planning activities involving food, cooking, science, art, crafts or other materials.

Where an allergen is required for an educational activity, staff will consider:

- whether an alternative material can be used

- whether the activity creates a risk for a pupil with an allergy
- whether additional controls are required
- whether the pupil's IHP or risk assessment identifies specific precautions.

Pupils will not be unnecessarily excluded from curriculum activities because they have an allergy.

14. Lunchtime and breaktimes

Relevant lunchtime and playground staff will be aware of pupils with significant allergies and know how to respond to an emergency.

Pupils will have appropriate access to their medication.

Staff supervising pupils will know:

- where emergency AAIs are located
- how to summon assistance
- how to recognise anaphylaxis
- who is responsible for administering medication.

15. Educational visits and residential trips

Allergy risks will be considered as part of educational visit planning and risk assessment.

Before a visit, staff will check:

- the pupil's IHP and Allergy Action Plan
- prescribed medication
- spare/emergency medication where appropriate
- staff responsibilities
- catering arrangements
- emergency procedures
- access to emergency medical assistance.

AAIs and other required medication will accompany the pupil at all times where appropriate.

A pupil with an allergy will not normally be prevented from participating in educational visits solely because of their allergy.

16. Inclusion and equality

The school is committed to ensuring that pupils with allergies can participate fully in school life.

Reasonable adjustments will be considered where required.

Pupils with allergies will not be stigmatised, isolated or treated differently unnecessarily.

The school will also provide age-appropriate education to promote understanding, empathy and inclusion.

17. Communication with parents/carers

The school will work collaboratively with parents/carers.

Parents/carers should inform the school promptly of:

- a new allergy diagnosis
- changes to an allergy
- changes to prescribed medication
- changes to an Allergy Action Plan
- changes to emergency contact details.

The school will communicate relevant allergy arrangements to parents/carers and will ensure that parents/carers know how the school's emergency arrangements operate.

18. Incident recording and learning

All significant allergic reactions and incidents involving emergency medication will be recorded.

The school will review serious incidents and near misses to identify lessons and determine whether changes are required to:

- risk assessments
- staff training
- medication arrangements
- emergency procedures
- supervision
- catering arrangements
- the Allergy Safety Policy.

Where appropriate, the school will share relevant information with parents/carers and governing body leaders.

19. Governance and monitoring

The Headteacher has overall responsibility for implementation of this policy.

The designated member of staff responsible for allergy safety will:

- maintain the school's allergy register
- coordinate IHPs
- monitor staff training

- check spare AAIs
- monitor expiry dates
- coordinate emergency arrangements
- review incidents and near misses
- ensure relevant staff have access to appropriate information.

Governors will monitor the implementation of the policy through the school's normal governance arrangements.

20. Review

This policy will be reviewed **at least annually** and sooner where:

- legislation or statutory guidance changes
- there is a serious allergic reaction
- a significant near miss occurs
- the school's circumstances change
- new pupils with significant allergies join the school
- there are changes to medication or emergency procedures.

The policy will be made available to staff, pupils and parents/carers as appropriate and published on the school's website.

Appendix 1 – Emergency Anaphylaxis Procedure

SUSPECT ANAPHYLAXIS → GIVE ADRENALINE → CALL 999

1. Recognise possible anaphylaxis.
2. Give the pupil's prescribed AAI immediately.
3. If unavailable, use the school's spare emergency AAI where appropriate.
4. Call **999** and state **"anaphylaxis – adrenaline given."**
5. Keep the pupil with you and do not allow them to stand or walk.
6. If there is no improvement after approximately 5 minutes, give a second AAI if available and appropriate.
7. Arrange ambulance transfer to hospital.
8. Contact parent/carer.
9. Record and review the incident.

Do not delay administration of adrenaline while waiting for further information.

Appendix 2 – AAI Checks

The designated member of staff should check emergency AAIs monthly and record:

- Date checked
- Location
- Number of devices
- Strength of devices
- Expiry dates
- Physical condition
- Storage condition
- Accessibility
- Replacement required
- Action taken

AAIs must not be used after their expiry date.

Appendix 3 – Individual Healthcare Plan

For each pupil requiring an IHP, the school should record:

Pupil: _____

Class: _____

Allergy/allergies: _____

Known triggers: _____

Symptoms: _____

Prescribed AAI: _____

AAI strength: _____

Medication location: _____

Allergy Action Plan attached: Yes / No

Emergency contacts: _____

Specific precautions: _____

Educational visit arrangements: _____

Parent/carer signature: _____

Healthcare professional involvement: _____

Review date: _____