



# ALLERGY AWARENESS POLICY

**Fairview Community Primary School**

**Reviewed: December 2025**

*Review Due: December 2026*

## **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 Kelly Brown, Deputy Headteacher alongside Liz Hewkins, Office manager

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
  - All pupils with allergies have an allergy care 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 medical officer**

The school medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- 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**

At a developmentally appropriate time 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

## **4. 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

## **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
- Pupils with food allergies or intolerances have separate cooking and preparation areas to avoid cross contamination.
- Parents are informed of any cooking/food related lessons

## 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 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, our catering contractors 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.
- Our catering contractors have their own allergy risk management system in place.
- The school office provide the kitchen with details of pupil allergies which will be regularly updated.

## 5.3 Food restrictions

We acknowledge that it is impractical to enforce a complete 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 will not be able to consume them, alternative food will be provided and the unopened food sent home.

## 5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

## 5.5 Animals

- The school has a dog on site, this is communicated with all parents and visitors.
- Any pupils with animal allergies will have specific risk assessments in place
- Pupils with animal allergies will not interact with animals.
- The school dog will not visit classes where animal allergies are present.
- All pupils will wash their hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

## **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 7.2).

## **6. Procedures for handling an allergic reaction**

### **6.1 Register of pupils with AAls**

- The school maintains a register of pupils who have been prescribed AAls or where a doctor has provided a written plan recommending AAls 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)
- A register is kept and can be checked quickly by any member of staff as part of initiating an emergency response. Class medical information is updated regularly and shared with all relevant members of staff.

### **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 to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will follow the pupil's allergy action plan
- In the event of severe reactions staff will follow initiate the school's allergic reaction procedures
- 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
- A school AAI device will be used instead of the pupil's own AAI device if:
  - Medical authorisation and/or parental consent has 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), staff will follow the care plan and the pupil will be monitored and the parents/carers informed.

## **7. Adrenaline auto-injectors (AAIs)**

### **7.1 Emergency anaphylaxis kit**

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

The school holds 4 AAls purchased from a local pharmacy. Brands, batch numbers and expiry dates are held in the main school office. Instructions for use are kept with the AAls.

- These are stored in the medical room cabinet, and in a clearly marked box in the school kitchen. Both of these locations are safe and suitably central location to which all staff have access at all times, but which is out of the reach and sight of children

- The spare AAls are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Spare AAls will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.
- Replacement AAls are obtained when the expiry date is near
- AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions

## **7.2 Use of AAls off school premises**

- Pupils at risk of anaphylaxis who hold an AAI have these accessible on off site visits.
- Risk assessments for visits take account of pupils with AAI's and any allergens they may come into contact with.
- AAls are held by the group lead.

## **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 are kept on the school site, and how to access them
- How to administer AAls
- The wellbeing and inclusion implications of allergies
- Training will be carried out bi-annually 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
- School food policy

## Recognition and management of an allergic reaction/anaphylaxis



### 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). These should always be with the child
- Give antihistamine according to the child's allergy treatment plan
- Alert school office to contact 999/ parent or 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 into the thigh. Hold for 10 seconds. Note time given
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

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