



**ST PETER'S CHURCH OF ENGLAND
PRIMARY SCHOOL**

'Be the Good Soil' Mark 4: 1-20

'In Jesus we learn, love and grow together'

ALLERGY SAFETY AND ANAPHYLAXIS POLICY



St. Peter's Church of England Primary School

Allergy safety and anaphylaxis Policy

Person/s responsible for this policy and its implementation (2 people)	Solytayre Alderson (SENCo) Sarah Lloyd (School Business Manager)
Link governor	Mrs Margaret Sutton
Review frequency	Annually or when an incident is experienced
Date approved	28 th September 2026
Date of next review	September 2027
Purpose	To minimise the risk of any pupil suffering an allergic reaction whilst at school or attending any school-related activity; to ensure that pupils with allergies are safe, included and able to participate fully. To ensure staff are properly prepared to recognise and respond appropriately to allergic reactions, anaphylaxis and acute asthma.
Links with other policies	Safe guarding Behaviour Anti-bullying Asthma Health and safety

1. Introduction

An allergy is a reaction by the body's immune system to a substance that is normally harmless. Allergic reactions can cause a range of symptoms, including itching, sneezing, skin rashes, swelling, stomach discomfort and breathing difficulties. In some cases, an allergic reaction can be severe and life-threatening. This is known as anaphylaxis.

Anaphylaxis is a serious, potentially life-threatening allergic reaction that can affect the whole body. It can develop rapidly, often within minutes of exposure to an allergen, although symptoms may occasionally occur several hours later. Common causes include certain foods, insect stings and medicines.

Anaphylaxis may involve problems with the airway, breathing or circulation, often referred to as the ABC symptoms. Signs may include difficulty breathing, swelling of the throat or tongue, a sudden drop in blood pressure, dizziness, collapse or loss of consciousness. Anaphylaxis requires immediate emergency treatment.

It is possible to have an allergic reaction to any substance containing a protein. However, most allergic reactions are caused by a relatively small number of common allergens.

Common allergens in the UK include, but are not limited to:

- Peanuts
- Tree nuts
- Sesame
- Milk
- Eggs

- Fish
- Latex
- Insect venom
- Pollen
- Animal dander

2. Purpose of this Policy

This policy sets out how St Peter's Church of England Primary School will identify, assess and reduce allergy-related risks and support pupils with allergies. The school is committed to ensuring that pupils with allergies are able to participate fully in school life while receiving appropriate support to keep them safe.

The school will:

- Work with parents and carers to identify pupils with known allergies and understand their individual needs.
- Ensure appropriate allergy and anaphylaxis information is recorded and communicated to relevant staff.
- Develop individual healthcare or allergy action plans where required.
- Ensure staff are aware of the signs and symptoms of an allergic reaction and understand what action to take in an emergency.
- Ensure prescribed emergency medication, including adrenaline auto-injectors where required, is stored safely and is readily accessible.
- Take reasonable steps to reduce pupils' exposure to known allergens within the school environment.
- Consider allergy-related risks when planning school meals, trips, activities, celebrations and other events.
- Promote an inclusive approach so that pupils with allergies are not unnecessarily excluded or disadvantaged.
- Provide appropriate information and awareness for staff, pupils and families to help reduce allergy-related risks.
- Review procedures following any allergic reaction or anaphylactic emergency to identify whether further measures are required.

The school recognises that allergies can vary significantly between individuals. Risk assessments and support arrangements will therefore be considered on an individual basis, in partnership with parents/carers and, where appropriate, healthcare professionals.

The safety and wellbeing of pupils with allergies is a shared responsibility, and all staff have an important role in helping to create a safe, supportive and inclusive school environment.

3. Legal framework

This policy has been developed in accordance with section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, commonly referred to as Benedict's Law, and with regard to the Department for Education's statutory guidance Allergy Safety in Schools (July 2026).

This policy forms part of the school's wider arrangements for supporting pupils with medical conditions and should be read alongside the following school policies and procedures:

- Supporting Pupils with Medical Conditions / Administration of Medicines
- Safeguarding

- Health and Safety
- Equality
- Attendance
- Anti-Bullying
- Educational Visits
- First Aid
- Food Safety and Catering
- Complaints

The school will also have regard to its legal duties under the Equality Act 2010, Education Act 2002, Children Act 1989, Health and Safety at Work etc. Act 1974, Human Medicines Regulations 2012 (as amended), Food Information Regulations 2014, Requirements for School Food Regulations 2014, and the Early Years Foundation Stage statutory framework, where applicable.

4. Roles and responsibilities

Governance and Accountability

The Governing Body has overall responsibility for ensuring that the school has effective arrangements in place to protect pupils and staff living with allergies. The Governing Body will ensure that this policy is implemented, published on the school website, available in hard copy upon request and reviewed at least annually, or sooner where there has been a significant incident, near miss, change in legislation or statutory guidance, or a change in school circumstances.

Allergy safety will be treated as a whole-school responsibility and will form part of the school's wider safeguarding, health and safety and medical needs arrangements.

The Assistant Headteacher is the named senior leader with responsibility for allergy safety. They will oversee the implementation and review of this policy and ensure that:

- pupils with allergies are identified and appropriately supported;
- Individual Healthcare Plans and/or allergy action plans are developed and kept up to date where required;
- appropriate allergy awareness and emergency response training is provided to all staff, including recognition of anaphylaxis and the safe use of adrenaline auto-injectors;
- spare, in-date adrenaline auto-injectors are available on the school premises for use in an emergency, in accordance with statutory guidance;
- allergy-related risks are identified, assessed and appropriately managed across all areas of school life;
- allergy safety is considered when planning lessons, practical activities, school meals, trips, clubs, celebrations, sporting activities and other events;
- allergic reactions and significant near misses are recorded, reported and reviewed so that lessons can be learned and preventative measures strengthened;
- pupils with allergies are supported to participate fully in school life and are not unnecessarily excluded from activities because of their allergy;
- appropriate arrangements are in place to prevent and respond to allergy-related bullying or discrimination; and
- relevant information is communicated appropriately to staff, parents/carers, pupils and other organisations working with the school.

Allergy-related risks will be included within the school's risk-management arrangements and, where appropriate, recorded on the school risk register. These risks will be monitored and reviewed regularly.

The school recognises that allergy safety extends beyond food allergies. Risk assessments and support arrangements will therefore consider other allergic conditions and triggers, including reactions to medicines, insect venom, animals, latex, pollen and other known allergens.

The school will promote an allergy-aware and inclusive environment, rather than relying solely on blanket allergen bans. Preventative measures will focus on reducing the risk of exposure to known allergens while maintaining appropriate emergency arrangements should an allergic reaction occur.

Parents and guardian responsibilities:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

Staff responsibilities:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Pupil responsibilities:

- Pupils are encouraged to develop a good awareness and understanding of their allergy symptoms and to tell a trusted adult as soon as they recognise or suspect that they may be experiencing an allergic reaction.
- Pupils will be supported, in line with their age, understanding and individual competence, to gradually take greater responsibility for managing their allergy and medication.
- Pupils who are prescribed adrenaline auto-injectors should have quick and easy access to both prescribed devices at all times. This includes when travelling to and from school, in classrooms, dining areas, playgrounds, sports areas, during wraparound provision and on school trips.
- Where a pupil is not yet able to safely carry their adrenaline auto-injectors, the devices will be stored unlocked, clearly labelled container and readily accessible to staff in the child's teacher's top draw. In EYFS, AAls are kept in the first aid cupboard. Arrangements will ensure that adrenaline can be accessed and administered within five minutes when required.

5. Identification of Individuals with Allergies:

Admissions Data Collection: St Peter's Church of England Primary School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via the admission form. We also send home a further allergy information form.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through paperwork and records on SIMS.

Transition: Allergy information and existing care plans are shared as part of a student's transition. St Peter's Church of England Primary School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. St Peter's Church of England Primary School work with parents/carers and the student if appropriate to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Supply Staff, Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

6. Individual healthcare Plan (IHP) and Allergy Action Plans

An Individual Healthcare Plan (IHP) sets out the school-specific arrangements required to support a pupil's health, safety, wellbeing and inclusion within the school environment. It will include relevant information such as known triggers, functional impact, reasonable adjustments, roles and responsibilities, medication and storage arrangements, emergency procedures, participation in trips and activities, communication arrangements, parental consent, and review arrangements. A current photograph and appropriate emergency contact details will also be included to support identification and effective communication in an emergency.

Allergy and Asthma Action Plans are clinical documents prepared and reviewed by appropriately qualified healthcare professionals. Where appropriate, BSACI Allergy Action Plans are preferred. The school will not amend, interpret or reproduce clinical instructions. Instead, the most recent clinical Action Plan will be attached to the pupil's IHP and made readily accessible to staff who may need to refer to it or respond to the pupil's healthcare needs.

7. Emergency Treatment and Management of Anaphylaxis:

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness

- sudden change in behaviour

These symptoms are treated with antihistamines.

A pupil who is having/ or is suspected of having any allergic reaction must not be left unattended. Mild or moderate reactions will be managed in accordance with the pupil's action plan, parents/carers will be informed and the pupil will be observed in a safe place for at least 60 minutes because symptoms can progress to anaphylaxis.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

8. Supply, storage and care of medication:

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom,
- lunch area,
- playground,
- sports field and
- when on visits or trips.

Depending on their level of understanding, age and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them in a suitable bag or container.

Where a pupil is not yet able to safely carry their adrenaline auto-injectors, the devices will be stored unlocked, in a clear labelled container and readily accessible to staff in the child's teacher's top draw. In EYFS, AAls are kept in the first aid cupboard. Arrangements will ensure that adrenaline can be accessed and administered within five minutes when required.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location (main office) that is unlocked and accessible at all times (including during wrap around care).

Storage

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. It will include:

- Two AAls i.e. EpiPen or Jext
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if include on allergy action plan)
- Asthma inhaler (if include on allergy action plan)

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. A sharps bin is kept in the reception toilets. It is medical waste bin.

9. Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

St Peter's Church of England Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

St Peter's Church of England Primary School holds:

EpiPen, 0.15mg, x 4 (Green box, for children up to 25 kg, typically age 7-8 and up to school year 3)

EpiPen, 0.30mg, x 4 (Yellow box, for children over 25kg, typically age 8-9, school year 4 and above)

These are located in:

The unlocked, medical cupboard in the main office.

They are stored in green pouches and labelled 'Emergency Anaphylaxis Kit'.

Each pouch contains 1 x EpiPen, 0.15 and 1 x EpiPen, 0.30. Each box is clearly labelled to indicate the approximate age of the child/person that the EpiPen should be administered to. In the case of an emergency, 2 pouches should be taken in case a second device needs to be administered.

A register of adrenaline devices expiry dates is kept and Allergy Lead Mrs Alderson (AHT, SENCo and DSL) is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box (medical waste bin), kept reception disabled toilet or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

10. Staff training and emergency response:

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: Solytayre Alderson (Assistant Headteacher) and Sarah Lloyd (School Business Manager).

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Using IHPs and Allergy/Asthma Action Plans, finding emergency medication, and reporting incidents and near misses
- Recognising and responding to acute asthma, including that an inhaler must never replace adrenaline when treating anaphylaxis
- Understanding allergy-related anxiety, inclusion and the prevention of allergy bullying

St Peter's Church of England Primary School will liaise with the school nurse team to ensure that staff working with children that have an AAI undertake a practical session using trainer devices. This will be completed in annual face-face training.

11. Inclusion and safeguarding

St Peter's Church of England Primary School is committed to ensuring that pupils with allergies are safe, welcomed and fully included in education, meals, play, clubs, trips and all aspects of school life. Reasonable adjustments will be made under the Equality Act 2010 where applicable. Pupils will not be penalised through attendance rewards for allergy-related absence, required to attend school only if a parent accompanies them, or unnecessarily segregated from their peers. Parents will not be required to attend school to administer routine or emergency medication that trained staff can reasonably provide.

The school recognises that living with an allergy can affect a pupil's wellbeing and may cause anxiety. Staff will listen to pupils and parents, provide reassurance, promote age-appropriate self-

management and respond appropriately to any concerns. Allergy-related teasing, exclusion, threats, deliberate exposure or attempts to force-feed an allergen will be treated seriously under the Behaviour and Anti-Bullying policies and may also constitute a safeguarding concern.

The school also recognises that a safeguarding referral may be necessary where an incident or pattern of concern indicates that a child or young person may be at increased risk of neglect, abuse or exploitation because of their medical condition. This may include circumstances where relevant information about a pupil's allergy or medical needs is not provided to the school, or where a pupil is repeatedly sent to school without essential medication, such as prescribed emergency allergy medication, thereby placing them at increased risk. Any safeguarding concerns will be considered and managed in accordance with the school's Safeguarding and Child Protection Policy and relevant statutory guidance.

12. Food provision and Catering

The school recognises that food and catering arrangements are a key part of managing food allergies safely. The school will work closely with parents/carers, pupils, catering staff and other relevant staff to reduce the risk of exposure to allergens and ensure that pupils with food allergies can participate safely and inclusively in school meals and food-related activities.

All food businesses, including school caterers, must comply with the Food Information Regulations 2014, including the requirement to provide information about the 14 regulated allergens present in food.

Food that is prepacked for direct sale must comply with the requirements introduced by Natasha's Law, including providing a full ingredients list with regulated allergens clearly emphasised. School food will also comply with the Requirements for School Food Regulations 2014, where applicable.

St Peter's Church of England Primary School's menu will be made available for parents/carers to view at the main reception and it is also on the website; it will include the catering provider's (Rochdale Council Fresh Foods) allergen information and relevant allergen notice. Parents/carers will be encouraged to discuss any concerns or changes to their child's dietary requirements with the school and catering provider. Fresh foods have their own allergy information recording system.

We will regularly review its food and catering arrangements to ensure that allergen information remains accurate, staff are appropriately trained, and procedures continue to provide effective protection for pupils with food allergies.

13. School trips and external visits

St Peter's Church of England Primary School ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. St Peter's Church of England Primary School will provide additional spare adrenaline devices should the risk

assessment for the trip deemed necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Sporting excursions:

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. A member of staff trained in administering adrenaline or the child's parents/carers will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

14. Risk assessment

St Peter's Church of England Primary School will complete an individual allergy risk assessment for new pupils with allergies, pupils newly diagnosed and pupils whose circumstances change. It will cover food provided or brought in, contact and airborne allergens, lessons and resources, animals, dining, play, wraparound care, transport and trips. Controls will be incorporated into the pupil's IHP and the school risk register and reviewed after incidents or near misses.

The school will also identify and support staff and visitors with allergies where reasonably practicable. Visitors likely to be served food or to take responsibility for pupils will be asked in advance about relevant allergies and briefed on emergency arrangements.

School and individual risk assessments can be downloaded for free from:
<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

15. Serious incidents and near misses

St Peter's Church of England Primary School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

St Peter's Church of England Primary School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

St Peter's Church of England Primary School logs allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

St Peter's Church of England Primary School will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. St Peter's Church of England Primary School will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

16. Policy review and publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: <https://www.anaphylaxis.org.uk/education>

Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>

[Guidance on the use of adrenaline auto-injectors in schools](#)

Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law:

<https://benedictblythe.com/benedicts-law>

<https://www.anaphylaxis.org.uk/education/benedicts-law>

Food:

Allergy Guidance for Schools: <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Allergy Guidance for food businesses: <https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses>

Statutory Duties:

The duties under Section 34 of the [Children's Wellbeing and Schools Act 2026](#) place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#);

The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).

[The Early Years Foundation Stage \(EYFS\) statutory framework](#).