Bowker Vale Primary School

Allergy Safety Policy

Policy written	July 2026
Policy Agreed	September 2026
To be reviewed	Annually
Owner	Jen Griffin

Contents

1. Introduction and Aims 3
2. Legislation and guidance 3
3. Roles and responsibilities 3
4. Identifying individuals at risk 5
5. Assessing risk 7
6. Minimising risk 7
7. Procedures for handling an allergic reaction 8
8. Adrenaline devices (ADs) 8
9. Serious incidents and 'near misses' 10
10. Allergy awareness 10
11. Wellbeing 11
12. Information sharing 12
13. Monitoring arrangements 12
14. Links to other policies 12

1. Introduction and Aims

This policy aims to:

- Set out our school's approach to allergy safety, 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

We are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e., eating a trigger food, though can occur several hours later (i.e., allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

This policy should be read alongside the school's Supporting Pupils at School with Medical Conditions Policy. It does not replace the school's wider arrangements for supporting pupils with medical conditions.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety 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

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergies are included in the risk register (Medical Tracker) and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens

- Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Jen Griffin, DHT.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - An IHP is created where the pupil's needs require arrangements that are additional to or different from the school's usual arrangements.
    - All pupils with a known food or insect sting allergy have up-to-date Allergy Action Plans issued by a medical professional
    - All staff receive regular allergy awareness 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
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

- (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances. At Bowker Vale Primary School this responsibility is delegated to the named allergy lead, however the Headteacher will support with decision making if agreement cannot be reached.

3.4

Jen Griffin and Nicola Richardson are responsible for:

- Checking spare adrenaline auto – injectors (AAIs) are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety 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
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their adrenaline device (AD) on their person and only using it for its intended purpose if pupil and parents agree and if stated on their individual health plan (IHP).
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency for example by alerting a member of staff.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, collect medical information from parents/carers as part of our admissions process. Where any medical issues are noted, an additional form will be sent to the family to collect more detailed information and where needed a pre-admission meeting will be arranged to co-produce an IHP.
- Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks, safe interim arrangements are put in place immediately until the full IHP is fully in place. Bowker Vale Primary School will request allergy information from the previous school or setting and use to inform the writing of a new IHP.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary. This information is copied to Medical Tracker, shared with all relevant staff (including catering staff Mellors) and if needed an IHP will be created or reviewed.

We ask that parents/carers proactively inform us by either phone call to the school 0161 740 5993 or an email to Jen Griffin using admin@bowkervale.manchester.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

The school's allergy safety arrangements primarily concern pupils. Staff and visitors may inform the school of a relevant allergy or medical condition where they require reasonable adjustments or emergency support. Any such information will be handled confidentially and in accordance with the school's data protection arrangements.

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they ar e at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate Allergy Action Plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The Allergy Action Plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the Allergy Action Plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy using Medical Tracker (a secure online system) The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)
    - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil to allow a visual check to be made

A printed copy of the register is kept in the staffroom, school office, Children's Kitchen and the school catering kitchen. There is also a copy with the 'spare' AAIs, it can be checked quickly by any member of staff as part of initiating an emergency response

5. 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

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

Pupils are reminded to wash their hands before and after eating

Sharing of food, food containers, and food utensils is not allowed

Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended

Where food is not directly provided by the school, parental engagement and permission will be sought in advance.

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies our school catering service is run by Mellors Catering Service.

Catering staff receive appropriate training and are able to identify pupils with allergies

The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers

Where changes are made to school menus, we will make sure these comply with legislation, and 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)

Where food is provided by the school, staff will understand how to read labels for food allergens

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

Shoes should always be worn

Food and drink should be covered

6.4 Animals

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 directly or closely with animals until an individua risk assessment has been completed and agreed with parents/carers.

6.5 Visits and trips

No pupils with allergies will be excluded from taking part

The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

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

Pupils at risk of anaphylaxis should have their own ADs with them

Staff trained to administer adrenaline in an emergency will be present on the school trip

Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

All staff are trained annually to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

Staff are trained in the administration of adrenaline to minimise delays in an emergency

If the pupil has an Allergy Action Plan, this must be followed

A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

Suspected anaphylaxis:

Give adrenaline immediately, following the pupil's Allergy Action Plan where available.
Call 999 and state that anaphylaxis is suspected.
Send for the emergency/spare AAI if required.
Stay with the pupil.
Follow the emergency response/action plan.
If symptoms persist and a second device is available, administer the second dose in accordance with clinical guidance/emergency instructions.
Contact parents/carers.
Record and report the incident.

As soon as practicable, or if second staff member is present:

Make a call of '100' to the school office to request additional staff support. If the office does not answer immediately use the school tannoy system to request support, stating in which area of school. One member of staff will work with the rest of the class, possibly taking them to another part of school for a period of time and two members of staff will support the pupil, follow the healthcare plan and taking all steps necessary.

School has a procedure for contacting emergency services which is displayed in the appropriate places e.g. office, staff room etc.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

An adrenaline device (AD) can be either an adrenaline auto-injector (AAI) such as EpiPen or Jext or an intranasal device such as EURneffy.

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is strongly recommended that two devices are carried at all times.

AD (2 - provided by family) and are kept in individual red drawstring bags, along with individual healthcare plan (IHP) and step-by-step instructions. The bags are labelled with name and photograph and stored in each classroom. The adult leading the class is responsible for ensuring the bag accompanies the class for PE lessons, Forest School sessions and to the Children's Kitchen. Unless specifically stated (i.e. for older children taking) at playtime and lunchtime the bag remains in the classroom as a safe and consistent place, all classrooms can be reached and bag returned well within 5 minutes. Parents / carers are responsible for ensuring they are in date.

Where pupils with prescribed ADs walk to and from school alone (Year 5 and 6 only) they should take their 2 ADs home with them at the end of each school day and return them each morning. This will be agreed in advance with parents/carers and arrangements for this made clear in their IHP.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available **and** where written consent has been obtained.

Where anaphylaxis is suspected, adrenaline must be administered without delay in accordance with the pupil's Allergy Action Plan and/or the school's emergency procedure. Emergency services must be called immediately. Spare adrenaline may be used where the pupil's prescribed device is unavailable, unusable or the pupil does not have a prescribed device.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used.

The allergy safety lead is responsible for sourcing spare ADs and emergency asthma reliever inhalers and ensuring they are stored according to the guidance.

Spare ADs are stored:

In a red 'grab bag' on the main corridor outside the accessible toilet. A copy of the allergy register is stored in the bag, alongside step-by-step instructions.

School has

Two EpiPen Junior (0.15mg)

Two EpiPen (0.3mg)

Jen Griffin and Nicola Richardson are responsible for:

Checking monthly that spare ADs and the emergency asthma reliver inhaler kit are present and in date

Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be handed to the ambulance crew on their arrival at school.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency. Up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of allergy.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Comprehensive risk assessments are completed for all off-site trips with specific assessment for any pupils with allergies. The risk assessment will state which staff member is responsible for carrying the red grab bag which holds both ADs, IHP, AAP (where available) and step-by-step instructions.

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events at prior agreement between pupil, family and school.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on Medical Tracker. Any investigations will be documented in the Health and Safety folder on the shared drive and, where required, be reported to the Manchester City Council Health and Safety Department and the school governing body. Records will include the following information:

Who was affected

What happened, when and where

Why the incident occurred (as far as is known)

How staff and pupils responded and what was done to support the individual

Whether emergency services were called

How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.
The school will share the report with the pupil's parents, the pupil or the individual involved.
They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.
In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.
Staff will always share the incident report with Jen Griffin, the allergy safety lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.
The school will also share the report with other agencies in the following circumstances:
With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

To the local authority: any allergen-related food safety incidents.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency

Understand the impact allergy can have on a pupil's wellbeing

Understand the school's allergy safety policy

Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan

Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

Accredited online training will be used at each September INSET, a register of staff completion is kept and any staff absent that day will complete within the first school week. Any staff newly arrived at school will complete the training within 2 weeks as part of their induction process in school.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Pupils will be taught about allergies as part of the PSHE curriculum and annually through our assembly programme.

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

Pastoral care via The Lotus Room

Regular check-ins with their class teacher or TA.

Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behaviour policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored and reviewed annually, or more frequently if a serious incident or 'near miss' identifies an area for improvement by the allergy safety lead.

It will be approved annually by the school governing body.

14. Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting pupils with medical conditions policy

Data protection policy

Behaviour policy