

Maiden Erlegh Trust

## ALLERGY SAFETY POLICY



MAIDEN ERLEGH  
TRUST

Including local arrangements in annex for:

### GREAT HOLLANDS PRIMARY SCHOOL

|                   |             |
|-------------------|-------------|
| Initial approval: | August 2026 |
| Review frequency: | Annually    |
| Date(s) reviewed: |             |

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## 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 children with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

## 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](#)

This policy complies with Benedict's Law, which is a set of statutory legal protections in England requiring schools to implement comprehensive allergy management that were passed via the Children's Wellbeing and Schools Act (2026).

## Roles and responsibilities

We take a whole-school approach to allergy awareness.

### **The Allergy Lead is responsible for:**

- Implementing this policy.
- Coordinating staff training.
- Maintaining allergy records.
- Monitoring compliance.
- Investigating incidents and near misses.

### **School first aider/medical officer**

The school first aider/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAls are in date and ensuring all staff know where to find them in an emergency
- Ensuring all staff know which children have allergy plans

## Staff

All staff are responsible for:

- Following this policy.
- Attending allergy awareness training.

- Supporting pupils with allergies.
- Knowing emergency procedures.
- Reporting allergy incidents and near misses.

## 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 two 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
- Updating the school on any changes to their child's condition

## Minimising risk

The school will take reasonable steps to reduce the risk of exposure to known allergens.

Measures include:

- Considering allergens when planning activities.
- Reviewing ingredients and allergen information in school-provided food.
- Managing risks associated with food brought into school.
- Considering risks during cooking, science, arts, crafts and animal-based activities.
- Implementing appropriate controls for airborne and contact allergens.
- Carrying out specific risk assessments where required.

Staff planning activities or events must consider allergy risks as part of routine risk assessment procedures.

## Allergy Management

### Catering

The school will:

- Maintain systems for identifying pupils with food allergies.
- Make allergen information available where food is provided.
- Liaise closely with catering providers and parents.
- Risk assess special events, celebrations and food-related activities.
- Ensure reasonable adjustments are made where necessary.

Parents are asked to inform the school of any diagnosed food allergies and provide updated medical information promptly.

## **Restricting allergens from school**

We acknowledge that it is impractical to enforce an allergen-free school. However, we encourage all children and staff to avoid bringing in 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 (Nutella)
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a child brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

## **Animals**

- All children will always wash hands after interacting with animals to avoid putting children with allergies at risk through later contact
- Children with animal allergies will not interact with animals

## **Events and school trips**

Pupils with allergies will be fully included in educational visits wherever possible.

Before any visit:

- Appropriate risk assessments will be completed.
- Medical needs will be reviewed.
- Emergency medication arrangements will be confirmed.
- Staff trained in emergency response will be identified.

Pupils at risk of anaphylaxis will carry their prescribed medication wherever appropriate and safe to do so.

## **Support for mental health**

We recognise that living with allergies can cause anxiety and affect wellbeing.

The school will:

- Promote an inclusive environment.
- Encourage children to discuss concerns.
- Support children who feel anxious about managing allergies.
- Ensure children with allergies can participate fully in school life.
- Challenge stigma or misunderstanding relating to allergies.

Bullying related to allergies will not be tolerated.

Incidents involving:

- Taunting about allergies.
- Threatening exposure to allergens.
- Deliberate exposure to allergens.

will be treated as serious breaches of the school's behaviour policy and addressed accordingly.

## Procedures for responding to an allergic reaction

### Register of children with AAI

The school maintains a register of children who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a child has been prescribed AAI(s) (and if so, what type and dose)
- Where a child has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the child
- A photograph of each child to allow a visual check to be made (with parental permission)

Children at risk of anaphylaxis will carry their prescribed medication wherever appropriate and safe to do so. This will reduce delays by providing assumed consent without the need to check the register.

### 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 AAI to minimise delays in children receiving adrenaline in an emergency
- If a child has an allergic reaction, the staff member will initiate the school's emergency response plan, following the child's allergy action plan
- If an AAI needs to be administered, a member of staff will use the child's own AAI, or if it is not available, a school one
- If the child has no allergy action plan, staff will follow the school's procedures on responding to allergies

A school AAI device will be used instead of the child's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The child'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 child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives or accompany the child to hospital by ambulance.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the child will be monitored and the parents/carers informed.

### School Procedures on Responding to allergies

In the event of an anaphylactic attack:

- Lie the person flat with their legs raised on a chair
- Ring 999 saying ANAPHYLAXIS

### **Give a first injection**

- Give a second injection if symptoms either
  - get worse or
  - don't improve within 5 minutes
- If in doubt, always treat for anaphylaxis

### **Adrenaline auto-injectors (AAls)**

Our school's procedures are set out in Annex 1 and follows the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#).

### **Storage (of both spare and prescribed AAls)**

The school maintains spare adrenaline auto-injectors in accordance with statutory guidance.

The school will ensure:

- Spare AAls are easily accessible.
- Devices are not locked away.
- Devices are clearly labelled.
- Devices are stored in pairs.
- Regular expiry date checks are completed.
- Used or expired devices are replaced promptly and disposed of safely.

Where appropriate, the school may maintain emergency anaphylaxis kits containing:

- Spare AAls.
- Emergency asthma inhalers.
- Spacers.
- Instructions for use.

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

Children with allergies will be fully included in educational visits wherever possible.

Before any visit:

- Appropriate risk assessments will be completed.
- Medical needs will be reviewed.
- Emergency medication arrangements will be confirmed.
- Staff trained in emergency response will be identified.

Children at risk of anaphylaxis will carry their prescribed medication wherever appropriate and safe to do so.

## 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 on appointment and refreshed at least annually.

All children we be taught about allergies via assemblies and/or personal development lessons.

## Information Sharing and Confidentiality

Information relating to allergies will be handled in accordance with UK GDPR requirements.

The school will:

- Share information on a need-to-know basis.
- Ensure staff responsible for pupils are appropriately informed.
- Respect confidentiality and dignity.
- Maintain secure records.

## Communication and Awareness

This policy will be:

- Published on the school website.
- Made available to parents upon request.
- Included within staff induction arrangements.
- Reviewed during annual staff training.

The school will also promote age-appropriate allergy awareness among pupils to help build a safe and supportive environment.

## Monitoring and Review

This policy will be reviewed annually by the Trust Lead, or sooner following:

- An allergy-related incident.
- A near miss.
- Changes in legislation or guidance.
- Significant changes in school practice.

## ANNEX 1:

### **GREAT HOLLANDS PRIMARY SCHOOL**

The designated senior leader responsible for allergy safety for this school is:

**Nicky Watson      Deputy Headteacher and SENCo**

The designated governor is

**Mike Bellamy      Maiden Erlegh Trustee**

The designated leader for the Trust is:

**Alison Walker      School Improvement Director: Culture and Safeguarding**

The register of children with AAls is kept in the school office, medical room, staff room and gym and also in classroom and can be checked quickly by any member of staff as part of initiating an emergency response.

### **Procedures for buying spare AAls**

Our AAls are sourced from: Selles Medical Online: <https://www.sellesmedical.co.uk/>

Which brand(s) of AAI are purchased (schools are recommended to buy a single brand to avoid confusion): EpiPen 0.15mg (junior)  
0.30mg

Location(s) of spare AAls: Cabinet in school office

The expiry dates of our spare AAI(s) are:      0.15mg (junior) – exp 03/2027  
0.30mg 04/2027

Michele Smith is responsible for checking termly that:

- All AAls (spares and any child owned) are present and in date
- Replacement AAls are obtained when the expiry date is near