St James Church of England Primary School

Allergy Policy

September 2026

This policy is written in line with the requirements of: -

Children and Families Act 2014 - section 100
Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE December 2015
0-25 SEND Code of Practice, DfE 2014
Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018
Equalities Act 2010
Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies:
SEN Policy / SEN Information Report, Child Protection Policy, Complaints Policy, Supporting Pupils with Medical Conditions Policy,

This policy was developed with parents/carers of pupils with medical conditions, representatives from the governing body, healthcare professionals and parent teacher association representatives and will be reviewed annually.

Review of the Policy:

This policy will be reviewed:

- Annually each September, at the start of the new academic year.
- Immediately following updates if DfE issues revised requirements.
- The next scheduled review is due by (September 2027).

Policy Statement:

St James CE (Aided) Primary School is committed to ensuring the safety, inclusion, and wellbeing of all pupils and staff with allergies, including food, environmental, medication, animal, and venom allergies. In line with new DfE statutory guidance taking effect September 2026, the school will maintain robust allergy management systems and emergency preparedness to minimise risk and safeguard all pupils and staff. For more information, see the below links:
[gov.uk]
[headteacher update.com]
[anaphylaxis.org.uk]

St James CE (Aided) Primary School is committed to ensuring consistency, transparency, and fairness in its practices.

Purpose:

The purpose of this policy is to:

Ensure that the school provides a safe, inclusive, and supportive environment for all pupils and staff with allergies—particularly those with serious or life-threatening reactions such as anaphylaxis. The policy sets out clear procedures to:

- **Identify** and **support** pupils with **allergies**, ensuring their medical needs are understood and appropriately managed.
- **Reduce the risk of exposure to allergens** within the school environment through safe practices, staff awareness, and reasonable adjustments
- **Ensure staff are trained and confident in** recognizing the signs of an allergic reaction and responding quickly and effectively, including the use of emergency medications such as auto-injectors
- **Promote communication and partnership** between the school, parents/carers, healthcare professionals and pupils.
- **Provide consistency and clarity** in how allergic conditions are managed across the school day, including lessons, activities, trips and lunch/break times

Overall, the policy aims to safeguard pupil health and wellbeing while enabling full participation in school life.

Scope:

This policy applies to:

- All staff (including permanent, temporary, and agency staff).
- Governors
- Volunteers and contractors
- Pupils and parents/carers

Introduction:

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):

- Peanuts
- Tree Nuts
- Sesame
- Milk
- Egg
- Fish
- Latex
- Insect venom
- Pollen
- Animal Dander

Roles and Responsibilities:

- Governors: Ensures strategic oversight and approves the policy.
- Headteachers/Principals: Implements, monitors and ensures effective implementation and adherence in school.
- All Staff: Must read, understand, and follow the policy.
- Designated Leads (where applicable): Carry out specialist duties related to the policy (e.g., DSLs for safeguarding, Medical Coordinator)

Parent Responsibilities:

- On entry to the school, it is the parent's responsibility to inform office staff/SENCO/EYFS lead who will inform the Medical Coordinator of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced

as necessary.

- Parents are responsible for meeting with the Medical Coordinator to create and agree a Grab Sheet for their child.
- Parents are requested to keep the school up to date with any changes in allergy management. The Grab Sheet will be updated accordingly. Grab sheets will be reviewed and reproduced annually in September to reflect child's new class.

Staff Responsibilities:

- All Staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- St James CE (Aided) Primary School *will* ensure that the up-to-date Grab Sheet is kept with the pupil's medication. The medical coordinator will monitor this.
- It is the parents' responsibility to ensure all medication in in date. However, the Medical Coordinator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Medication dates are also stored on Arbor and alerts for expiry dates have been added to this too.
- The Medical Coordinator keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The first member of the SLT team informed, ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR. This will be entered onto the school's "near miss" form. Near

Pupil Responsibilities:

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Grab Sheets (Allergy Action plan)

Grab sheets are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

These are created with the parent and use the information provided in the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan. These are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan and will be kept in the child's red allergy bag. The grab sheet is in addition to this and

details mild to moderate reactions and symptoms and what to do as well as severe reactions and the steps to take for this.

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.

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.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** (in the form of an Automatic Auto-Injector (AAI) pen such as EpiPen or JextPen) is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises blood pressure

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

Action:

- **DO NOT MOVE** the child. Keep them where they are, call for help and **DO NOT** leave them unattended.
- **LIE CHILD 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 AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device. (specific instructions are detailed on the individual grab sheet)

- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.
- Give adrenaline pens to ambulance crew when they arrive.

All these steps are detailed on the child's grab sheet.

- Whilst you are waiting for the ambulance, keep the child 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Supply, storage and care of medication:

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two adrenaline pens (AAIs) on them at all times. For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

All children who carry adrenaline pens are provided with a named red medical bag. Each bag will contain:

- 2 copies of the grab sheet
- Allergy Action plan if provided by the parent,
- 2 x adrenaline pens i.e. EpiPen® or Jext®Pen (AAIs) unless agreed with parent
- Antihistamine, either liquid or tablets
- Asthma inhaler (if needed)

The red medical bags are taken to the lunch hall, outside for PE and always on class trips out of the school.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date, however the medical coordinator will check medication kept at school on a termly basis and send a reminder to parents if the medication is approaching expiry. We recommend the parents set a reminder on their calendar for a month before the expiry date.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication:

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage:

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal:

AAIs are single use only and must be disposed of as sharps. Used AAIs must be given to ambulance paramedics on arrival. Out of date EpiPens should be returned to the parent to be disposed of.

Spare adrenaline auto-injectors in school:

St James CE (Aided) Primary School holds **8** spare **Automatic injector pens for emergency use** for children or adults who are risk of anaphylaxis**,** but their own devices are not available or not working (e.g. because they are out of date) or for a person who is experiencing anaphylaxis for the first time.

These are kept in the following location:

- Junior First Aid room on the wall
- Staff room

Both contain 2 x 0.15mg (green box) and 2 x 0.30mg (yellow box)

Above each box is a poster with the children in our school who are at risk of Anaphylaxis.

The School Medical Coordinator is responsible for checking the spare medication is in date termly and to replace as needed.

Staff Training:

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Penny Wardell (Assistant Headteacher and SENCO)
Jo Mill (Medical Coordinator)

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff. Once training is complete, staff will upload their certificates to a central folder. The medical coordinator will also be able to keep a check on this through the training management system. Our initial training provider are High Speed Training through Allergy School.

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 AAIs) 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

- Managing allergy action plans and ensuring these are up to date
- Performing Allergy Drills once per term

St James CE (Aided) Primary School ensures that staff undertake a practical session using trainer devices. Currently in school, children use the following types of AAIs:

Epipen and JextPen. We currently have 3 x dummy EpiPens and 1 x dummy JextPen for training use. These are stored in the First Aid room (Juniors) and in the SEN office.

www.epipen.co.uk and www.jext.co.uk

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the organisation website at **https://st-james.kent.sch.uk/parents/school-lunches/**

Allergy specific menus are discussed directly with parents and carers of children who have notified the school of any allergies that need to be accommodated with the kitchen manager and medical coordinator.

If a meal has not been ordered, the school office must contact the parent or carer to make them aware, the parent will then be asked either to provide a packed lunch or a safe meal will be provided by the kitchen. (Jacket Potato and Baked Beans, Fresh Fruit). The school office must not order a meal on behalf of a child with an allergy.

The school medical coordinator will inform the Catering Manager of pupils with food allergies. Posters for each class's allergies are clearly visible in each servery. All children with an allergy are required to wear a red badge (infants) or a red lanyard (juniors) when having a cooked meal in school. Children with multiple complex allergies carry a card specifying all their allergens. Staff provided with updates of allergies must inform the medical coordinator immediately so that the posters can be updated as well as informing the Catering Manager.

Parents/carers are encouraged to meet with the Catering Manager with the medical coordinator to discuss their child's needs.

The catering team have all completed their allergy training.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

- Parents should use the allergens provided on the termly menus to make selections for their child's lunch meal. They should contact the school if they are unsure and ask for a meeting with the Catering Manager.
- Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age. Discussion with parents about foods to be used in the lesson and parental permission or alternatives must be sought.

Cooking and other food consumption opportunities:

Before cooking with the class, the class teacher will inform parents of their intent and ask for any allergies. For any children who are unable to consume a food, an alternative will be provided with the advice of the parent.

We do not allow children to bring birthday treats to hand out in school.

For PTA run activities that provide food, the proposed ingredient list is provided to the school for class teachers to share with parents of children with known food allergies or dietary requirements in order for them to make an informed choice. Gluten and/or dairy free options are also included in this.

School trips:

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry or have access to their medication. Teachers and Teaching Assistants will ensure that class medical boxes and red bags are taken for all off-site visits.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. Risk assessments will be logged on Evolve.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead members of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions:

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the adults leading the excursion are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline 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.

Allergy awareness and nut bans:

St James CE (Aided) Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk Assessment:

St James CE (Aided) Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

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

Monitoring and Compliance:

- Regular audits, reviews, or spot-checks may be undertaken by Governors responsible for SEN.
- Local Governing Bodies and the Headteacher must ensure compliance at school level.
- Breaches of this policy may lead to disciplinary action.

Legislation and Guidance:

This policy aligns with:

- DfE statutory guidance (2026) – Supporting children and young people with medical conditions and allergies, replacing prior non statutory advice. [gov.uk]
- Benedict's Law (2026): mandating whole school allergy policies, compulsory staff training, spare AAIs, and individual care plans. [headteacher...update.com], [anaphylaxis.org.uk]
- Human Medicines (Amendment) Regulations 2017, permitting schools to hold spare emergency AAIs. [child-matters.co.uk]

The policy applies to all staff, pupils, visitors and contractors.

Related Policies:

This policy should be read alongside:

APPENDIX 1

Useful Links

- Anaphylaxis UK – **https://www.anaphylaxis.org.uk/**
- Safer Schools Programme – **https://www.anaphylaxis.org.uk/education/safer- schools-programme/**
- Allergy Wise for Schools online training – **https://www.allergywise.org.uk/p/allergywise-for-schools1**
- Allergy UK - **https://www.allergyuk.org**
- Whole school allergy and awareness management - **https://www.allergyuk.org/schools/whole-school-allergy-awareness**
- BSACI Allergy Action Plans – **https://www.bsaci.org/resources/resources/paediatric-action-plans/**
- Spare Pens in Schools – **http://www.sparepensinschools.uk**
- Department for Education Supporting pupils at school with medical conditions - **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf**
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf**
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) **https://www.nice.org.uk/guidance/qs118**
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) **https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834**