**Sheet Primary School**
**"making a difference for every child"**

# Sheet Primary School Allergy Policy

Owning Committee: FGB

Owning Governor: Fran Griffiths

Date of Approval: July 2026

Date of next review: July 2026

**AIM OF DOCUMENT:** *To make clear the process*

**HOW DOES THIS DOCUMENT HELP THE CHILDREN?** *It helps to keep children safe in case of allergy reactions*

This policy has been written to comply with current UK legislation and guidance, including:

- The Equality Act 2010
- Management of Health and Safety at Work Regulations 1999
- Children and Families Act 2014 (where children have health care plans or EHCPs)
- Relevant Department for Education guidance (e.g., Supporting pupils at school with medical conditions, December 2015, and subsequent updates)
- NHS and UK Resuscitation Council guidance for anaphylaxis and emergency response
  It also reflects best practice for maintained primary schools operating within a rural community context and under the OFSTED framework.

Purpose

- To ensure effective and timely management of allergic reactions, including anaphylaxis.
- To clarify roles and responsibilities of staff, parents, governors and pupils.
- To ensure equitable access to education for pupils with allergies in line with the Equality Act 2010.

Scope

This policy applies to:

- All pupils at Sheet Primary School (including Early Years)
- All staff (teachers, teaching assistants, midday supervisors, office staff, premises staff), volunteers, governors and supply staff
- Parents, visitors and contractors
- School-run activities on and off site (including transport arranged by the school, after-school clubs and residential trips)

Definitions

- Allergy: an immune system response to a substance (allergen) that is normally harmless.
- Anaphylaxis: a severe, potentially life-threatening allergic reaction requiring immediate emergency treatment (usually intramuscular adrenaline).
- Auto-injector (e.g., EpiPen, Jext): a device used to deliver a pre-measured dose of adrenaline in anaphylaxis.

**Roles and responsibilities**

Governing Body

- Ensure the school has an effective Allergy Policy and that adequate resources are allocated for its implementation.
- Ensure compliance with statutory duties (Equality Act 2010) and that the policy is reviewed at least annually.
- Monitor implementation through the Headteacher and relevant governor link ( Safeguarding/Health & Safety)

Headteacher

- Overall responsibility for implementing this policy and ensuring staff receive required training and that risk assessments are in place.
- Appoint and publicise the named lead for medical conditions (allergies
- Ensure the allergy register and individual healthcare plans (IHPs) are maintained and accessible to relevant staff (while respecting confidentiality)

School Medical/Allergy Lead - Headteacher

- Maintain up-to-date allergy register and IHPs for pupils with known allergies.
- Coordinate training (including recognition of anaphylaxis and how to use auto-injectors) and ensure certificate records are kept.
- Check and monitor expiry dates of emergency medication stored in school.
- Ensure supply staff and volunteers are briefed about pupils with allergies.
- Liaise with parents, pupils, school nurse and external health professionals to update care plans and training as required.

Class Teachers and Teaching Assistants

- Read and follow IHPs for pupils in their class and ensure day-to-day management of pupils' needs in line with the plan.
- Ensure safe practises in the classroom, including during food-related activities and educational visits.
- Know the location of emergency medication and how to summon assistance.
- Ensure inclusion: curriculum activities, snacks, cooking and craft activities are adapted where required.

First Aiders / Staff Trained in Anaphylaxis Management

- Maintain up-to-date skills and knowledge in basic life support and the use of auto-injectors.
- Ensure emergency response is prompt and follows the IHP for the child.
- Report incidents, administer medication as authorised and record use.

Parents / Carers

- Inform school in writing of pupils' allergies and provide medical evidence where available.
- Supply in-date emergency medication and any required consumables, with clear labelling and instructions.
- Collaborate in creating and reviewing IHPs and agree arrangements for trips and special events.
- Ensure replacements are provided before medication expires.

Pupils

- Where age-appropriate, take responsibility for avoiding known allergens and understanding their IHP.
- Notify an adult immediately if they think they are having an allergic reaction.
- Older pupils may be taught to self-manage as agreed in their IHP, with staff oversight.

Visitors and External Providers

- Must comply with school arrangements for managing allergies and food hygiene.
- The school will brief external providers about pupils with allergies for activities on-site or off-site.

Identification, assessment and records

Allergy register and Individual Healthcare Plans (IHPs)

- The school will maintain an allergy register identifying all pupils with diagnosed allergies, the allergens involved, the usual reaction, and the emergency treatment required.
- An IHP will be completed for any pupil with a medically diagnosed allergy or where parental/medical advice indicates it is necessary. The IHP will include:
    - Pupil details and photo
    - Details of allergy and typical symptoms
    - Known triggers/allergens to avoid
    - Prescribed medication required (brand, dose, storage)
    - Emergency procedures (including emergency contacts and whether ambulance should be called immediately)
    - Consent for administration of medication and adrenaline auto-injector
    - Staff trained to administer medication
    - Special arrangements for mealtimes, trips and sports
    - Review date and version history
- IHPs will be developed with parents and the school nurse/GP as appropriate.
- IHPs will be stored securely in the school office, with relevant key information available to staff (classroom summary) while maintaining pupil confidentiality.

Record keeping

- All administration of medication and incidents must be recorded in the school's medication/incident log.
- Records will be kept in line with data protection requirements and the school's retention schedule.

Prevention and risk reduction strategies

General prevention

- Promote a school culture of awareness and inclusion; pupils and staff will be encouraged to respect individual differences and needs.
- Class teachers will adapt activities, snacks and lessons to avoid exposure to known allergens where possible.

- Food brought into school by parents (for birthday treats, class events) should follow school guidance (e.g., pre-packaged, ingredient label provided) and be agreed in advance with the class teacher and Allergy Lead.
- Staff will not use food as a reward where doing so may pose a risk; non-food rewards are promoted.
- Clear signage will be displayed in classrooms and communal areas indicating the top 14 allergens

Mealtimes and kitchen arrangements

- Catering staff (or lunch providers) will have access to the allergy register and IHPs.
- Allergen information will be available for school meals. We use Chartwells catering and the school will ensure contractual requirements include provision of allergen information and safe handling.
- Where necessary, the school will provide separate plating/utensils or supervised seating arrangements to reduce cross-contamination.
- Pupils with severe allergies may be asked to eat in a supervised area if agreed in the IHP.

Classroom activities, cooking and educational visits

- Teachers will carry out a risk assessment for activities likely to involve allergens (cooking, food tasting, craft with food-based materials).
- Alternative activities or adaptations will be provided to ensure inclusion.
- For educational visits, the trip leader will review IHPs, carry emergency medication, ensure accompanying adults are briefed and that provider/s are aware of the pupil's needs.
- Transport arrangements must also account for medication storage and access in an emergency.

Cleaning and cross-contamination

- Cleaning routines will be established for classrooms, dining areas and playgrounds to reduce allergen residues.
- Handwashing protocols will be enforced before and after meals, activities and handling food.

Medication, storage and emergency response

Storage and access

- Emergency medication (auto-injectors, antihistamine) will be labelled with the pupil's name and stored in a secure but accessible location agreed in the IHP office medical cupboard.
- A spare auto-injector for a named pupil will be kept in school where prescribed by a clinician.

- Four spare undesignated AAIs are kept in school for emergency use with an instruction reminder for staff, an incident/near-mis log book the school will record and follow procedures for these
- AAIs are housed next to the defibrillator in the school reception
- Staff must ensure medication is within expiry; the admin staff will perform regular checks and contact parents for replacements.
- For off-site activities, the trip leader/first aider will carry the medication and the pupil's IHP.

Administration and consent

- Medication will only be administered if written consent has been received from a parent/carer.
- Where pupils are able and authorised in their IHP, they may self-administer medication under supervision.
- In an emergency, and where the pupil is at risk, staff may administer emergency medication (including auto-injector) even if parental consent is not immediately available, in line with the school's duty of care.

Emergency procedures for anaphylaxis

- Recognise signs: swelling of face/lips/tongue, difficulty breathing, persistent coughing, wheeze, pale/blue skin, dizziness, sudden collapse, widespread hives, vomiting (particularly after known ingestion).

- Immediate action:

    1. Use the pupil's prescribed auto-injector immediately if anaphylaxis is suspected. Do not delay.
    2. Call 999 for an ambulance and inform them anaphylaxis is suspected and adrenaline has been administered.
    3. Lay the child flat (or sit up if breathing is difficult). If vomiting, place in recovery position. Do not stand.
    4. Administer a second dose of adrenaline after 5–10 minutes if there is no improvement and if another auto-injector is available.
    5. Contact parents/emergency contacts immediately.
    6. Keep administering care until emergency services arrive. Record all actions taken.

- After incident:

    - Ensure completed incident report and review of the IHP if child has an IHP
    - Support child, staff and peers emotionally after the event.
    - Replace any used medication promptly.

Training and staff awareness

Training provision

- All staff will receive basic awareness training on allergic reactions and anaphylaxis as part of induction and annual refresher training this will take place annually or when new staff /volunteers/after school clubs. https://allergyschool.org.uk/
- All staff (including first aiders and those frequently supervising pupils with allergies) will receive practical training on administering auto-injectors and managing emergencies. Records of training will be maintained.
- Supply staff and volunteers will be briefed about pupils with allergies on arrival and given access to IHP summaries and expected to complete and training – records kept on SCR https://allergyschool.org.uk/

Raising awareness among pupils and parents

- Age-appropriate education about allergies, respect and safe behaviours will be included in personal development and PSHE provision.
- Parents will be given clear guidance on school expectations and how to provide information and medication.

Inclusion, confidentiality and equality

Inclusion

- The school is committed to ensuring pupils with allergies are included in all aspects of school life.
- Reasonable adjustments will be made under the Equality Act 2010 for pupils whose allergies amount to a disability.

Confidentiality and dignity

- Sensitive medical information will only be shared with staff on a need-to-know basis.
- Staffing and classroom arrangements will protect the dignity of pupils while keeping them safe.

Communication

Internal communication

- The Allergy Lead will maintain and circulate key information, summaries of IHPs and emergency contact details to relevant staff.
- Briefings will be provided at the start of each term and when pupils' medical needs change.

External communication

- Parents will receive guidance on food and treats, events and school trips. Clear signposting to NHS and reputable sources will be provided.
- The school will include allergy awareness in newsletters and on the website, including contact information for the Allergy Lead.

Monitoring, incidents and review

Incident reporting and investigation

- All allergy-related incidents (including near-misses) will be recorded in the school's incident/medication log.
- Allergy Lead will review incidents, identify causes (e.g., cross-contamination, communication failure) and implement corrective actions.
- Significant incidents will be reported to governors and, where applicable, to the local authority and/or safeguarding body.

Policy review

- This policy will be reviewed annually or sooner if there are changes in legislation, guidance, or an incident indicates the need for a review.
- The review process will include consultation with parents, School Nurse, staff, governors and, where appropriate, pupils.

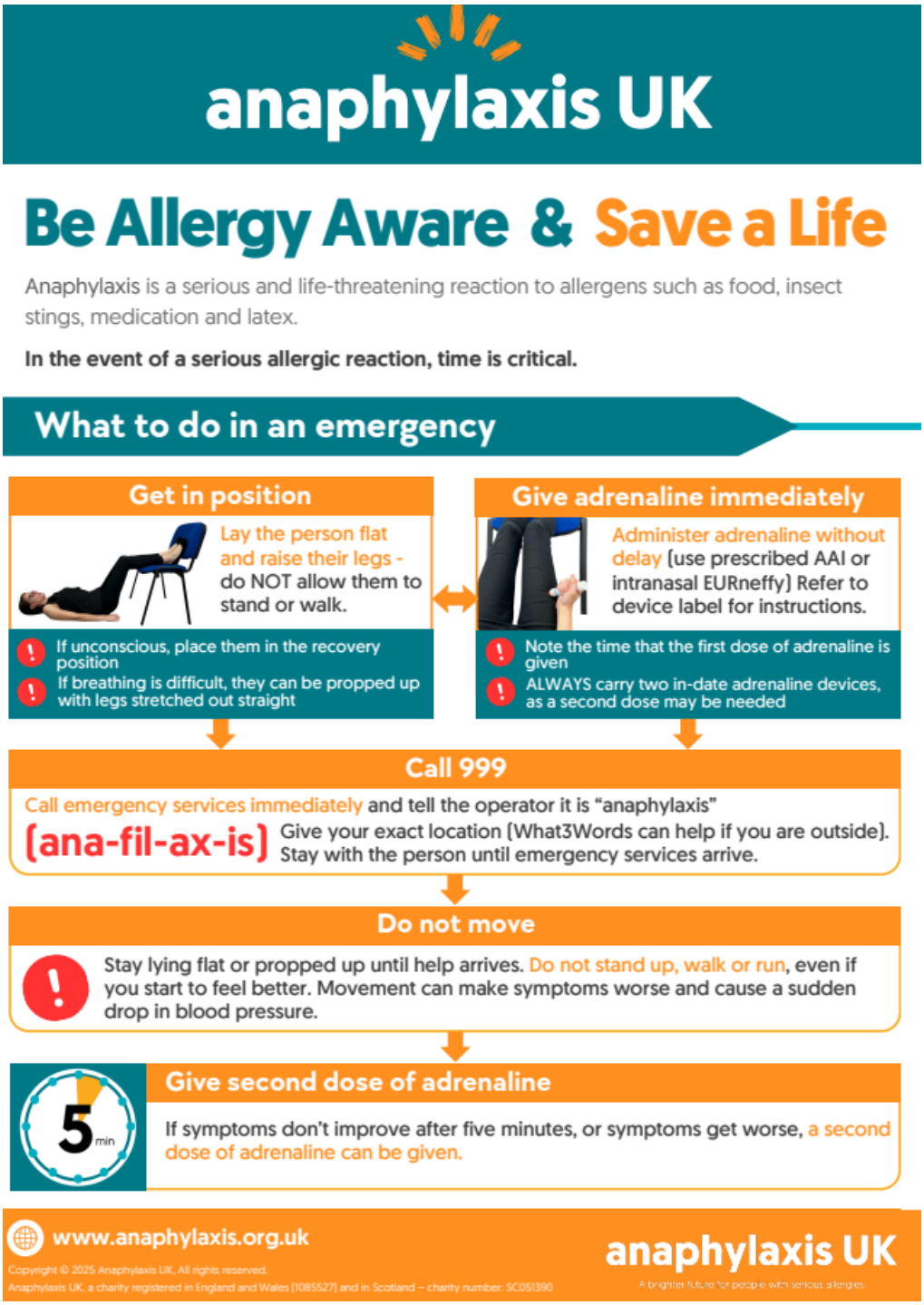
Supporting documentation

Parental agreement, medical administration log, IHP templates are found in Supporting Children with medical Conditions Policy

Sample Guidance for snacks, packed lunches and birthday treats

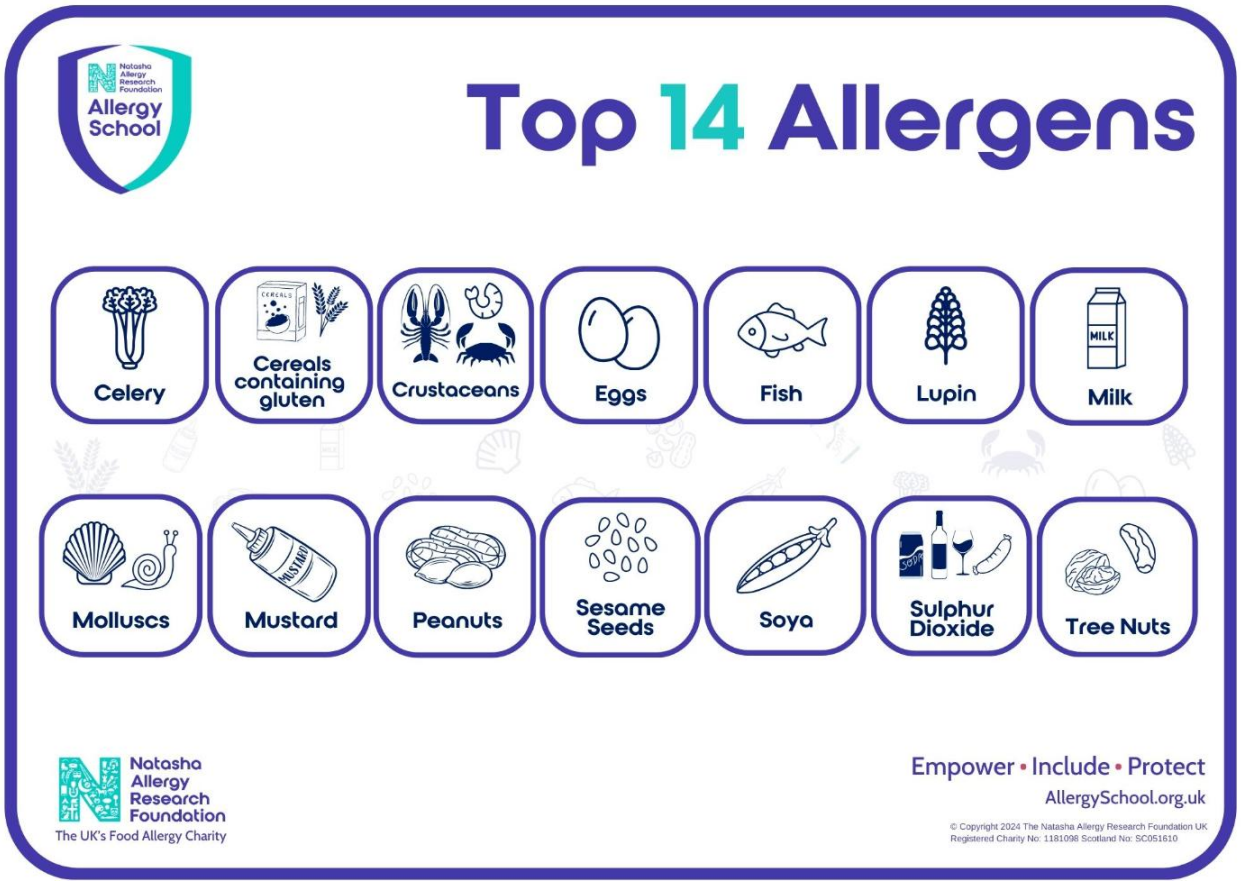
- Appendix I: Flowchart for emergency response to suspected anaphylaxis
- Appendix 2: Top 14 allergens poster
- Appendix 3: Signs and Symptoms of an allergic reaction
- Appendix 4: Administering an adrenaline auto injector

**Appendix 1:**
**Flowchart for emergency response to suspected anaphylaxis – displayed around school and in spare AAI container**



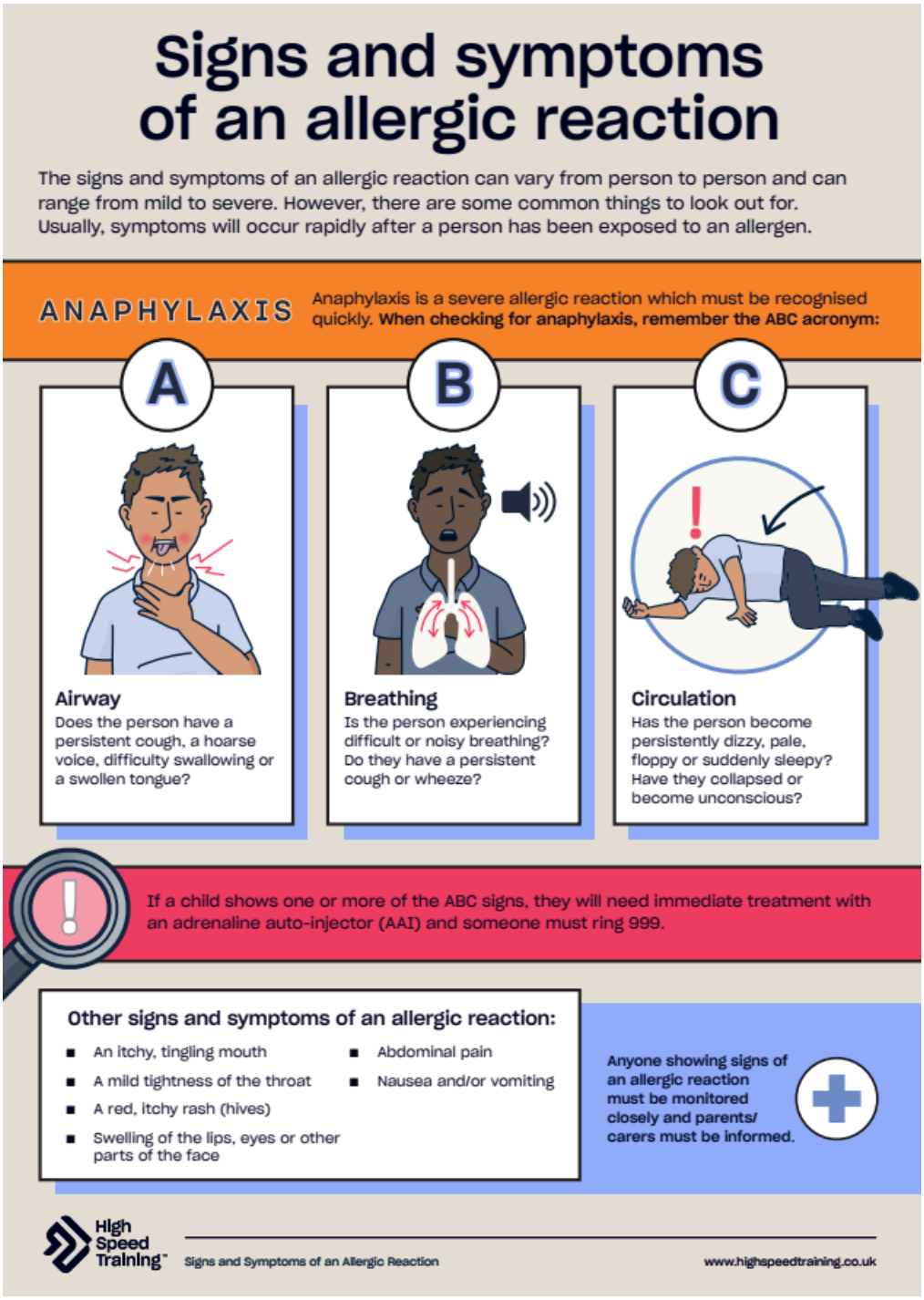
**Appendix 2:**

**Allergen Poster - displayed around school**



**Appendix 3:**

**Signs and symptoms of an allergic reaction - displayed around school**



**Appendix 4: Administering an adrenaline auto-injector - displayed around school and in spare AAI container**

# Administering an Adrenaline Auto-injector

**If a child is displaying any one of the symptoms of anaphylaxis, you must act quickly. Lay the child down flat, wherever possible. Next, administer the adrenaline auto-injector without delay. This will most likely be an EpiPen or Jext adrenaline auto-injector.**

## FOR AN EPIPEN

Remove from its protective case if it has been provided in one and follow these steps. **Remember**: Blue to the sky, orange to the thigh.

1. Hold the EpiPen tightly and pull off the blue safety cap straight upwards.
2. Position the EpiPen horizontally, and hold the orange tip approximately 10 cm from their outer thigh.
3. Jab firmly into the outer thigh until you hear a click, and hold it in place for 3 seconds.
4. Remove the EpiPen. As you do, the orange tip will extend to cover the needle.

## FOR A JEXT ADRENALINE AUTO-INJECTOR

Remove from its protective case if it has been provided in one and follow these steps.

1. Hold the Jext securely and pull off the yellow safety cap.
2. Position the Jext horizontally, with the black end against the outer thigh.
3. Whilst holding the Jext horizontally, push the black end firmly into the thigh until you hear a click, and hold it in place for 10 seconds.
4. Remove the Jext. As you do, the black tip will extend to cover the needle. Massage the injected area for 10 seconds.

## After administering the adrenaline:

Raise the child's legs, where possible.
If the child has difficulty breathing, you can support them to sit up at short intervals, instead. Always call 999 immediately after using the adrenaline auto-injector, and state 'anaphylaxis' when explaining the situation. Stay with the child until the ambulance arrives and do your best to keep them calm.

**Each child should have two adrenaline auto-injectors.** If there is no improvement after five minutes, you can administer the second adrenaline auto-injector into the outer thigh of the opposite leg if possible.

High Speed Training™

**REMEMBER** Quick and proper use of adrenaline auto-injectors can save lives.