



Pupil Allergy and Anaphylaxis policy

Approved by: Penny Harris (Director)
Jane Cox (Director)

Date: 1st September 2026

Last reviewed on: 1st September 2026

Next review due by: 1st September 2027

Contents

Information	Page Number
1. Aims	1
2. What is an Allergy?	1
3. Legislation and guidance	2
4. Roles and Responsibilities	2
5. Assessing Risk	4
6. Managing Risk	4
7. Procedures for Handling an allergic reaction	6
8. Automatic Adrenaline Injectors (AAI's)	7
9. Training	8
10. Links	8
11. Key Terminology	8

1. Aims

This policy aims to:

Pupil Allergy and Anaphylaxis Policy

On Track Education Mildenhall and Swift House strive to ensure the safety and well-being of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents, pupils and visitors, with the intention of minimising the risk of an allergic reaction occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

2. What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. Legislation and guidance

This policy is based on the Department for Education'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](#)
- The Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017

4. Roles and responsibilities

We take a whole-school approach to allergy awareness.

4.1 Allergy lead

The nominated allergy leads are Juliette Treece and Teresa Matthews

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself is delegated to the family liaison officer / admin staff.
- Ensuring:
 - All allergy information is up to date and readily available to all members of staff
 - All pupils with allergies have an individual health care plan incorporating an allergy action plan completed by a healthcare professional or parents/carers
 - All staff receive an appropriate level of allergy 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
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- Ensuring there is an Anaphylaxis Drill once a year.

4.2 Allergy team

- Coordinating the paperwork and information from families
- Coordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

4.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise and respond to the signs of allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the well-being and inclusion of pupils with allergies
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months

4.4 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten];
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.5 All members of staff

In addition to the responsibilities of teaching and support staff, all staff will also be responsible for helping to administer AAIs. All staff have been trained to administer AAI in an emergency.

4.6 All Parents

Parents are responsible for:

- Being aware of our school's allergy policy which will be readily available on our website
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay-fever, rhinitis or eczema
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

4.7 Parents of children with allergies

- Work with the school to fill out an Individual Healthcare Plan and Allergy Action Plan

- 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.
- Ensure medication is in-date and replaced at the appropriate time
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to,
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.

4.8 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)
- Work with the school to fill out an Individual Healthcare Plan including an Allergy Action Plan
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

4.9 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- Checking the ingredients of foods brought into school and adhering to food restrictions or guidance about food being brought in
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

5. Assessing risk

The school conducts risk assessments for all activities with allergies considered. Extra precautions are taken 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 is in place for our school dogs.

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

All risk assessments will include consideration for allergies and how to minimise the risk.

5. Managing risk

5.1 Hygiene procedures

Pupil Allergy and Anaphylaxis Policy

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Staff receive appropriate training and are able to identify pupils with allergies
- Where changes are made to school menus, the school make sure these continue to meet any special dietary needs of pupils
- The school checks food labelling to ensure that 'may contain' allergens in food products are safe for our 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)
- The school will provide a personalised menu for any pupil that has an identified food intolerance or allergy.
- Staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. We are aware of allergies at school and we remain vigilant to any dietary allergens. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or off-site activities should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces
- If a pupil 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.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Long sleeved tops and long trousers are advised when visiting locations that are high risk for insect's activity
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Induction paperwork identifies any animal allergies
- Pupils with animal allergies will not interact with the animals to which they are allergic
- Our school has procedures in place to minimise the risk associated with our school dogs.
 - Parents/carers must inform the school if their child has an allergy to animal dander or another medical condition that prevents their interaction with the dog.
 - Keep windows open whenever possible
 - Clean rooms regularly
 - Maintain good hand hygiene for everyone interacting with the dog, especially the owner (handler) to minimise cross contamination onto other surfaces after stroking the dog
 - Ensure that the dog is groomed, and nails clipped regularly

- Parents/carers and staff and pupils will be made aware of the areas of school that will be kept dog-free so that any person with an allergy to dogs can choose to stay in these areas.
- Children's individual risk assessments and or individual health care plans will include interactions/exclusions with the therapy dog and how they will be managed.
- A schedule for enhanced cleaning to be undertaken to manage and limit the dog allergens in the school will be developed and issued to cleaning staff.

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their trusted adults
- Thrive sessions

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.

5.8 Farm

- For the farm, no pupils with allergies will be excluded from taking part.
- As a registered Alternative Provision establishment they also have their own allergy policies and protocols
- The school off site emergency response plan will be followed in an allergy related incident

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

This will link to 'supporting pupils with medical conditions' policy.

- The school maintains a register of pupils 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 pupil has been prescribed AAI(s) (and if so, what type and dose)
 - Where a pupil 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 pupil
 - A photograph of each pupil to allow a visual check to be made
 - The register is kept on the MIS and can be checked quickly by any member of staff as part of initiating an emergency response
 - Pupils will keep AAI on them for easy and quick access when needed.

6.2 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
- All staff are trained in the administration of AAI

- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's individual health care plan incorporating the allergy action plan
 - If an AAI needs to be administered, a member of staff member will use the pupil's own AAI or, if it is not available, a school one. If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), parents will be contacted for permission to administer an antihistamine, the pupil will be monitored and the parents kept informed.
- Parents are aware that school hold antihistamine, permission is collected from the parent/ carer of each pupil in case of an emergency.

6.3 Recording and investigating allergic reactions and near misses

- We will document any instances where someone with an allergy potentially came into contact with their allergen, even if a full reaction didn't occur, allowing for analysis of patterns and potential risks to implement preventative measures and improve safety practices.
- We will follow the steps identified to ensure Key aspects of recording and investigating allergic reactions and near misses:

Detailed documentation:

Date, time, location: Where and when the incident occurred.

Person involved: Patient/customer details, including known allergies.

Description of incident: What happened, including the suspected allergen, how it was encountered, and any symptoms experienced.

Actions taken: Immediate response provided, medical attention if needed.

Witness accounts: If applicable, details from other staff or individuals present.

Investigation process:

Examining the incident report and relevant documentation.

Analysing the factors that contributed to the near miss or reaction, including potential gaps in allergen management practices.

Gathering information from staff, and individuals involved in the incident.

Identification of Corrective Actions:

This will take place and be initiated as soon as practicable after the incident.

- A detailed incident report will be completed on the school system Compass.
- All allergic reactions will be reported directly to the school directors, through the termly directors report.

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- Where the AAIs will be sourced – Centrally Via On Track Procurement
- The quantity of AAIs required 2 x AAI's held within the school medical room

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- Not located more than 5 minutes away from where they may be needed
- Spare AAI's will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

Pupils with prescribed AAI's:

- Plan to be discussed and created on an individual basis with regard to whether pupil hold own AAI or whether this is stored in a known location in school.

7.3 Maintenance (of spare AAI's)

The school allergy leads will be responsible for checking medication monthly.

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

7.4 Disposal

AAI's can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions. In school a sharp bin are located in the first aid room. In the event of an AAI being used and an ambulance being called the used AAI is to be given to the emergency crew for them to be aware of the medication given.

7.5 Use of AAI's off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAI's should carry their own AAI with them on school trips and off-site events
- A member of staff trained to administer AAI's in an emergency should be present on school trips and off-site events
- Spare AAI's will be stored safely, not in the hold, in the first aid kit with the lead staff member in the event of a whole school trip and farm sessions. All other off-site activities are covered by the venues' allergies response.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAI's
- Instructions for the use of AAI's
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAI's have been administered

8. Training

The school is committed to training all staff in understanding allergies and allergy responses. This includes:

- What an allergy is (and what it is not)
- Understanding food labelling
- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where AAI's are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The well-being and inclusion implications of allergies

Pupil Allergy and Anaphylaxis Policy

Training will be carried out annually by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy

10. Key terminology

ALLERGY: occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc.), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR (AAI): Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan. This will also incorporate an ALLERGY ACTION PLAN. This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risk. Allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin

- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called ANAPHYLAXIS. Anaphylaxis is uncommon, and children experiencing it almost always fully recover. In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

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

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