



TEALBY PRIMARY SCHOOL

'Aspire, Believe, Achieve'

Allergy and Anaphylaxis Policy

Reviewed: September 2026

Next Review Date: September 2027

Approved by: Tealby Governing Body

Policy Statement

This policy sets out the school's arrangements for identifying, managing and responding to allergies and anaphylaxis. The school is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors with allergies.

The school recognises that allergic reactions can be life-threatening and that prompt recognition and treatment are essential. We will take all reasonable steps to minimise the risk of exposure to allergens while acknowledging that it is not possible to guarantee a completely allergen-free environment.

This policy is published as a standalone document, in line with the Department for Education's statutory guidance issued under Benedict's Law (the School Allergy Safety Bill, part of the Children's Wellbeing and Schools Act 2026). It should be read alongside the school's Supporting Pupils with Medical Conditions and Intimate Care Policy, First Aid Policy, Medicines in School Policy, Health and Safety Policy and Educational Visits Policy.

Aims

- Safeguard pupils with diagnosed allergies
- Reduce the risk of accidental exposure to allergens
- Ensure staff understand their responsibilities
- Promote inclusion and participation in all school activities
- Ensure effective emergency procedures are in place
- Comply with current statutory guidance and best practice

Scope

- All pupils
- All employees
- Volunteers
- Supply staff
- Contractors
- Visitors

Legal Framework

This policy has been developed with reference to:

- Equality Act 2010
- Children and Families Act 2014
- Supporting Pupils at School with Medical Conditions (DfE statutory guidance)
- Health and Safety at Work etc. Act 1974
- Food Information Regulations
- Children's Wellbeing and Schools Act 2026 (Benedict's Law) and the DfE statutory guidance on Allergy Safety in Schools (July 2026)

Roles and Responsibilities

Governing Body

- Approve this policy
- Monitor implementation
- Ensure adequate resources are available
- Review incidents and lessons learned

Headteacher

- Ensure this policy is implemented
- Ensure appropriate training is provided annually
- Ensure emergency medication is available
- Ensure appropriate risk assessments are completed
- Ensure staff understand emergency procedures

Teachers' contracts of employment do not require them to administer first aid, although any member of staff may volunteer to do so. Staff in charge of pupils are nonetheless expected to use their best endeavours in an emergency, in the same way a parent would be expected to act — in general, the risk of taking no action is greater than the risk of trying to help. The Headteacher will ensure enough staff are trained to cover for annual leave, sickness and staff being off-site.

Designated Allergy Lead

The Designated Allergy Lead will:

- Maintain the allergy register
- Coordinate Individual Healthcare Plans (IHPs)
- Liaise with parents and healthcare professionals
- Monitor expiry dates of medication
- Coordinate staff training
- Review incidents
- Support educational visits

Staff

- Attend annual allergy awareness training
- Familiarise themselves with pupils' healthcare plans
- Know emergency procedures

- Respond immediately to suspected allergic reactions
- Never ignore symptoms of anaphylaxis

Parents and Carers

- Inform the school of diagnosed allergies
- Provide up-to-date medical information
- Supply prescribed medication
- Ensure medication is in date
- Inform the school of any changes
- Respect the school's nut free policy when preparing packed lunches, snacks and items for classroom celebrations.

Pupils

Where appropriate, pupils will be encouraged to:

- Understand their allergy
- Avoid sharing food
- Carry their prescribed medication if appropriate and where agreed
- Report symptoms immediately

Identification of Pupils with Allergies

The school will maintain an Allergy Register. Information will be collected on admission, following diagnosis, at annual review, and whenever circumstances change. Each pupil with a significant allergy will have an Individual Healthcare Plan, a medical photograph (where appropriate), an Allergy Action Plan, and emergency contact details.

Individual Healthcare Plans

Healthcare Plans will include identified allergens; signs and symptoms; medication required; emergency procedures; storage arrangements; educational visit considerations; and a review date. Plans will be reviewed annually or sooner if required.

Allergy Action Plans

The school recommends using the British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans, which are designed to function as Individual Healthcare Plans for children at risk of anaphylaxis and are recognised nationally by the BSACI, Anaphylaxis UK and Allergy UK. It is the parent/carer's responsibility to have the plan completed with a healthcare professional (e.g. GP, school nurse or allergy specialist) and to provide a copy to the school.

The BSACI Allergy Action Plan includes a section for parents/legal guardians to give written consent for staff to administer the pupil's own adrenaline auto-injector (AAI), and to authorise use of the school's spare AAI where one is held (see Medication, below).

Reducing Risk

The school will undertake risk assessments for classrooms, dining areas, food technology lessons, science activities, educational visits, sporting activities, school events and wraparound care. Reasonable adjustments will be made where required.

Food Management

- Work closely with catering providers
- Provide allergen information where available
- Encourage good hand washing before and after eating
- Clean eating surfaces appropriately
- Minimise cross-contamination
- Carefully manage food used within the curriculum

Parents should not send foods specifically prohibited within individual classroom risk assessments, or nuts/nut-containing foods (see below).

Allergy Awareness and the Nut Ban

Tealby School operates as a nut-free school. Parents/carers are asked not to send nuts, or foods containing nuts, into school in packed lunches, snacks, or for classroom activities and celebrations. This is set out to parents on admission and reinforced whenever needed.

We recognise that nuts are only one of many allergens that can affect pupils, and that a nut free policy — like any single-allergen ban — cannot guarantee a completely allergen-free environment. Traces of nuts may still be present in some manufactured foods despite a ban, and pupils and staff may have other allergies that this ban does not address. The nut free policy is one part of a wider whole-school approach to allergy awareness, alongside Individual Healthcare Plans, staff training and the emergency procedures set out elsewhere in this policy, and should not be treated as a replacement for them.

Given the school's rural location and the resulting increased time for emergency medical services to reach the school, the Governing Body considers a precautionary 'nut free school' to be a proportionate additional control to reduce the likelihood of an exposure incident occurring in the first place. See the accompanying Nut Allergy Risk Assessment for the full reasoning.

All staff, pupils and parents will continue to be made aware of the signs and symptoms of allergic reactions generally, and how to respond, regardless of the specific allergen involved.

Medication

- Maintain access to prescribed adrenaline auto-injectors
- Hold spare emergency adrenaline auto-injectors where permitted
- Store medication safely whilst ensuring rapid accessibility
- Monitor expiry dates
- Keep records of medication administration

Medication must accompany pupils on educational visits.

Storage of AAI's

Emergency medication will never be kept under lock and key. Where a pupil is unable to carry their own medication (e.g. younger pupils), it will be stored safely, out of the reach of children, clearly labelled with the pupil's name, and kept easily accessible at all times — this is consistent with the Medicines in School Policy and the Supporting Pupils with Medical Conditions and Intimate Care Policy.

If a pupil is having an anaphylactic reaction and their AAI is stored elsewhere, a member of staff must bring the AAI to the pupil. The pupil must never be sent to fetch their own medication, and should not be moved or made to stand or walk while symptomatic.

Purchasing Spare AAls

Since 2017, schools have been able to purchase spare adrenaline auto-injectors directly from a pharmacy without a prescription, for use in a genuine emergency where a pupil's own device is unavailable or has expired. This should be reserved for exceptional, unforeseeable circumstances — for example, a pupil presenting for the first time with anaphylaxis due to a previously unrecognised allergy. A request signed by the Headteacher, stating the school's name, the purpose of the request and the quantity required, will be provided to the supplying pharmacy. Schools are responsible for the cost of spare AAls. Tealby School will purchase a minimum of 3 adrenaline auto-injectors to ensure onsite and offsite cover.

Expiry Dates

It remains the parent's responsibility to ensure their child's AAls are in date, but the school will additionally check medication held on-site each term and notify parents ahead of expiry. Parents and the school are encouraged to register AAls with the manufacturer for expiry text alerts. Expired medication will be returned to parents for safe disposal; any spare AAls will be disposed of via a sharps disposal box. Staff should be aware that the correct AAI dose depends on the pupil's weight, so prescriptions may change as a child grows.

Emergency Procedures

Any member of staff who suspects anaphylaxis should:

- Administer an adrenaline auto-injector immediately
- Call 999 and request an ambulance stating “anaphylaxis”
- Contact the school office
- Contact parents/carers
- Administer a second adrenaline auto-injector after 5 minutes if symptoms persist and one is available
- Ensure the pupil is not left alone
- Record the incident
- Review the incident afterwards to identify lessons learned

If in doubt, adrenaline should be administered without delay.

AAls are administered into the muscle of the outer thigh; staff should follow the specific instructions printed on the device, as these vary slightly by brand.

Position matters: the pupil should be laid flat with legs raised (or sat up only if struggling to breathe). They should not be stood up or walked, even if they appear to improve, as this can cause a dangerous drop in blood pressure.

Any pupil who has had anaphylaxis and/or been given adrenaline must always be taken to hospital for observation, even if they appear to have fully recovered, because symptoms can recur after initial treatment (a “biphasic” reaction).

This section to be laminated and displayed in each room and medical area on the school site, and in the medical bag too.

Staff Training

- Annual allergy awareness training for all staff
- Practical adrenaline auto-injector training
- Induction training for new staff
- Additional training for first aiders and relevant staff

- Records of training are maintained

Educational Visits

Before every visit the visit leader will review Healthcare Plans, complete allergy risk assessments, ensure medication accompanies the pupil, brief supervising staff, and identify emergency medical facilities where appropriate. No pupil will be excluded solely because of an allergy where reasonable adjustments can safely be made.

Sports and Physical Activities

Pupils prescribed AAI will take them to the sports ground, hall or pitch whenever training or competing, on or off site. Staff leading PE and sports sessions will be first aid trained, including how to manage a serious allergic reaction. When a fixture takes place at another school, the Lead adult will tell the host school in advance that a pupil with an allergy will be attending; a member of staff trained in administering adrenaline will accompany the team. If a host school cannot cater safely for a pupil's food allergy, arrangements will be made, as a last resort, for the pupil to take their own food.

Managing Insect Sting Allergy

Insect sting allergy (including bee and wasp stings) requires particular care outdoors. Pupils with a known insect sting allergy should wear shoes at all times when outside, and food or drink taken outdoors should be kept covered. Staff supervising outdoor activities, breaktimes and educational visits must ensure a pupil's AAI and other prescribed medication is on hand at all times.

Allergies and Bullying

Allergy-related bullying will be treated with the same seriousness as any other form of bullying under the school's behaviour policy. Under Section 100 of the Children and Families Act 2014, the school will ensure that pupils with medical conditions, including allergies, are properly supported in both their physical and mental health, so they can play a full and active role in school life. Pupils with allergies will not be separated at mealtimes or excluded from class activities because of their allergy, unless specifically agreed in their Individual Healthcare Plan.

Communication

The school will ensure relevant information is shared appropriately with teaching staff, support staff, catering staff, supply teachers, trip leaders and after-school club staff. Confidentiality will be maintained in accordance with data protection legislation.

Record Keeping

- Allergy register
- Healthcare Plans
- Consent forms
- Medication administration
- Staff training
- Incidents and near misses
- Policy reviews

Incident Review

Following any significant allergic reaction, the school will review the circumstances, update risk assessments, amend Healthcare Plans if required, identify learning points, and inform governors where appropriate.

Monitoring

The Headteacher and Designated Allergy Lead will monitor implementation throughout the year. This policy will be reviewed annually, or sooner following changes in legislation or guidance, a serious incident, or recommendations from health professionals.

Equality and Inclusion

The school is committed to ensuring that pupils with allergies are fully included in school life and are not disadvantaged because of their medical condition. Reasonable adjustments will be made in accordance with the Equality Act 2010.

Where to Get Help and Support

Allergy UK Helpline

- Monday–Friday, 9am–5pm
- Call: 01322 619898
- Email: info@allergyuk.org — www.allergyuk.org

Anaphylaxis UK Helpline

- Monday–Friday, 9am–5pm
- Call: 01252 542029
- Email: info@anaphylaxis.org.uk — www.anaphylaxis.org.uk

Linked Policies

- Supporting Pupils with Medical Conditions and Intimate Care Policy
- First Aid Policy
- Medicines in School Policy
- Health and Safety Policy
- Educational Visits Policy
- Nut Allergy Risk Assessment (accompanying document)

Appendix A – Symptoms of Anaphylaxis

Symptoms may include: difficulty breathing; persistent cough; wheeze; swelling of lips, tongue or throat; difficulty swallowing; hoarse voice; collapse; pale, floppy appearance; dizziness; loss of consciousness.

Treat immediately with adrenaline if anaphylaxis is suspected.

This section to be laminated and displayed in each room and medical area on the school site, and in the medical bag too.

Appendix B – Emergency Response Flowchart

Suspected anaphylaxis → Recognise symptoms → Lie the pupil flat with legs raised (sit up only if struggling to breathe) → Administer adrenaline auto-injector immediately, into the outer thigh muscle → Bring the AAI to the pupil, never send the pupil to fetch it → Call 999 and state “anaphylaxis” → Inform school office

and parents → Monitor the pupil continuously, do not stand them up or move them → Give a second adrenaline auto-injector after 5 minutes if symptoms continue → Transfer to hospital always, even if the pupil appears to recover → Complete an incident report and review procedures.



Suspected Anaphylaxis

Act quickly – it can be life-saving

1 Recognise symptoms

- Swelling (face, lips, tongue, throat)
- Difficulty breathing
- Skin reactions (hives, rash, redness)
- Abdominal pain, vomiting
- Dizziness, loss of consciousness



2 Lie the pupil flat with legs raised

Sit up only if they are struggling to breathe.



3 Administer adrenaline auto-injector immediately

Into the outer thigh muscle.



4 Bring the AAI to the pupil, never send the pupil to fetch it.



5 Call 999

and state "anaphylaxis".



6 Inform school office and parents.



School Office



Parents

7 Monitor the pupil continuously,

do not stand them up or move them.



8 Give a second adrenaline auto-injector after 5 minutes

if symptoms continue.



9 Transfer to hospital always, even if the pupil appears to recover.



10 Complete an incident report and review procedures.



Quick action. Correct treatment. Better outcomes.

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Appendix C – Useful Links and Resources

- BSACI Allergy Action Plans: www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools: www.sparepensinschools.uk
- Anaphylaxis UK – Safer Schools Programme: www.anaphylaxis.org.uk/education/safer-schools-programme/
- Anaphylaxis UK – AllergyWise® for Schools: www.allergywise.org.uk/p/allergywise-for-schools
- Allergy UK – resources for managing allergies at school: www.allergyuk.org/living-with-an-allergy/at-school/
- DfE – Supporting pupils at school with medical conditions (statutory guidance)
- DfE – Allergy Safety in Schools statutory guidance (July 2026, under Benedict's Law)
- DHSC guidance on the use of emergency adrenaline auto-injectors in schools
- NICE – Food allergy quality standards (QS118) and Anaphylaxis: assessment and referral after emergency treatment (CG134)