

West Park School

Allergy Policy



Policy Owner:	Sarah Mangan
Date of last Review:	August 2026
Date of next Review:	August 2027

Allergy Policy

1. Introduction

1.1 Aims

West Park School recognises that some pupils suffer from potentially serious or life-threatening allergies to foods, medicines, insect stings or other allergens. The school is committed to adopting a whole-school approach to allergy awareness, prevention and management in order to safeguard pupils, staff and visitors.

The aims of this policy are to:

- Minimise the risk of allergic reactions and allergy-induced; anaphylaxis occurring within school or during school-related activities;
- Ensure that pupils with allergies are safe, supported and fully included in school life;
- Ensure that staff are appropriately trained and prepared to respond to allergic reactions and anaphylaxis;
- Promote awareness and understanding of allergies across the school community;
- Clarify the roles and responsibilities of pupils, parents/carers and staff in relation to allergy management.

The school cannot guarantee a completely allergen-free environment. Instead, the school seeks to minimise the risk of exposure through effective risk assessment, communication, education, training and reasonable adjustments.

Although nuts are not used in cooking on site, either in the canteen or in food technology lessons, and parents/carers, pupils and staff are requested not to bring foods containing nuts onto the school site, the school does not describe itself as “nut-free”. This reflects guidance from Anaphylaxis UK and the Department for Education, who advise that the term may create a false sense of security because it is not possible to guarantee the complete absence of allergens. Instead, we use the term “nut-aware”.

The school encourages pupils with allergies to develop age-appropriate self-management skills and informed decision-making in relation to allergens and food choices.

1.2 Scope

This policy applies to:

- All pupils
- All staff
- Trustees
- Volunteers
- Supply staff
- Contractors
- Visitors
- All on-site and off-site school activities

1.3 Legal Framework and Guidance

This policy is based on:

- Department for Education statutory guidance on Allergy Safety in Schools;
- Department for Education statutory guidance on supporting pupils with medical conditions at school;
- Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors (AAIs) in schools;
- The Food Information Regulations 2014;
- The Food Information (Amendment) (England) Regulations 2019;
- Benedict Blythe Foundation campaign for Benedict's Law and associated allergy-management guidance and emerging best practice.

2. Definitions

For the purposes of this policy:

- **Allergy** – an immune system response to a normally harmless substance
- **Allergen** – a substance capable of causing an allergic reaction
- **Anaphylaxis** – a severe and potentially life-threatening allergic reaction
- **Adrenaline auto-injector (AAI)** – an emergency device used to administer adrenaline in cases of anaphylaxis
- **Near miss** – an incident that could have resulted in allergen exposure or an allergic reaction but did not result in harm

3. Roles and Responsibilities

3.1 Pupils

Pupils with allergies are expected, where age and understanding allow, to self-manage their allergy by:

- Understanding which foods or substances are safe or unsafe for them;
- Recognising the symptoms of an allergic reaction;
- Always carrying their prescribed AAIs, including on journeys to and from school and taking them with them in a pouch during PE lessons;
- Knowing how to administer their AAI where appropriate;
- Informing staff immediately if symptoms occur;
- Informing friends and relevant staff of their allergy where appropriate;
- Seeking advice when unsure about ingredients or exposure risks;
- Avoiding the sharing of food or drinks.

Where prescribed, pupils are encouraged to carry two AAIs in line with current medical guidance.

3.2 Parents/Carers

Parents/carers are responsible for:

- Providing accurate and up-to-date information regarding their child's allergy and medical needs;
- Providing the school with the pupil's current clinician-completed Allergy Action Plan (or equivalent medical documentation);
- Ensuring that prescribed medication, including AAIs, is in date and replaced before expiry;
- Ensuring that pupils bring prescribed AAIs to school where required;
- Providing written consent for the use of a spare school AAI where appropriate;
- Providing up-to-date emergency contact information;
- Informing the school promptly of any changes to medical advice or treatment.

Parents/carers are requested not to send pupils to school with foods containing nuts. Reminders of this request will be communicated regularly.

The school maintains spare AAIs in accordance with Department of Health and Social Care guidance. A spare AAI may be used where:

- The pupil has been diagnosed as being at risk of anaphylaxis;
- Appropriate medical confirmation is held by the school;
- Written parental/carers consent has been provided.

3.3 Allergy Lead

The nominated Allergy Lead is Sarah Mangan.

The Allergy Lead is responsible for:

- Promoting and maintaining allergy awareness throughout the school community;
- Maintaining the allergy register;
- Ensuring allergy information is current and accessible to relevant staff;
- Ensuring that appropriate Individual Healthcare Plans are in place where required;
- Coordinating staff allergy training;
- Monitoring and reviewing allergy procedures;
- Overseeing allergy-related incidents and near misses;
- Monitoring stock and expiry dates of spare AAIs.

The allergy register will include:

- Known allergens and identified risks;
- Prescribed medication and dosage;
- Consent arrangements relating to spare AAIs;
- A current photograph of the pupil where appropriate.

Information will be stored securely in accordance with data protection requirements and made accessible to relevant staff. Supply teachers, temporary staff, agency staff and volunteers will be informed of relevant allergy information and emergency procedures before taking responsibility for pupils where reasonably practicable.

The register will be reviewed annually and adjusted whenever medical information changes.

3.4 Named Trustee

The named trustee with responsibility for medical conditions is Carianne Purcell-Jackson.

The named trustee will:

- Provide strategic oversight of the school's arrangements for supporting pupils with allergies and other medical conditions;
- Receive appropriate assurance that the school is complying with relevant legislation and Department for Education guidance;
- Monitor the implementation and effectiveness of this policy through appropriate reporting;
- Support the review of allergy-related incidents, trends and lessons learned where appropriate;
- Ensure that this policy is reviewed regularly and remains up to date;
- Promote a whole-school culture that supports the safety, wellbeing and inclusion of pupils with allergies.

3.5 Headteacher

The Headteacher is responsible for:

- Ensuring that this policy is implemented throughout the school;
- Ensuring that appropriate arrangements are in place to support pupils with allergies;
- Ensuring sufficient staff receive allergy awareness and AAI training;
- Ensuring Individual Healthcare Plans are implemented where required;
- Supporting a whole-school culture of allergy awareness and inclusion.

3.6 Principal First Aider

The Principal First Aider is responsible for:

- Coordinating medical documentation and medication from families;
- Ensuring medication is appropriately stored and accessible - emergency medication (such as AAIs) must never be locked away or inaccessible;
- Monitoring expiry dates of emergency medication;
- Supporting the Allergy Lead with operational allergy management;
- Providing additional guidance or refresher training where required;
- Monitoring 'spare' AAIs;

3.7 Catering Provider

The school's catering provider is responsible for:

- Maintaining appropriate allergen-management procedures;
- Ensuring staff receive allergy-awareness training;
- Reviewing ingredient information and allergen content carefully;
- Supporting pupils to make safe food choices;
- Maintaining accurate allergen information within point-of-sale systems where applicable;
- Ensuring tables and food preparation areas are cleaned appropriately to reduce allergen contamination.

3.8 Staff Responsibilities

All staff are responsible for:

- Promoting allergy awareness;
- Familiarising themselves with this policy and relevant procedures;
- Recognising the symptoms of allergic reactions and anaphylaxis;
- Attending annual allergy training as required;
- Being aware of pupils with allergies in their care;
- Considering allergens during lesson and activity planning;
- Supporting the wellbeing and inclusion of pupils with allergies;
- Reporting concerns, incidents and near misses appropriately.

Staff leading educational visits, sports fixtures or off-site activities must:

- Ensure allergy risks are included within risk assessments;
- Ensure emergency medication is taken and accessible;
- Ensure at least one suitably trained member of staff is present;
- Ensure emergency communication arrangements are in place.

In line with current legislation and guidance, trained staff may administer:

- A pupil's prescribed AAI;
- A spare school AAI where permitted and appropriate.

Staff with allergies themselves are encouraged to inform the first aid team where appropriate for safety planning purposes.

3.9 Wider School Community

The wider school community is expected to:

- Support the school's allergy-awareness measures;
- Maintain high standards of hygiene and litter control;
- Avoid sharing food and wash hands thoroughly before and after eating;
- Follow reasonable instructions relating to allergy management;
- Respect their peers' allergies.

Visitors, contractors and external providers will be required to comply with allergy-related safety measures where appropriate.

4. Individual Healthcare Plans (IHPs)

The school recognises that Individual Healthcare Plans (IHPs) are an important part of ensuring that pupils with allergies are supported safely, consistently and inclusively throughout the school day and during school activities.

An Individual Healthcare Plan will normally be in place for any pupil who has been prescribed an Adrenaline Auto-Injector (AAI) and for other pupils where their allergy requires ongoing management in school. The need for an IHP will be determined in partnership with parents/carers and relevant healthcare professionals.

The IHP will normally be developed using the pupil's clinician-provided Allergy Action Plan and in consultation with parents/carers, the Allergy Lead and other relevant members of staff.

Each Individual Healthcare Plan will, where appropriate, include:

- A picture of the pupil to aid identification;
- The pupil's known allergens and identified triggers;
- Details of the pupil's usual signs and symptoms of an allergic reaction and anaphylaxis;
- Prescribed medication, including the type and number of AAIs required;
- Whether the pupil carries their own medication;
- Confirmation of parental consent for the use of a spare school AAI, where applicable;
- Clear emergency procedures, including when to administer adrenaline and when to call 999;
- Reasonable adjustments and risk-reduction measures required to support the pupil's safe participation in school life;

- Arrangements for catering, practical lessons, educational visits, extracurricular activities and examinations where relevant;
- Emergency contact details for parents/carers;
- The date the plan was agreed and the date for review.

Individual Healthcare Plans will be reviewed:

- At least annually;
- Following any significant allergic reaction or anaphylactic episode;
- Following any change in the pupil's medical condition, prescribed medication or clinical advice;
- Whenever concerns are raised about the effectiveness of the arrangements;
- As part of transition arrangements when a pupil joins the school or moves to a new educational setting.

Relevant information from a pupil's Individual Healthcare Plan will be shared with staff who have responsibility for that pupil, including supply staff where appropriate, to ensure that they understand the pupil's needs and the action to take in an emergency. Information will be shared on a need-to-know basis and managed in accordance with UK data protection legislation.

The Allergy Lead is responsible for ensuring that Individual Healthcare Plans are in place where required, are reviewed within the agreed timescales and remain accessible to relevant staff.

5. Training and Awareness

- All staff will receive annual allergy-awareness and AAI training.
- New staff will receive training as part of induction where appropriate
- Training records will be maintained.
- Refresher training will be provided where necessary.
- Emergency anaphylaxis response guidance, including AAI administration instructions, will be available in first aid areas and within emergency medication kits.
- Pupil awareness will be promoted through assemblies, tutor activities and other appropriate opportunities to educate them on allergy-awareness and respecting their peers' allergies.

6. Risk Assessment and Prevention

Risk assessments will be undertaken where pupils with allergies participate in:

- Food technology lessons;
- Science experiments involving food;
- Craft activities involving food packaging;
- Educational visits and off-site activities;
- Activities involving animals;
- Baking or food preparation activities;
- Any other identified higher-risk activity.

The school will also assess risks associated with:

- Visitors bringing animals onto site;
- External catering;
- School events and lettings.

The school aims to ensure that pupils with allergies are included safely in all activities wherever reasonably possible. Risk assessments should focus on enabling participation by identifying and managing risks, rather than preventing attendance.

Reasonable preventative measures may include:

- Handwashing before and after eating;
- Enhanced cleaning procedures;
- Supervision arrangements;
- Adjustments to activities;
- Restrictions on food sharing.

Pupils with allergies will be supported through reasonable adjustments where required to enable them to participate fully in school life.

7. Educational Visits and Off-Site Activities

Inclusion:

- Pupils with allergies should be able to participate fully in educational visits and extracurricular activities wherever reasonably practicable.
- Allergies should not be a reason to exclude a pupil from a visit.

Planning:

- The visit leader should review the pupil's Individual Healthcare Plan when planning the visit.

- Allergy risks should form part of the visit risk assessment.
- Parents/carers should be consulted where additional planning is required.

Medication:

- The pupil's prescribed medication, including two AAIs where prescribed, must accompany the pupil.
- Spare school AAIs should be taken where appropriate and where parental consent is in place.
- Medication must remain readily accessible and must not be locked away or stored in the luggage compartment of a coach.

Staffing:

- Staff attending the visit should be trained in recognising anaphylaxis and administering AAIs.
- Staff should know which pupils have allergies and where medication is kept.

Food:

- Food arrangements should be checked in advance with venues, accommodation providers and caterers where meals are provided.
- Pupils should be supported to make safe food choices and should never be encouraged to consume food if they are uncertain about its ingredients.

Remote visits:

- Additional planning should take place for residential visits or visits to remote locations, including consideration of emergency medical access and communication arrangements.

Emergency response:

- The school's emergency anaphylaxis procedure should be followed if a reaction occurs.
- Emergency services should be contacted immediately following administration of adrenaline.

8. Mental Health and Wellbeing

The school recognises that allergies may affect a pupil's emotional wellbeing and may contribute to anxiety, stress or bullying.

Any bullying relating to allergies will be addressed in line with the school's behaviour policy.

Pastoral support will be provided where appropriate.

9. Responding to Allergic Reactions

9.1 Mild Allergic Reactions

Symptoms may include:

- Itchy rash
- Runny nose or watery eyes
- Mild nausea
- Mild dizziness

Actions:

- Remove the allergen where possible;
- Wash affected areas if appropriate;
- Do not induce vomiting;
- Contact the Principal First Aider immediately;
- Pupils should not be sent to First Aid alone as a mild allergic reaction could be the first symptom of a more severe reaction. Instead, first aid should come to the pupil.
- Administer antihistamines if advised by the pupils' medical plan;
- Contact parents;
- Pupils will be supervised in the medical room for at least one hour following a mild allergic reaction to ensure that symptoms do not develop into a more severe reaction.

Antihistamines may help treat mild allergic symptoms but are not a substitute for adrenaline in cases of anaphylaxis.

9.2 Symptoms of Anaphylaxis

Symptoms may include:

- Swelling of the throat, tongue or mouth
- Difficulty swallowing or speaking
- Difficulty breathing
- Wheezing or severe asthma symptoms
- Persistent coughing
- Hives or widespread rash
- Sudden weakness or collapse
- Pale or floppy appearance
- Loss of consciousness

9.3 Emergency Procedures

In the event of suspected anaphylaxis:

- Administer the pupil's prescribed AAI or a spare school AAI without delay;
- Call 999 and state that anaphylaxis is suspected;
- Send for First Aid immediately;
- Inform reception so that emergency services can be directed on arrival;
- Stay with the pupil at all times;
- Do not allow the pupil to stand or walk.

Positioning:

- If faint, pale or weak: lay the pupil flat with legs raised;
- If vomiting: place in the recovery position;
- If breathing is difficult: allow the pupil to sit upright if more comfortable.

A second dose of adrenaline may be required after 5 minutes if symptoms do not improve or worsen.

IF IN DOUBT, GIVE ADRENALINE.

9.4 Administration of Adrenaline Auto-Injectors (AAIs)

AAIs are pre-loaded, single-use devices.

Staff should:

- Follow the manufacturer's instructions for the specific device;
- Administer the AAI into the outer thigh;
- Note the time of administration;
- Send the used device with the pupil to hospital.

10. Spare Adrenaline Auto-Injectors (AAIs)

Purpose

In addition to pupils' own prescribed Adrenaline Auto-Injectors (AAIs), the school holds spare AAIs for emergency use in accordance with current UK legislation and Department for Education guidance.

Parental Consent

A spare AAI may be administered to a pupil where:

- Written parental/carers consent has been obtained for the school to administer a spare AAI in an emergency;
- Consent is reviewed annually or sooner if there is any change to the pupil's medical needs or prescribed medication.

Supply and Storage

The school will maintain an appropriate supply of in-date spare AAIs.

- The school has three sets of spare AAIs. One of these is kept in pupil reception and two are kept in main reception (one of these from main reception is available for off-site educational visits where appropriate, subject to suitable risk assessment).
- Spare AAIs are clearly labelled, not locked away and kept in accordance with the manufacturer's storage instructions.
- These are stored alongside a list of pupils whose parents have given consent for use in case of an emergency and the pupils' own AAIs being unavailable.

Monitoring and Expiry

The Principal First aider is responsible for the monitoring of spare AAIs. This includes:

- Maintaining an inventory of all spare AAIs;
- Checking expiry dates at least once each term;
- Replacing AAIs before they expire or immediately after they have been used;
- Undertaking regular visual checks to ensure the solution remains clear and colourless, in accordance with manufacturer guidance;
- Recording all checks and replacements.

Use of a Spare AAI

A spare AAI should only be administered when:

- A pupil is displaying signs and symptoms consistent with anaphylaxis;
- Parental consent for the use of the spare AAI is held by the school;
- The pupil's own prescribed AAI is unavailable, cannot be accessed quickly, has been used and further adrenaline is required before emergency services arrive, or is otherwise not fit for use.

Where there is any doubt, staff should follow the school's anaphylaxis emergency procedure, administer adrenaline without delay where indicated, and call 999 immediately.

After Administration

Following administration of a spare AAI:

- 999 must be called immediately, stating that anaphylaxis is suspected and that adrenaline has been administered.
- Parents/carers must be informed as soon as practicable.
- The incident must be recorded in accordance with the school's accident and medication procedures.
- Any used or expired AAI will be replaced as soon as possible.
- The incident will be reviewed to identify any learning points and to ensure that individual healthcare plans remain appropriate.

11. Recording, Monitoring and Review

All allergy-related incidents, reactions and near misses will be recorded and reviewed by the Allergy Lead.

Where appropriate, the school will:

- Inform parents/carers;
- Review risk assessments and procedures;
- Implement additional control measures;
- Share relevant learning points with staff;
- Where appropriate, the pupil's Individual Healthcare Plan will be reviewed following any allergic reaction.

This policy will be:

- Reviewed annually;
- Reviewed following any significant allergy-related incident;
- Approved by the appropriate leadership and Trust Board;
- Published and made accessible to staff and parents/carers.

12. Links to Other Policies

This policy should be read alongside:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Behaviour Policy
- Educational Visits Policy
- Safeguarding Policy
- First Aid Policy