STUDENT ALLERGY POLICY

2026 - 2027

Approved by:	Ratified by Governing Body	**Date:** September 2026
Effective Date:	September 2026	
Last reviewed on:	September 2026	
Next review due by:	September 2027	
Reviewed by:	Karen Hayward – Executive Principal	
Website:		
Yes/No	YES	

Contents

1. Aims .....
2. Legislation and guidance.....
3. Roles and responsibilities .....
4. Assessing risk .....
5. Managing risk.....
6. Procedures for handling an allergic reaction .....
7. Adrenaline auto-injectors (AAIs).....
8. Training .....
9. Links to other policies .....

---

1. Aims

This policy aims to ensure that Greensand Federation provides a safe, inclusive and supportive environment for all students and children with allergies across Sandy Secondary School and Moggerhanger Primary School.

The Federation aims to:

- Set out a clear and consistent approach to the management of allergies, including measures to reduce the risk of accidental exposure and clear procedures for responding to an allergic reaction or emergency.
- Ensure that students and children with allergies are fully supported, included and able to participate safely in all aspects of school life, including lessons, clubs, trips, residential visits, sporting activities and school events.
- Ensure that individual allergy and healthcare needs are identified, recorded, communicated and reviewed appropriately, working in partnership with parents/carers, students, healthcare professionals and relevant school staff.
- Promote a strong culture of allergy awareness and shared responsibility across the Federation, ensuring staff understand the seriousness of allergies and know how to prevent and respond to allergic reactions.
- Ensure appropriate staff receive training in recognising and responding to allergic reactions and anaphylaxis, including the correct use of adrenaline auto-injectors (AAIs) where required.
- Reduce avoidable risks through appropriate risk assessment, food management, supervision, communication and reasonable adjustments, while recognising that it is not possible to guarantee an entirely allergen-free environment.
- Ensure emergency medication is readily accessible and appropriately stored, and that staff understand the procedures to follow in an emergency.
- Encourage students, where appropriate to their age, maturity and individual needs, to develop an understanding of their allergy and increasing independence in managing their own health needs.
- Ensure that students with allergies are never unnecessarily excluded, isolated or disadvantaged because of their medical needs.
- Maintain effective communication between school, home, catering providers and other relevant organisations so that allergy information is accurate, current and acted upon.
- Ensure allergy management forms part of the Federation's wider commitment to safeguarding, inclusion, health and wellbeing and equality of opportunity.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting students 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

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is the Executive Principal

They're responsible for:

Promoting and maintaining allergy awareness across our school community

Recording and collating allergy and special dietary information for all relevant students

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All students with allergies have an individual allergy plan completed by a medical professional
- 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

3.2 School First Aid Officer

The School First Aid officer is responsible for:

Co-ordinating the paperwork and information from families

Co-ordinating medication with families

Checking spare AAIs are in date

Any other appropriate tasks delegated by the allergy lead

Ensuring their allergy training and EpiPen training is up to date

3.3 Teaching and support staff

All teaching and support staff are responsible for:

Promoting and maintaining allergy awareness among students

Maintaining awareness of our allergy policy and procedures

Being able to recognise the signs of severe allergic reactions and anaphylaxis

Attending appropriate allergy training as required

Being aware of specific students with allergies in their care

Carefully considering the use of food or other potential allergens in lesson and activity planning

Ensuring the wellbeing and inclusion of students with allergies

3.4 Parents/Guardians

Parents/guardians are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- 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
- Carefully considering the food they provide to their child 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

3.5 Students with allergies

These students 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

3.6 Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Not bringing in foods or consuming foods when at school, on a school trip or residential that are banned by the school and could cause someone to have an algetic reaction

Older students might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a risk assessment for any student 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 for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

To help prevent contamination in our schools:

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

5.2 Catering

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

- Catering staff receive appropriate training and are able to identify students with allergies
- School menus are available for parents/guardians to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students 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)
- Catering 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. However, we would like to encourage students and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a student 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.

We are a nut free Federation.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- All bites and stings should be reported immediately

5.5 Animals

- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals and will be kept away from the area before it is deep cleaned after the even t

5.6 Support for mental health

Students with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their form tutor or pastoral lead

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no students 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 students' 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 (see section 7.5).

5.8 Examinations and Assessments

The Federation will ensure that students with known allergies can participate safely in internal and external examinations and assessments.

- The Exams Officer will liaise with the School First Aid Officer and other relevant staff before each examination series to identify candidates who have known allergies or are at risk of anaphylaxis.
- Relevant information regarding a candidate's allergy and emergency arrangements will be made available to the examination team and invigilators on a need-to-know basis.
- Candidates who normally carry their own prescribed adrenaline auto-injectors (AAIs) or other emergency allergy medication will continue to have appropriate access to this medication during examinations.
- Where medication is not kept on the candidate's person, arrangements will be made before the examination to ensure that it is immediately accessible and can be obtained without unnecessary delay.
- A candidate's emergency medication must not be stored in a location that would prevent prompt access during an allergic reaction.
- Where appropriate, the candidate's individual allergy action plan will be readily accessible to relevant staff during the examination.
- Invigilators will be informed of the procedure to follow if a candidate experiences symptoms of an allergic reaction and how to summon a trained member of staff or first aider immediately.
- If a candidate reports feeling unwell or displays symptoms which could indicate an allergic reaction, this will be treated as a medical matter rather than the candidate being expected to continue with the examination until assistance is available.
- In the event of suspected anaphylaxis, the Federation's emergency procedures set out in Section 6 of this policy will be followed immediately. The administration of adrenaline and calling 999 must not be delayed because an examination is taking place.
- Where a student requires particular arrangements because of their allergy or medical condition, the Exams Officer will consider whether an appropriate access arrangement, reasonable adjustment or other examination arrangement is required in accordance with current awarding body and JCQ requirements.
- Where an allergic reaction or other significant medical incident occurs during an examination, the Exams Officer will consider whether an application for special consideration should be made to the relevant awarding body.
- Candidates should not bring food into an examination room unless this has been agreed in advance as part of an appropriate medical or examination arrangement. Any food required for medical reasons will be managed so as to minimise the risk to other candidates with allergies.
- Drinking water permitted within an examination room should be in accordance with current examination regulations. Candidates with allergies should use their own clearly identifiable water bottle wherever practicable.
- These arrangements will also apply, where relevant, to mock examinations, controlled assessments and other formal assessments conducted under examination conditions.

6. Procedures for handling an allergic reaction

6.1 Register of students with AAIs

The school maintains a register of students who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so, what type and dose)

- Where a student 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 student
- A photograph of each student to allow a visual check to be made

The register is kept on each school's computer system, as well as a hard copy kept in medical bay and each school's reception area and can be checked quickly by any member of staff as part of initiating an emergency response

Where possible and age appropriate the Federation will encourage all students to keep their AAIs with them to reduce any possible delays and allows for confirmation of consent without the need to check the register.

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

Staff are trained in the administration of AAIs to minimise delays in student's receiving adrenaline in an emergency

If a student has an allergic reaction, the staff member will initiate the school's emergency response plan, following the student's allergy action plan

- If an AAI needs to be administered, a member of staff will use the student's own AAI, or if it is not available, a school one

If the student 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, see appendix 1 and 2 for additional guidance.

A school AAI device will be used instead of the student's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a student needs to be taken to hospital, staff will stay with the student until the parent/guardian arrives, or accompany the student to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/guardians informed

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.

Insert procedures for buying spare AAIs. For example:

Where the AAIs will be sourced (i.e. a local pharmacy)

The quantity of AAIs required – The federation is committed to ensure that all its school sites have AAIs within a 5 minute or less radius from any student and there the maps attached show where these areas located across the schools

Which brand(s) of AAI are purchased (schools are recommended to buy a single brand to avoid confusion)

The dosage required will be dependent on the age of the child, see chart below:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15 mg) or • Emerade 150 microgram or • Jext 150 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Jext 300 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Emerade 500 microgram or • Jext 300 microgram

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 – refer to the maps of each school as to where AAIs are stored

Not locked away, but accessible and available for use at all times

Not located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any student's own prescribed AAI and clearly labelled to avoid confusion.

(See pages 12 and 13 of the guidance.)

7.3 Maintenance (of spare AAIs)

The First Aiders are responsible for checking monthly that:

The AAIs are present and in date

Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

(See page 13 of the guidance.)

7.5 Use of AAIs off school premises

Students at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

As part of the school's first aid equipment taken on visits two AAIs will be present for emergency use on school trips and off-site events

(See page 13 of the guidance.)

7.6 Emergency anaphylaxis kit

The schools hold a number of emergency anaphylaxis kit. This includes:

Spare AAIs

Instructions for the use of AAIs

- 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 students to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually and with any new staff induction by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

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

Appendix 1 – NHS guidance for treating Anaphylaxis

Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings. Call 999 if you think you or someone else is having an anaphylactic reaction.

Symptoms of anaphylaxis

Symptoms of anaphylaxis happen very quickly.

They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.

Symptoms include:

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet

You may also have a rash that's swollen, raised or itchy.

Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

You or the person who's unwell may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

What to do if you have anaphylaxis

Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you think you're having an anaphylactic reaction.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If you have been stung by an insect, try to remove the sting if it's still in the skin.
5. If your symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Do not stand or walk at any time, even if you feel better.

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors, and each one is given differently.

- EpiPen instructions (EpiPen website)
- Jext instructions (Jext website)

Treatment for anaphylaxis

Anaphylaxis needs to be treated in hospital immediately.

Treatments can include:

- adrenaline given by an injection or drip in your vein
- oxygen
- fluids given by a drip in your vein

You'll usually stay in hospital for around 2 to 12 hours, but you may need to stay longer.

Before you leave hospital, you should be given 2 adrenaline auto-injectors, or a prescription for them, to keep in case you have another anaphylactic reaction.

An adrenaline auto-injector is a special device for injecting adrenaline yourself. You'll be told how and when to use it.

You should be shown how to use your adrenaline auto-injector each time you're prescribed it.

You may also be referred to an allergy specialist for tests and advice.

Things you can do to help prevent anaphylaxis

There are some things you can do to help prevent anaphylaxis or prepare for if it happens.

Do

- avoid the food, medicine or thing that you're allergic to – for example, if you have a food allergy, check food labels carefully and tell staff at restaurants and cafes about your allergy
- carry 2 adrenaline auto-injectors with you at all times
- check your adrenaline auto-injector expiry dates regularly and get new ones before they expire
- practise how to use your adrenaline auto-injector by using a trainer injector (an injector that has no needle or medicine in it) – you can order one online from the company that makes your injector
- teach friends, family, colleagues or carers how and when to use your adrenaline auto-injector
- use your adrenaline auto-injector if you think you may have anaphylaxis, even if your symptoms are mild
- wear medical alert jewellery such as a bracelet with information about your allergy – this tells other people about your allergy in case of an emergency

Don’t

- do not leave your adrenaline auto-injectors anywhere too hot or cold such as in the fridge or outside in the sun

Appendix 2 - Anaphylaxis UK's advice on what to do in an emergency

Symptoms of anaphylaxis
If someone is experiencing any of the following symptoms, it should be treated as a medical emergency:

- **AIRWAY**– swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing
-
- **BREATHING**– sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
-
- **CIRCULATION**– dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse

Get emergency help: steps to follow
In the event of a serious allergic reaction, it's crucial to act quickly and follow these steps
Get in position
If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.

If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.
Give adrenaline immediately
If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), **use it straight away** – adrenaline is the first-line treatment for anaphylaxis.

Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.
Call 999
Call emergency services immediately after using your first dose of adrenaline and tell the operator it is **"anaphylaxis"** (ana-fil-ax-is).

Give your **exact location** (What3Words can help if you are outside).
Do not move
Stay in this position until help arrives. **Do not** stand up, walk or run, even if you start to feel better.

Movement can make symptoms worse and cause a sudden drop in blood pressure.

Stay with them until emergency services arrive.

Stay safe while waiting
REMEMBER – while waiting for the ambulance, stay where you are. **Do not** stand up, walk or run, even if you start to feel better.

Get in position
If you have any symptoms of anaphylaxis, **stay where you are**. You should **lie flat with your legs raised** to help blood flow back to your heart and vital organs.
If you're having **difficulty breathing**, you can be propped up with legs stretched out straight.
You must avoid any sudden change in posture. Movement can **make symptoms worse** and cause a sudden drop in blood pressure.

Use your adrenaline

Anaphylaxis can come on very quickly. As soon as you suspect anaphylaxis you must use your adrenaline without delay. Don't wait to see how bad it is, or whether it will get worse. If in doubt, use your adrenaline.

It's important to know exactly how and when to use your prescribed adrenaline. Healthcare professionals can show you how to use it, and there are also resources such as practice devices and videos on manufacturer websites.

Options currently available on prescription in the UK include:

- **Adrenaline auto-injectors (AAIs)** – such as EpiPen and Jext.
- **Intranasal adrenaline** – EURneffy, a needle-free nasal spray.

You must carry two in-date forms of prescribed adrenaline at all times as a second dose may be needed if symptoms do not improve after five minutes or get worse.

Specific instructions vary by brand – always follow the instructions on your device