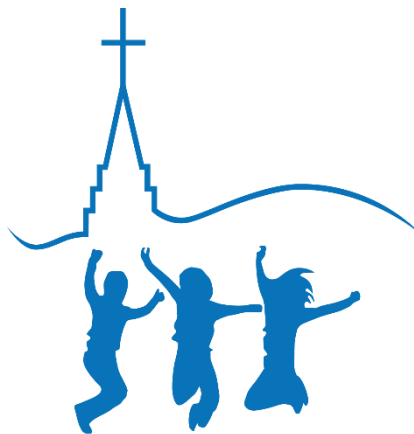


A St. Michael's CE (VA) Junior School Policy



St. Michael's CE (VA) Junior School

By God's love, we all flourish together.

God is love. Whoever lives in love lives in God, and God in them. (1 John 4:16)

At St. Michael's, by God's love and through our Christian values of Love, Faith, Respect and Courage, we celebrate uniqueness and nurture curiosity, enabling each child to flourish on their own rich learning journey; whilst contributing to the wider community.

Allergy Safety Policy 2026-2027

Reviewed by Full Governing Body:	30.09.2026
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Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation ("ABC") and can be treated with a non-drowsy oral antihistamine (available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops.

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (A and B, i.e. mimic an asthma attack) rather than the circulation (blood pressure). Once started, anaphylaxis reactions progress quickly.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC").

Purpose and legal context

- This policy sets out how St Michael's CofE (VA) Junior school will identify, manage and minimise risks from allergy and ensure children with allergies are supported to participate fully and safely in school life.
- It has been produced in line with the statutory guidance "Allergy Safety in Schools" (Benedict's Law) (July 2026) and Section 34 of the Children's Wellbeing and Schools Act 2026.
- Governors will ensure the policy is readily accessible to parents and staff.

Principles

- We will balance safety with inclusion: children with allergies must be protected from risk while being enabled to participate in all aspects of school life and 'enabling each child to flourish on their own rich, learning journey' (curriculum, trips, clubs).
- The school will take reasonable, proportionate measures to reduce exposure to known allergens, ensure emergency response readiness and protect wellbeing.

Roles and responsibilities

- The Governing Body ensures the school has an up-to-date allergy safety policy, published and reviewed at least annually.

- The headteacher has overall responsibility for the implementation and resource allocation; named senior lead under Section 34.
- Admin staff and the headteacher have day-to-day operational responsibility for allergy arrangements; Individual Healthcare Plans (IHPs), staff training and monitoring.
- Class teachers and support staff: follow IHPs and school procedures, reduce risk in their classroom and on activities and attend training.
- Catering manager and lunchtime staff: ensure allergen information is correct, follow procedures for meal provision and food handling.
- Parents/carers: provide accurate, up-to-date medical information and medication, contribute to IHPs annually and support school arrangements.
- Children: supported to understand their own care, where appropriate and to follow agreed safety measures.

Identification and record keeping

- On admission and at mid-year admission points, parents/carers will complete medical information including known allergies and whether prescribed medication is required. Previous records and healthcare plans will be requested from prior settings where possible.
- The school will maintain a secure, central register of all individuals (children, staff, volunteers where appropriate) with known allergies. Records will include:
Identified allergens, medication carried (dose, expiry), whether an IHP has been issued, photos and emergency contact details.
- For new staff, temporary staff, supply and regular volunteers the admin staff/headteacher will ensure they receive the same information, having full access to the medical folder in each classroom.

Individual Healthcare Plans (IHPs)

- An IHP will be created for any child whose allergy has a functional impact at school, where the child is at risk of harm or where additional/different arrangements are required.
The IHP will:
- Record triggers, usual symptoms, usual response, prescribed medication (including dose and location), emergency contact details and consent.
- Attach any Allergy Action Plan or Asthma Plan issued by a healthcare professional. Asthma plans are usually kept with the pump in the First Aid room so it's visual for the child or scanned and put in the child's folder. The child's asthma pump along with a record book, noting date, time, number of puffs and reason is kept with the pump in the child's individual wallet.
- Describe practical arrangements in school: storage and access to medication, arrangements for meals, classroom adaptations, PE and trip arrangements and staff with responsibility for administering medication.
- Be developed with parents/carers, the child (when appropriate), and any relevant healthcare professionals.
- IHPs will be reviewed at least annually and whenever the child's healthcare plan changes.

Prescribed adrenaline autoinjectors (AAIs) and inhalers

- Children who are prescribed adrenaline devices will have rapid access to them at all times — in classrooms, lunch areas, playgrounds, sports fields and on trips. Where a child needs their device, staff must be able to access it within five minutes.
- Parents are responsible for ensuring prescribed devices are provided and in-date. When devices are supplied to school, the admin staff will record them on the central register and check expiry dates monthly.
- Where clinically appropriate and agreed in the IHP, children may take their device home at the end of the school day (e.g. for use on the journey home). The school will keep records of devices taken home and returned.

“Spare” (emergency) adrenaline devices and emergency inhalers – FOR AN UNKNOWN SUSPECTED ANAPHYLAXIS REACTION

- The school will maintain two clearly labelled emergency anaphylaxis kit containing two AAIs (of appropriate dosages), instructions, gloves and a sharps box for disposal that will remain on school site at all times.
- The school will maintain a further two clearly labelled, emergency anaphylaxis kits containing two AAIs (of appropriate dosages), instructions, gloves and a sharps box for disposal that will be taken on any trips or journeys on the minibus. The Trip leader is responsible for collecting these from the First Aid room and remain responsible for them and/or the lead teacher on the minibus.
- They will be kept in a labelled box ‘SPARE’ in the First Aid room
- Emergency kits will:
 - Be stored where staff can access them quickly (not locked away).
 - Be clearly labelled and kept separate from named prescribed medication.
 - Be checked monthly by delegated staff to ensure contents are in date; replacements arranged immediately if used or expired.
 - Kept away from direct sunlight
 - Contain record sheets for any use of the emergency device.
- Used or expired AAIs will be disposed of safely in the school’s medical waste arrangements and replacements ordered promptly.

Training and induction

- All staff will receive annual allergy awareness and emergency response training, via The National College training portal. Training will cover: What allergy is and the types of allergy (food allergy, asthma, eczema, hay fever etc.) and differences to coeliac disease/intolerance. Recognising mild to severe allergic reactions and anaphylaxis. Emergency response (in line with training and statutory guidance appendix 1)
FOR AN UNKNOWN SUSPECTED ANAPHYLAXIS REACTION
 - Call for help to retrieve the spare AAI (ask a member of staff to call the parents) *NEVER let a person having anaphylaxis stand or walk around: always bring help and medicines to the person and not the other way round*
 - Do not leave the patient
 - Raise the patient’s legs (appendix 1)
 - Administer the adrenaline and note the time of administration

- Call 999 and state 'anaphylaxis'
- Re-administer the adrenaline, if necessary, within 5 minutes
- Ensure the patient remains lying down until the ambulance arrives
NEVER let a person having anaphylaxis stand or walk around: always bring help and medicines to the person and not the other way round
- Post-incident reporting
- If a member of staff is unsure whether or not to administer adrenaline, administer adrenaline (it cannot cause harm but can prevent harm)
- This policy and the procedures were shared and discussed with Gees First Aid trainers on 3/9/26.

Action in an emergency

- If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis. Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Practical handling measures (food handling, cleaning, avoiding cross-contact

- Induction arrangements: new staff and regular volunteers will receive allergy training as part of their induction before working unsupervised with children. Supply staff will be advised where the medical folder is – this includes a summary of children at risk.
- The school will maintain training records and ensure refresher training is completed, when there are changes to children's needs or following incidents.

Minimising risk and practical measures

- Catering and meals:
The school will provide clear allergen information for all food provided by the school (menus, ingredient lists) and ensure provision of safe alternatives. Catering and lunchtime staff will follow strict procedures to avoid cross-contamination (separate utensils, cleaning protocols, surface cleaning between meals) and will be included in training. Where appropriate, children with allergies will have designated lunch arrangements agreed in their IHP.
- Food brought in from home:
Parents will be asked not to send in snacks containing high-risk allergens for consumption by others where the school has identified children at high risk. The school will communicate specific expectations to parent/carers (for example, nut-aware school).

Staff will supervise communal events (birthday sweets/cakes) and provide clear guidance to parents in advance. Reasonable adjustments will be made so children with allergies can participate (pre-packaged labelled items, alternative treats).

- Curriculum activities:

Staff planning practical activities (cooking, science, craft, animal handling, music where food props are used) must consult the central allergy register and the child's IHP and take reasonable measures to reduce exposure (e.g. substitute materials, protective equipment, seating adjustments).

- Classrooms and playgrounds:

Where airborne/contact allergens are an issue for a child, the school will put reasonable measures in place (e.g. seating, cleaning, no-sharing policies for certain resources), recorded in the IHP.

Events and clubs:

- Club leaders will be given access to the allergy register and IHP summaries for attendees and ensure medication is accessible.

Visits and trips

- A specific risk assessment will be completed for any trip and for any child at risk of anaphylaxis.

Records will confirm:

- That the child will have their prescribed device with them.
- Which staff are trained to administer AAls and where the emergency kit is located?
- Travel time to nearest emergency services and contingency plans.
- Staff: at least one trained member of staff on the trip must be competent to administer AAls. For residential trips the Trip Leader will coordinate arrangements well in advance and obtain parental consent and copies of IHPs.

Responding to an allergic reaction and recording incidents

Emergency response: **for a child with Anaphylaxis and an IHP**

- If anaphylaxis is suspected, staff will follow the child's IHP and administer adrenaline without delay (appendix 1). Call 999 immediately after or while administering adrenaline and arrange transfer to hospital as required.
- Inform parents/carers immediately as soon as possible, after the emergency services
- Ensure another adult supervises other children while emergency procedures are followed.

Record keeping:

- Any allergic reaction, use of prescribed or spare AAls, or near-miss must be recorded on the school's medical incident form and reported to the Inclusion Lead. The First Aider will log incidents centrally and review patterns.
- Parents and relevant healthcare professionals will be informed following any incident.
- Serious incidents will be reported to governors and, where required, to external bodies in line with safeguarding and health & safety procedures.

Debrief and review:

- After an incident, staff will convene a review to identify any learning, amend IHPs or procedures and update training if required.

- This policy and the procedures were shared and discussed with Gees First Aid trainers on 3/9/26.

Information sharing and data protection

- Health information is special category data under UK GDPR. The school has a lawful basis to record and share necessary health information where required to protect the child's health and safety.
- IHPs and relevant allergy information will be shared on a need-to-know basis with staff who have responsibility for the child (class teacher, lunchtime staff, trip leaders). Photos and lists used in food areas will be accessible to staff only.
- Parents/carers will be consulted and involved in decisions about wider awareness or training that involves identifying a child to peers. Unnecessary disclosure that singles out a child will be avoided.

Awareness, communication and wellbeing

- The policy will be published on the school website and hard copies provided on request.
- The school will raise allergy awareness with children through appropriate curriculum opportunities and assemblies, designed to reduce stigma and to equip peers with age-appropriate ways to help (for example, how to summon help in an emergency). Any child-level awareness will be planned with the child and their parents to protect wellbeing.
- The admin and teaching staff will keep in regular contact with families of children with allergies to ensure arrangements are working, to check medication and to support emotional wellbeing where worries about allergy are identified.
- Where appropriate and with parental agreement, children may be involved in age-appropriate aspects of a drill to promote reassurance.
- Include allergy safety as a standing item at One Planning and safeguarding meetings so that barriers for the most vulnerable children are actively identified and removed.
- Ensure families of disadvantaged and SEND children are supported to provide up-to-date health information and have access to meetings to develop IHPs.

Monitoring, review and governor oversight

- The admin staff will maintain the central allergy register, training records, incident logs and checks of emergency kit expiry.
- The policy will be reviewed at least annually or sooner after any serious incident. Reviews will include input from affected families.
- Governors' named link for health and safety / inclusion will receive an annual report on allergy arrangements and incidents.

Operational

Monthly:

- Check expiry of prescribed and spare devices; reorder as necessary.
- Review IHPs at least annually

Weekly:

- Check emergency kit contents and that kits are accessible.

Trips/Residentials:

- Confirm medication present and staff trained; record risk assessment.

After any incident:

- Complete incident record, inform parents and update IHP/arrangements.

Links to other policies

This policy should be read alongside:

- Supporting children with Medical Conditions, First Aid and Administration of Medicines Policy
- Safeguarding policy
- Health and Safety Policy
- Behaviour and Relationships Policy
- Educational Visits Policy
- Data Protection/GDPR Policy

Equality and inclusion

- Reasonable adjustments will be made so children with allergies can participate fully. IHPs will record necessary adjustments and provision.

Contact and further information

- Admin staff
- Headteacher
- Parents should contact the office immediately if a child's allergy status changes.

Sources:

- Department for Education: Allergy Safety in Schools (statutory guidance), July 2026.
- Children's Wellbeing and Schools Act 2026, Section 34 (requirement for allergy safety policies).

APPENDIX I

Recognise the signs of anaphylaxis



- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue



- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough



- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

- 1 **Lie flat with legs raised** (if breathing is difficult, allow to sit)



- 2 **Give adrenaline device without delay**
(use the school's spare device if needed)



Scan this code for instructions on how to use adrenaline devices

- 3 **Immediately dial 999** for ambulance
and say **ANAPHYLAXIS** (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms