



Allergy and Anaphylaxis Policy

Effective 1st September 2026

Date policy last reviewed and approved:	August 2026
Date of next review:	September 2027
Approved by Chair's Action:	Julian Earl on behalf of the Education Committee

Allergy and Anaphylaxis Policy

Contents

1. Aims and Objectives.....	3
2. What is an Allergy?	3
3. Definitions.....	3
4. Roles and Responsibilities.....	4
5. Information and Documentation.....	7
6. Assessing Risk.....	7
7. Food, including mealtimes and snacks	8
8. Educational visits and sports fixtures	9
9. Insect stings	9
10. Animals	9
11. Allergic rhinitis/hay fever.....	9
12. Inclusion and mental health	10
13. Adrenaline Devices (AAIs).....	10
14. Training	11
15. Asthma.....	11
16. Reporting allergic reactions	11
17. Appendix 1 – designated allergy leads within the Trust.....	12
18. Appendix 2	13

1. Aims and Objectives

This policy outlines Spiral Partnership Trust's approach to allergy management, including how the Trust community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

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. Definitions

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 UK 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, adrenaline devices or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy we will refer to them as AAI.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. It is not completed or changed by unqualified staff.

DESIGNATED ALLERGY LEAD: The member of senior staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document is created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy have an Individual Healthcare Plan and it must be read in conjunction with their Allergy Action Plan if they have one.

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

SPARE ADRENALINE DEVICES: Schools are able to purchase spare AAIs. These should be held as a back-up, in case pupils' prescribed AAIs are not available and in sets of two. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. Roles and Responsibilities

All schools within the Spiral Partnership Trust takes a whole-school approach to allergy management.

4.1 Designated Governance Lead (non-statutory)

Julian Earl – Director, Spiral Partnership Trust. Responsibilities of this role:

- To monitor the implementation of the policy, including but not limited to:
 - Liaising with the CEO
 - Reviewing the outcomes of safeguarding audits which refer to the implementation of the policy
 - School visits
 - Discussions with school leaders
- To report to the Board on an annual basis on the implementation of the policy and the outcomes of any 'near misses' and any lessons learnt.
- To oversee the process of reviewing any 'near misses', including the assigning of a senior Trust colleague to carry out the review.

4.2 Designated Allergy Lead

The Designated Allergy Leads are included in Appendix 1. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families;
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum);
- Coordinating medication with families and ensuring medication is in date;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Keeping an AAI register to include AAIs prescribed to pupils and the school's stock of spare AAIs, including brand, dose and expiry date. The location of spare AAIs should also be documented;
- Regularly checking spare AAIs are where they should be, are of the right dosage and that they are in date (see 13.2);
- Replacing the spare AAIs when necessary;
- Providing on-site AAIs training for staff and pupils and refresher training as required e.g. before school trips;
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures;
- Keeping an AAI register to include AAIs prescribed to pupils and the school's stock of spare AAIs, including brand, dose and expiry date. The location of spare AAIs should also be documented;
- Reviewing the school's stock of spare AAIs, ensuring that the school has an appropriate number for the setting, that they hold the correct dose, that spare AAIs are stored appropriately and ensuring staff know where they are;

- Keeping a record of any allergic reactions or near-misses on Every, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Ensuring there is an anaphylaxis drill at least once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

4.3 All staff

All school staff, including teaching staff, support staff, occasional staff (including sports coaches, music teachers, supply staff, regular volunteers) and those running breakfast and afterschool clubs are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to class teachers and other relevant staff; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.4 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.5 Parents of children with allergies

In addition to point 4.4, the parents and carers of children with allergies should:

- Work with the school to complete an Individual Healthcare Plan and provide an accompanying Allergy Action Plan if they have it;
- If applicable, provide the school or their child with two labelled AAIs and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;

- Ensure their child has access to their allergy medication, including two AAIs if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too. This includes information to Faces, if relevant;
- Provide the school with an up-to-date photograph of their child (if not already on the school MIS) and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- 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 e.g. not eating the food to which they are allergic.

4.6 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency.

4.7 Pupils with allergies

In addition to point 4.5, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk in an age-appropriate way;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- 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.

5. Information and Documentation

5.1 Register of pupils with an allergy

Trust Schools have a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed AAIs, as well as pupils with an allergy where no AAIs have been prescribed. This should be available at all times.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, including AAIs, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare AAIs in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan if relevant.

6. Assessing Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. Trust schools will ensure compliance with the Equality Act 2010.

7. Food, including mealtimes and snacks

7.1 Catering in school (including Faces)

Trust schools are committed to providing a safe food for all pupils, staff and visitors, including those with food allergies.

- Due diligence is carried out regarding allergen management when appointing contract caterers;
- All catering staff and other staff preparing food will receive relevant, regular and appropriate allergen awareness training;
- Trust schools with Early Years setting adhere to the new [Early Years Foundation Stage statutory guidance](#). See Appendix 2 for further guidance.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to pupils and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies;
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled and parents will be made aware. Other ingredient information will be available on request. For allergies to food other than these, additional safeguards are put in place;
- Where applicable, any pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients, this will be communicated to parents and/or pupils with dietary needs by the catering team or responsible member of staff;
- Food provided at breakfast club and after school clubs will follow these procedures;
- Restrictions are placed on allergens dependent on the needs of pupils and staff (see below).

7.2 Food brought into school (including Faces)

All Trust schools operate a culture of allergy awareness and place restrictions on some allergens e.g. nuts but this does not mean complacency in relation to other allergens. We cannot guarantee a completely allergen-free environment, but we take every reasonable measure to mitigate the risk of accidental exposure through working with all stakeholders in raising allergy awareness.

Birthdays, Celebrations, and External Treats

The risk of cross-contamination or accidental ingestion of allergens during unregulated classroom celebrations is exceptionally high. For this reason, we work with parents to ensure that special occasions are celebrated without food e.g. the sharing of a favourite book. Any birthday treats or food sharing packs sent into school will be returned home with the parent or child unopened at the end of the day.

Packed Lunches and Daily Snacks

Parents are encouraged to provide healthy snacks and all lunch boxes/containers are clearly named. If food is pre-packed shop bought, then they should be clearly labelled with the ingredients. Children are explicitly taught and regularly reminded never to share or swap food, drinks, or water bottles with their peers and lunchbox contents are monitored by lunchtime supervisors.

If an item poses a clear risk to an allergic child, it will be removed, and the parent will be contacted with an explanation.

School Events and Fundraisers (e.g. Bake Sales)

We work with our PTAs and other groups to promote a culture of inclusivity. Although not strictly regulated by legislation, senior leaders will consult with organisers to ensure that all pupils are included and that it is made clear if common allergens, including the 14 common food allergens, are present.

Food hygiene for pupils

To ensure that pupils understand the importance of food hygiene, all Trust schools will endeavour to ensure that pupils will wash their hands before and after eating and that sharing, swapping and throwing food is not allowed.

8. Educational visits and sports fixtures

Trips leaders will ensure that:

- Staff on the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies that they have and of any plans in the event of an allergic reaction;
- Allergies are considered on the risk assessment and alternative provision put in place;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches if applicable;
- Pupil specific AAIs will be taken along with the relevant child, along with two spare AAIs. The location of these will be known by all accompanying staff members.

9. Insect stings

Pupils or staff members with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered where possible.

The school's site team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. Animals

It's normally the dander ([flakes](#) of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed in line with the policy.

11. Allergic rhinitis/hay fever

Managing seasonal allergies effectively helps ensure pupils remain focused and comfortable during high-pollen months. The Trust schools' approach to hay fever treatment below balances parental responsibility with the logistical framework of our standard medical care policies.

11.1 Primary Care at Home

Hay fever treatments are most effective when given consistently. Because modern, non-drowsy antihistamines typically offer 24-hour symptom relief, parents are expected to administer hay fever medication at home each morning before the school day begins.

11.2 Medication Administered During the School Day

If a child requires a secondary or specific dose during school hours (for example, eye drops or a midday dose prescribed by a GP), each school operates on a discretionary basis. The school will evaluate and decide whether it can accommodate the administration of hay fever medication on site, strictly in accordance with our Supporting Pupils with Medical Conditions Policy.

12. Inclusion and mental health

Allergies can have a significant impact on mental health and wellbeing, particularly where a child feels “different” or is not included in certain activities. To this end

:

- No child with allergies will be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from staff;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school allergy awareness initiatives; and
- Bullying related to allergy will be treated in line with the school’s anti-bullying policy.

13. Adrenaline Devices (AAs)

13.1 Storage of AAs

- Pupils prescribed with AAs will have easy access to two, in-date pens at all times. This includes on the way to and from school;
- Spot checks will be made to ensure AAs are where they should be and are in date;
- AAs are not be kept behind a locked barrier e.g. cupboard or door; the location of AAs will be clearly signposted across all school and known to all staff and adults as outlined in section 4.2;
- AAs are stored at moderate temperatures (see manufacturer’s guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare AAs

School have the appropriate number of spare AAs to be used in accordance with government guidance. This will depend on the size and layout of the school premises and the number of allergic pupils and staff. Spare AAs will be accessible within 5 minutes of all areas of school premises.

The locations of spare AAs are clearly signposted.

Trust schools will hold the correct dosage of devices dependant on the age of pupils, namely:

- **0.15mg Pens:** For younger pupils (typically EYFS and Key Stage 1 / under 30kg).
- **0.30mg Pens:** For older or larger pupils (typically Key Stage 2 / over 30kg).

The Designated Allergy Leads are responsible for:

- Deciding how many spare pens are required, including for grab bags and school trips/activities;
- What dosage is required, based on the above guidance;
- Ensuring that spare devices are kept in pairs;
- Ensuring that spare AAs are purchased in a timely manner;
- Distribution around the site and clear signage.

13.3 AAs on off-site activities

- No child with a prescribed AA will be able to go on a school trip without access to two of their own devices. It is the trip leader’s responsibility to check they have them;

- AAls will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- AAls will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Two spare AAls will also be taken to off-site activities unless it compromises the number of spare AAls help in school. This should be recorded as part of the risk assessment process.

14. Training

14.1 Trust schools are committed to training all staff annually to give them a good understanding of allergy.

Training will be delivered via a hybrid of in-person and on-line training and includes:

- Understanding the school's allergy policies and procedures;
- An awareness of allergy, intolerance and coeliac disease;
- Understanding that allergy includes multiple conditions and they can co-exist;
- What it is like to have one on these conditions;
- Know where to find information on allergy triggers;
- How to check whether an individual is on the allergy register and how to use an Allergy or Asthma Action Plan;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise symptoms of and treat an allergic reaction, including anaphylaxis;
- Know how to respond in an emergency;
- Understanding their responsibilities in reducing the risk of individuals with known allergies coming into contact with their known allergens;
- How to report an allergic reaction or case of anaphylaxis and any near-misses;
- Where AAls are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

14.2 Anaphylaxis Drill

All Trust schools will carry out an anaphylaxis drill at least once a year in the form of an event simulation where a pupil or member of staff has an allergic reaction and testing the whole school response. This is recorded on Every.

15. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate or occur as a result of allergic reactions. Please refer to the Supporting Pupils with Medical Conditions Policy for further information on how we support asthma sufferers as part of a long-term condition.

16. Reporting allergic reactions

The school will log allergic reaction incidents and near-misses on the Incident module on Every. These will be reviewed by the school and Trust and relevant learning shared across all schools.

17. Appendix 1 – designated allergy leads within the Trust

Designated Allergy Leads within the Spiral Partnership Trust are:

Colney Heath Primary School	Alison Billing, Deputy Headteacher
Forres Primary Academy	Charley Goldsmith, Deputy Headteacher
Fleetville Infants and Nursery School	Jade Harkness, Deputy Headteacher
Fleetville Junior School	Clare Whitehouse, Headteacher
Mandeville Primary School	Laura Williams, Deputy Headteacher
Mount Pleasant Lane Primary School	Lindsay Lakhani, Deputy Headteacher
Springmead Primary School	Siobhan Ward, Deputy Headteacher

18. Appendix 2

In accordance with the Early Years Foundation Stage (EYFS) statutory framework guidelines on "Safer Eating," our Early Years settings operate additional stringent procedures to protect our youngest children from food-related risks, including choking and unexpected allergic reactions.

1. Pre-Admission and Record Keeping

- **Mandatory Collection:** Before any child starts their first day at our setting, comprehensive information regarding special dietary requirements, food preferences, known food allergies, and food intolerances must be obtained from parents/carers.
- **Regular Updates:** Because young children can develop new allergies at any time, dietary information is actively reviewed with parents every six months or whenever there is a change in the child's weaning or eating habits at home.
- **Data Accessibility:** A centralised, updated master list of all EYFS children with allergies is maintained. Dietary requirement profiles (complete with photos of the children) are clearly displayed in food preparation areas and are directly accessible to all practitioners in the room.

2. Staffing and Supervision at Mealtimes

- **Paediatric First Aid (PFA):** At any time when children are eating or drinking (including snack times), a member of staff holding a valid, current Paediatric First Aid certificate must be physically present in the room.
- **Sight and Hearing:** Children must always be within both sight and hearing of a member of staff while eating.
- **Positioning:** Supervising staff must sit or stand facing the children during mealtimes. This active supervision ensures staff can:
 - React instantly to silent signs of choking or distress.
 - Spot the early onset of an unexpected allergic reaction.
 - Strictly prevent children from swapping or sharing food.

3. Mealtime Environment and Safety

- **Seating:** Children must sit down and remain seated while eating.
- **Minimal Distractions:** Mealtimes are treated as focused, calm periods with minimal environmental distractions to allow children to focus on chewing and swallowing safely.
- **The "Nominated Checker":** At every meal and snack time, a specific practitioner is designated as the Nominated Checker. This individual is responsible for cross-referencing the food being served against the specific allergy profiles of the children present before a single plate is handed out.

4. Food Preparation

- **Choking and Allergen Risk Reduction:** Food is prepared strictly in line with early years safety guidelines. Firm, spherical foods (such as grapes and cherry tomatoes) must be sliced lengthways into quarters.
- **Incidents:** If a child experiences a choking or allergic incident, details of how and where it occurred are immediately recorded, parents are notified, and the incident is formally reviewed to update the setting's risk assessment.

5. Staff Training

- All EYFS staff undergo specific allergy awareness and safer eating training as part of their induction. This ensures all practitioners can distinguish between an intolerance and an allergy, recognise the rapid onset symptoms of anaphylaxis, and know the immediate emergency protocol.