CARBEILE JUNIOR SCHOOL
ALLERGY POLICY

Policy Statement

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

At Carbeile Junior School we are committed to providing a safe, inclusive, and supportive environment for all children, staff, and visitors. We recognise that allergies, including life-threatening anaphylaxis, are an important health issue that affect many members of our school community. This policy outlines our procedures for managing allergies, including dietary allergies, environmental allergens (e.g., hay fever), and the use of emergency medication such as adrenaline auto-injectors (commonly known as EpiPens).

A named member of the senior leadership team (Mr. P. L. Hamlyn) has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

This allergy safety policy will be reviewed at least annually. It will be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review will take account of any incidents and "near misses" and will seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

Aims of the Policy

- To ensure the safety and well-being of pupils with allergies.
- To raise awareness among staff, pupils, and parents about allergy management.
- To provide clear guidance on prevention, recognition, and treatment of allergic reactions.
- To ensure compliance with statutory safeguarding and health regulations, including those from the Department for Education and NHS guidance.

Scope

This policy applies to all pupils, staff, parents, visitors, and volunteers involved in any school activities, on-site or off-site, during school hours and extracurricular activities.

Culture

Awareness training using High Speed Training
Staff will be trained in allergy awareness and emergency response, at least annually.

All staff present during times when pupils are scheduled to be on site will receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy training will be included in induction arrangements for new staff, as well as arrangements to ensure supply and cover staff have received allergy awareness training.

Allergy awareness training will ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
  - calling emergency services and informing parents;
  - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training will be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Food allergy
The school will manage the risk of food allergy and provide clear information on allergens in food provided.

Individual children and young people
Identification
Parents must inform the school of their child's allergies upon admission and update the school if any new allergies are diagnosed. This will accurately identify individuals with allergy. This will suitably gather information about known allergies, for example from the child or young person, their parents and their previous setting.

Members of staff and visitors are asked about their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices.

A record will be kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan.

Common Allergens Covered
The policy is designed to manage the following allergy categories:

Food Allergies
Includes but is not limited to:
- Nuts (including peanuts and tree nuts)
- Dairy
- Eggs
- Wheat/gluten
- Fish and shellfish
- Soy
- Sesame

Environmental Allergies
- Pollen (hay fever)
- Insect stings (e.g., bees and wasps)
- Animal dander
- Dust mites
- Latex

Medication Allergies
- Penicillin
- Ibuprofen or aspirin
- Other prescription or over-the-counter medications

Wellbeing
The wellbeing of children and young people with allergy will be promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety. Bullying of children and young people with allergy will be addressed and avoided.

Minimising risk
The school will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This includes:
- Measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where children and young people have known allergy to airborne or contact allergens, how the school, college or setting will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.
- An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Individual Healthcare Plans
Children and young people should have an Individual Healthcare Plan (IHP) if:
- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Children and young people with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person’s Individual Healthcare Plan should be reviewed to incorporate it.

The IHP will include symptoms, triggers, emergency contact information, and specific procedures for managing allergic reactions, including the use of medication.

Emergency Medication and EpiPen Use
At any time, there will be two EpiPen devices on site per child who has been identified as needing them. There will also be a spare EpiPen kept in the school office.

One labelled EpiPen will be kept in the child’s classroom during regular lessons (taken with the child for outdoor PE lessons) and another will be kept in the school office. If an emergency is radioed, the second device will be immediately taken to the location of the incident. Both devices will be taken in the event of a school trip.

- Staff are trained annually in the administration of EpiPens and managing anaphylaxis.
- In the event of a suspected anaphylactic reaction:
  - An ambulance will be called immediately.
  - The child’s EpiPen will be administered as per their IHP.
  - A second dose may be given after 5 minutes if symptoms persist and a second EpiPen is available.
  - Parents/carers will be notified immediately.

Anaphylaxis Drill
Once per term, the school will run a realistic drill to ensure all staff are comfortable with the process of administering an EpiPen.
- The parents will be informed.
- The child will be informed that the drill will be taking place.
- The child’s class will be informed of the process so they are not unduly concerned.
- A member of staff will radio about the anaphylaxis emergency, the child and the location.
- Using the school ‘practice’ EpiPen, the first ‘dose’ will be administered. On some occasions, the second ‘dose’ will also be administered using the practice EpiPen.
- The staff in the office will immediately call 999.

Prescribed adrenaline
The school will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices at all times. In a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

Young people and parents will take individually prescribed adrenaline devices home (for example at the end of the day for the journey home) and are responsible for checking that they remain in date.

Records will be kept of which children and young people have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

“Spare” adrenaline devices

- One spare EpiPen will be kept in the office, in addition to the second dose for each child who needs it.
- It will be stored on the shelf, NOT locked away.
- It should only be used if either of the 2 devices allocated to the designated child was to fail.
- Every 6 months, office staff will check the date on the EpiPen and order new as required.
- Old devices will be disposed of in the appropriate manner.

The schools will ensure that no child or young person is more than five minutes from adrenaline devices. Each child who needs it will have a pair of adrenaline devices on site. Each school within the Rame Federation will ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

When storing “spare” adrenaline devices:

- “Spare” adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of their allergy safety policy. In larger schools, more than one set of “spare” adrenaline devices may be needed (for example one near the central dining area and another near the playground);
- “Spare” adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- “Spare” adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked “emergency anaphylaxis kit” containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

Visits and trips

Suitable arrangements and adjustments will be put in place to ensure children and young people with allergy are able to participate in visits and trips, and do so safely (including access to adrenaline where required).

Risk assessments will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises. Children and young people at risk of anaphylaxis will have their own adrenaline device with them, and there will be staff trained to administer adrenaline in an emergency.

Serious incidents and “near misses”

The school will record, report and respond to serious incidents or “near misses” involving allergy safety.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised as if the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident.

Food Management and Allergens

- **Nuts and nut products are strictly prohibited on school premises** (this includes packed lunches, snacks, and baked goods).
- Staff will check ingredient labels for all food used in lessons, clubs, and events.

- The school kitchen is informed of all allergies and prepares meals accordingly.
- Children with allergies are encouraged not to share food and will be supervised during mealtimes.

Hay Fever and Seasonal Allergies

- Parents must notify the school if their child suffers from hay fever.
- With parental consent, non-prescription antihistamines (e.g., loratadine or cetirizine) may be administered during high pollen seasons according to the IHP.
- Children should be encouraged to wear hats and sunglasses, and wash their hands/face after outdoor play during high pollen counts.
- Staff will monitor pollen forecasts and adjust outdoor activities accordingly.

Information sharing

The school will share information about children and young people with allergy as appropriate.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. The school has a lawful basis to hold, use and share a child's special category health data when this is necessary, and it will always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Staff Responsibilities

- All staff receive annual training in allergy awareness, EpiPen use, and recognising signs of anaphylaxis.
- Staff will be informed of any pupils with allergies in their care and access their IHPs.
- Staff organising trips or off-site activities must ensure emergency medication and allergy plans are taken and followed.
- Awareness of the allergy safety policy. The school will raise awareness of the policy. The allergy safety policy will be published on the school website. All staff will be aware of and understand the policy, as part of annual allergy awareness training.

Parent and Carer Responsibilities

- Inform the school of any allergies and supply necessary medication.
- Provide up-to-date emergency contact details.
- Ensure that medication is in date and replaced when necessary.

Pupil Responsibilities

As appropriate for age and maturity:

- Understand their allergy and avoid known triggers.
- Report any symptoms or exposure immediately.
- Carry their emergency medication if appropriate.
- The policy on allergies will be shared with the children. Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency.
- Any wider awareness or training will be considered carefully and discussed with the child or young person and their parents, and will not replace staff emergency response arrangements.

Communication and Review

- This policy will be reviewed annually or following an allergic incident.
- Staff, parents, and pupils will be consulted on major changes.

- The policy will be available on the school website and as a printed copy upon request.

Signed:

Headteacher: …….

Date: …….

Chair of Governors: ……..

Date: …….

Review Date: July 2027

Appendix 1: **Allergy Incident and Near Miss Report**

School:	Carbeile Junior School	
Named allergy lead:	Pete Hamlyn (Federation Headteacher)	
Date:		
Time:		
Incident location:		
Child affected:		
Staff member(s) present:		
Emergency services called?		
What happened/allergen involved (if known)?		
Why did the incident happen (as far as is known)?		
How did staff and pupils respond?		
What support was provided to the individual including any medication administered?		
What immediate actions were taken afterwards?		
Has a member of staff phoned parents/carers?		
Any lessons learned and any recommended changes to policies, procedures, training and supervision?		
Reviewed by:	Signed:	Date:
School allergy lead:		
School allergy governor:		

Appendix 2: **Anaphylaxis Drill Record**

School:	Carbeile Junior School
Named allergy lead:	Pete Hamlyn (Federation Headteacher)
Date of the drill:	
Time of the drill:	
Location of the drill:	
Child affected:	
Staff member(s) present:	
Were parents called to inform them of the drill?	
Was the child prewarned of the drill?	
Were other children prewarned of the drill?	
Why do we need to run an anaphylaxis drill?	
An anaphylaxis drill helps schools to: • **Prepare staff for real emergencies:** Practising emergency procedures helps staff recognise symptoms quickly and respond without delay. • **Build confidence and competence:** Rehearsing the use of adrenaline devices helps staff feel more confident carrying out their role in a real incident. • **Improve communication and teamwork:** Drills clarify who calls emergency services, who retrieves medication, who stays with the pupil and who supports other pupils. • **Test school procedures and equipment:** Drills help identify gaps in allergy management plans, communication systems or medication access before a real emergency occurs. • **Support compliance with school policies and guidance:** Regular practice demonstrates that the school is taking reasonable steps to protect pupils with allergies and maintain a safe environment. • **Reduce anxiety for pupils, parents and staff:** Knowing there is a clear, practised emergency response helps create a safer and more reassuring school culture.	
Step 1: Plan the Scenario	Detail here which scenario will be practised? (e.g allergic reaction in the classroom, dining hall or playground). Ensure the scenario is realistic but appropriate for staff experience levels.
Step 2: Review emergency procedures	Before starting the drill, make sure all staff are clear on their responsibilities. Check they all know: How to recognise the signs of anaphylaxis Where emergency medication is stored How to use an adrenaline auto-injector Who is responsible for calling 999 How pupils' allergy care plans are accessed
Step 3: Set up the scenario	List here what role staff will play: Place trainer adrenaline auto-injectors in the location the real ones would usually be.and get staff in their positions to run the mock scenario.
Step 4: Run the drill	Ask staff to respond exactly as they would in a real emergency. Key actions should include: • Recognising the symptoms • Calling for help • Retrieving the pupil's medication • Administering the adrenaline auto-injector • Calling 999

	• Monitoring and reassuring the pupil • Following the school's emergency procedures • Observe how quickly and effectively the team responds
Step 5: Debrief afterwards	What went well? Any delays or confusion? Did staff know their roles? Was the medication easy to access? Any improvements needed to procedures or training?
Step 6: Record and review	Any actions identified for improvement: Use these findings to update training, emergency plans and school procedures where needed.

Good practice tips:

- Run drills regularly (termly recommended)
- Include new and temporary staff where possible
- Practise different scenarios and locations around the school
- Check training devices and emergency medication are in date
- Link drills to wider first aid and safeguarding procedures
- Regular anaphylaxis drills help ensure staff are prepared to respond effectively in an emergency and support a safer environment for all children and young people

Reviewed by:	Signed:	Date:
School allergy lead:		
School allergy governor:		