



**METHERINGHAM
PRIMARY SCHOOL**

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Policies, Procedures, Regulations and Guidance

Document Title:	Allergy Policy	
Date Effective From:	September 2026	
Date of Last Review:	New Policy July 2026	
Date of Next Review:	September 2027	
Approved by:	Full Governors	
Version Control Table <i>[To be updated as required]</i>		
Version Number	Date Authorised	Summary of Key Changes
1		To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise

		and manage severe allergic reactions should they arise.

1. Statement of Intent

Metheringham Primary School is committed to providing a safe, inclusive and supportive environment for pupils with allergies.

We recognise that allergies can be serious and, in some cases, life-threatening. The school will take reasonable steps to reduce risk, respond appropriately to emergencies and ensure that pupils with allergies are able to participate fully in school life.

This policy applies to all allergies, including:

- Food allergies
- Latex allergies
- Insect sting allergies
- Medication allergies
- Environmental allergies
- Contact allergies
- Animal allergies

The school will work proactively to:

- minimise exposure to allergens where reasonably practicable
- promote awareness, self-management and avoidance strategies
- ensure effective emergency procedures are in place
- support pupils to participate fully in all aspects of school life
- make reasonable adjustments where required

This policy should be read alongside the school's Medical Policy, Inclusion Policy, Safeguarding Policy, Equality Policy, First Aid Policy, Behaviour Policy and Complaints Policy.

It has been written in line with current statutory guidance, relevant health and safety duties, the Equality Act 2010 and Benedict's Law, where applicable.

2. Equalities Statement

The school will consider any reasonable adjustments needed to ensure that pupils with allergies can participate safely and fully in school life.

Risk assessments will be carried out where appropriate, and the views of parents/carers, pupils and relevant professionals will be taken into account.

No pupil will be treated less favourably because of a known or suspected allergy.

3. Context

Allergies may be triggered by a wide range of substances and can vary in severity. Some reactions are mild, while others may develop rapidly into anaphylaxis, which is a medical emergency.

Anaphylaxis may occur within minutes of exposure and can affect the airway, breathing or circulation. In some cases, it may happen without a previous formal diagnosis.

Staff will be expected to remain alert to known risks and to act quickly if symptoms appear.

4. Principles

The school will:

- treat allergy management as part of its safeguarding and inclusion responsibilities
- reduce risk through sensible and proportionate measures
- avoid unnecessary exclusion from school life
- support pupils to manage their allergies safely where appropriate
- ensure emergency arrangements are understood by staff
- work in partnership with parents/carers and healthcare professionals
- keep allergy information secure, up to date and accessible to those who need it
- respond promptly to allergy-related bullying or unsafe behaviour

5. Practical Steps

Named Allergy Leads

The school's named Allergy Leads are **Mrs L. Duggin and Mrs L. Evans**. They are responsible for coordinating staff training, maintaining allergy records and overseeing the implementation of this policy.

Governing Body

The Governing Body will:

- ensure the school has appropriate arrangements in place to manage allergy risk
- monitor the effectiveness of this policy
- ensure suitable training and resources are available
- oversee compliance with statutory duties and insurance arrangements

Headteacher

The Headteacher will:

- oversee the implementation of this policy
- ensure that relevant staff are aware of allergy information where appropriate
- ensure that staff training is in place
- ensure that emergency procedures are clear
- support the school in making reasonable adjustments
- report to governors on the effectiveness of allergy management arrangements

Allergy Leads / Staff with Medical Responsibility

The Allergy Leads will:

- coordinate allergy-related information and support
- liaise with parents/carers and relevant professionals where needed
- help ensure that individual plans are in place and reviewed

- support staff training and record keeping
- work with catering and trip leads where required
- ensure spare adrenaline auto-injectors are available and accessible
- monitor medication storage and expiry dates

All Staff

All staff will:

- follow the school's allergy procedures
- be aware of pupils with allergies in their care
- act immediately if a reaction is suspected
- support pupils to follow agreed safety routines
- supervise food-related activities with care
- maintain confidentiality whilst sharing essential information appropriately
- promote a supportive and inclusive environment
- take allergy-related bullying seriously

Parents/Carers

Parents/carers will:

- inform the school of known allergies and any changes
- provide up-to-date medical information and prescribed medication
- work with the school on any individual support plan
- support their child to develop safe self-management habits
- replace medication before it expires and after use
- keep the school informed of any changes to allergy management

Pupils

Where appropriate, pupils will:

- learn how to stay safe
- avoid sharing food
- tell an adult immediately if they feel unwell
- carry their medication if they are assessed as able to do so
- follow the routines agreed by school and home

Catering Staff

Catering staff will:

- follow allergen and food safety procedures
- share ingredient information where relevant
- take reasonable steps to reduce cross-contamination
- work with the school to support safe meal provision

6. Information Sharing, Confidentiality and Data Protection

Allergy information will be handled sensitively and in line with data protection requirements. It will only be shared with those who need to know in order to keep a pupil safe. This may include class staff, lunchtime staff, first aiders, catering staff, supply staff and trip leaders where relevant. Parents/carers will be informed about how information is stored and shared.

7. Procedure When the School Is Notified of an Allergy

When the school is informed that a pupil has a known or suspected allergy, it will take reasonable steps to put appropriate support in place.

This may include:

- gathering relevant medical information
- considering whether an Allergy Action Plan and/or Individual Healthcare Plan is needed
- sharing essential information with relevant staff
- completing a risk assessment where appropriate
- agreeing arrangements for medication, meals, activities and trips

The school does not need to wait for a formal diagnosis before offering support where there is a known concern.

7. Allergy Action Plans and Individual Healthcare Plans

The school recommends the use of a **BSACI Allergy Action Plan** for pupils with significant allergies. An Allergy Action Plan may function as an Individual Healthcare Plan where it provides the necessary medical information, parental consent and emergency guidance for school staff.

A separate Individual Healthcare Plan will be considered where the allergy is significant, long-term, complex or life-threatening, or where more detailed arrangements are required.

The plan will set out the main support arrangements, including:

- triggers
- symptoms
- medication
- emergency procedures
- relevant adjustments
- storage arrangements
- trip and catering considerations

Not every child will need a formal plan. Decisions will be made on the basis of evidence and in partnership with parents/carers and relevant professionals where appropriate.

Plans will be reviewed at least annually, or sooner if needs change.

8. Medication and Emergency Adrenaline Auto-Injectors

Where a pupil needs emergency or routine medication, the school will ensure that it is stored safely and is accessible to staff in line with the agreed plan.

Medication should be:

- in date
- clearly labelled
- provided by parents/carers in line with school procedure
- stored appropriately
- reviewed regularly

Older pupils may carry their own medication where this is considered safe and appropriate.

Emergency Adrenaline Auto-Injectors

The school holds **four spare adrenaline auto-injectors** for emergency use. These are kept in the following locations:

- [insert location]
- [insert location]

Spare AAls are kept in a rigid, clearly labelled container, stored safely, accessible to staff and not locked away.

Parents/carers are informed that the school holds spare AAls and may opt out if they do not wish these to be used for their child in an emergency.

Spare AAls are checked **monthly** by the named Allergy Leads, and expiry dates are monitored closely. Used or expired AAls are disposed of safely as clinical sharps.

Staff who are asked to support medication use will receive suitable training.

9. Emergency Procedures

Staff will be trained to recognise the signs of an allergic reaction and anaphylaxis.

Symptoms may include:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- hives or widespread itching
- vomiting or abdominal pain
- sudden weakness, collapse or loss of consciousness

If a serious allergic reaction is suspected, staff will:

- act immediately
- stay with the child and send for help
- remove the allergen if possible, for example an insect sting
- lay the child flat, or sit upright if breathing is difficult
- administer adrenaline immediately if trained and authorised to do so
- call 999 and state **anaphylaxis**
- give a second AAI after 5 minutes if symptoms persist
- begin CPR if necessary
- inform parents/carers as soon as possible

If anaphylaxis is suspected, the child will be taken to hospital for observation, even if they appear to have recovered.

If in doubt, staff will treat the situation as an emergency.

10. Catering and Food Safety

The school will work with catering arrangements to reduce allergen risk as far as reasonably possible.

This includes:

- considering allergen information when planning food provision
- sharing key information with staff involved in food service
- taking sensible steps to reduce cross-contamination
- supporting safe packed lunch arrangements where needed
- avoiding unnecessary use of food in celebrations or activities where this may increase risk
- ensuring food labels and ingredients are checked carefully

The school discourages the bringing of nuts into school.

Where food is used in lessons, cooking, celebrations or special events, it will be risk assessed where necessary.

11. School Trips, Residential Visits and Activities

Pupils with allergies will be supported to take part in trips, visits and activities wherever reasonably possible.

Relevant risks will be considered in advance and reasonable adjustments made where needed. Emergency medication and staff awareness will form part of the planning process.

Trip leaders will check that pupils have their required medication and that emergency supplies accompany the group.

No pupil should be excluded from an activity solely because of their allergy unless a risk assessment supports that decision.

12. Training

Staff will receive allergy awareness and anaphylaxis training appropriate to their role.

Training will help staff to:

- recognise common symptoms
- respond quickly and appropriately
- understand the school's procedures
- support pupils safely
- reduce risk in classrooms, dining areas and during activities
- understand the use of Allergy Action Plans and associated conditions such as asthma

Training will be refreshed annually, and particularly when a pupil with significant allergy needs joins the school.

13. Allergies and Bullying

The school will not tolerate bullying or harassment linked to a pupil's allergy.

This includes teasing, exclusion, unsafe dares or deliberate exposure to allergens.

Any such behaviour will be dealt with in line with the school's Behaviour Policy and safeguarding procedures where appropriate.

14. Risk Assessment

Individual risk assessments will be completed for pupils with significant allergies and reviewed regularly or following any change in medical needs.

The school will also complete risk assessments for trips, practical activities and other situations where allergen exposure may be increased.

15. Complaints

Any concerns about the support provided to a pupil with allergies should first be raised with the class teacher or the member of staff responsible for implementing this policy.

If concerns remain unresolved, they should be referred to the Headteacher. Parents/carers may then raise a formal complaint in line with the school's Complaints Policy.

16. Review

This policy will be reviewed annually, or sooner if there is a change in statutory guidance, school practice or local need.

17. Appendix References

Appendix Structure and Image Placeholders

Appendix 1 - First Aid for Anaphylaxis

Emergency steps for suspected anaphylaxis

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

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

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

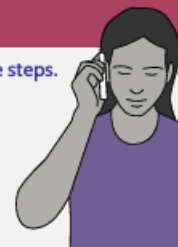
1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. DO NOT let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information. You never know when you will need to act in an anaphylaxis emergency.



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Appendix 2 - Adrenaline Auto-Injector Instructions

How to use an EpiPen adrenaline auto-injector

ANAPHYLAXIS

HOW TO USE EPIPEN AAI

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

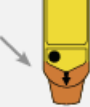
1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.



3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on EpiPen AAI's >>



Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>



Notasha Allergy Research Foundation
The UK's Food Allergy Charity

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Registered charity England & Wales (1181098) Scotland (SC054600). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

How to use a Jext adrenaline auto-injector

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



2. Place the black injector tip against the outer thigh

Hold the injector at a right angle (approx. 90°) to the thigh.



3. Push the black tip as hard as you can into the outer thigh

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

8. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on Jext AAIs >>



Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAI is about to expire >>



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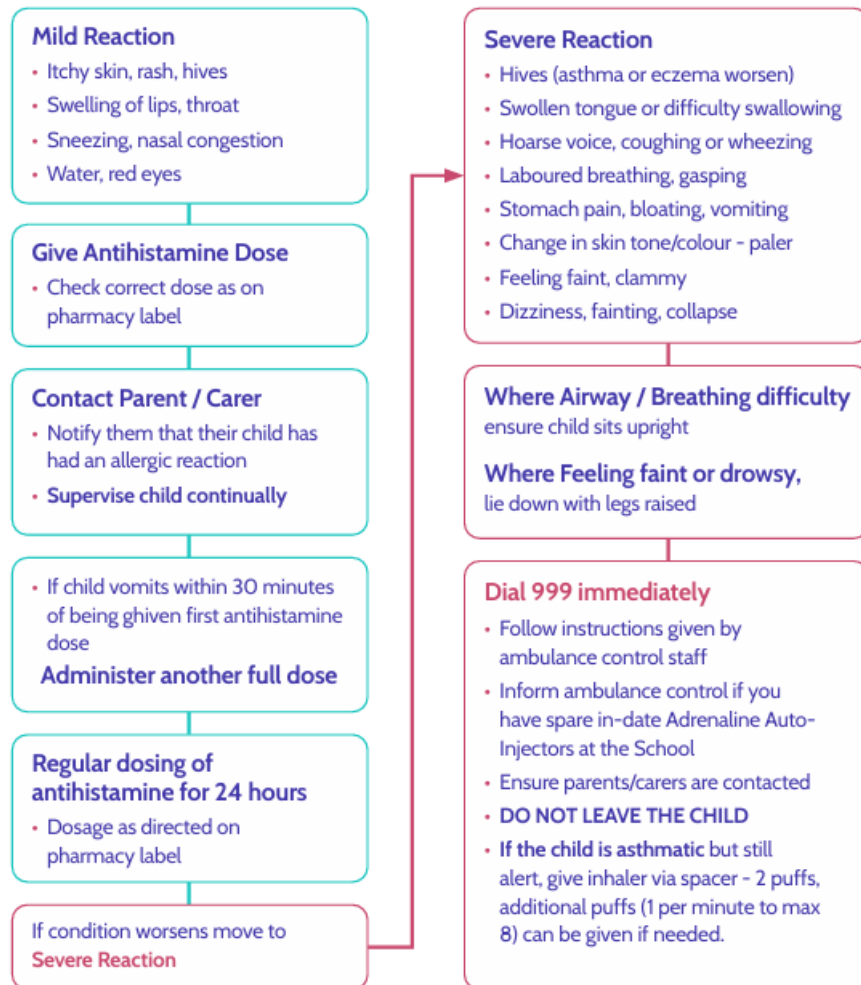
Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSAC and 2023 MHRA guidance. Source: Jext.

Appendix 3 - Allergic Reaction Flowcharts

Managing an allergic reaction without an adrenaline auto-injector

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

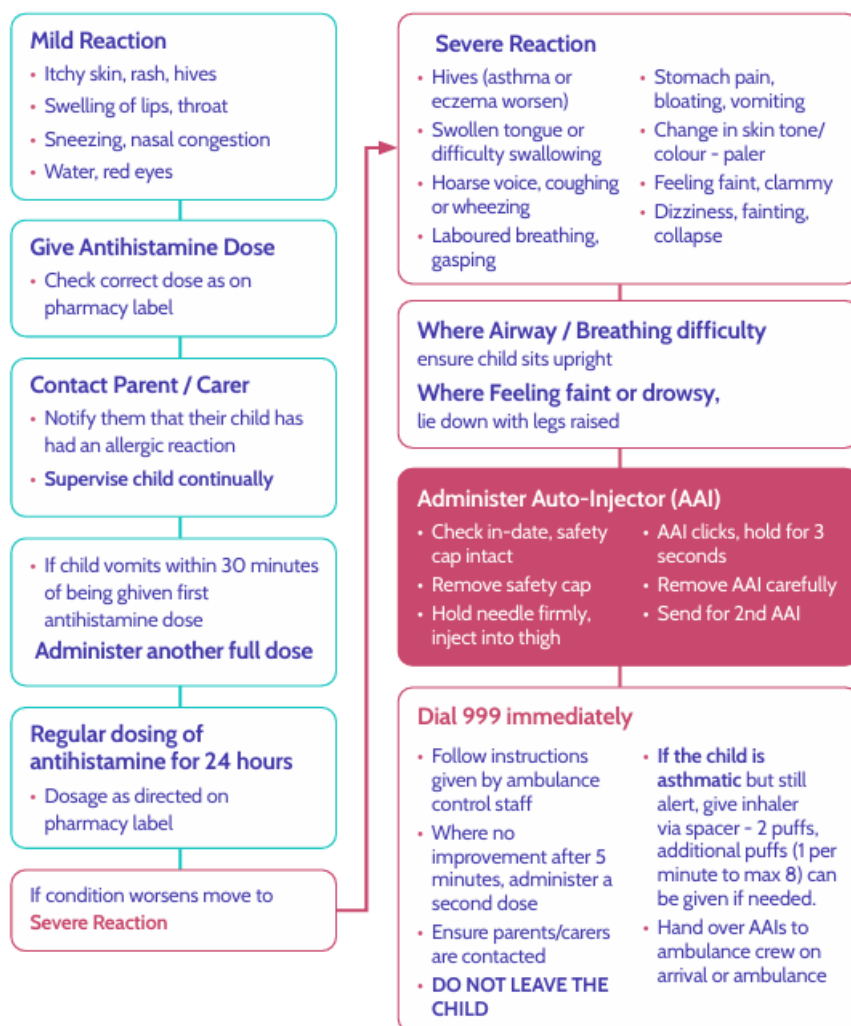
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Managing an allergic reaction with an adrenaline auto-injector

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix 4 - Food Allergens

The 14 main food allergens

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)