



POLICY: Allergy and Anaphylaxis	SIGNATURE CHAIR OF GOVERNORS: <i>Gavin C Brown</i>
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ALLERGY AND ANAPHYLAXIS POLICY

FOR OXLEY PRIMARY SCHOOL

VERSION: SEPTEMBER 2026

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Aims and Objectives

This policy outlines Oxley Primary School's approach to allergy management and awareness, including how the whole-school 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.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies: Supporting Medical Conditions in School, Safeguarding, and First Aid Policy.

1. 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.

2. 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 include 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: 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's, Adrenaline Auto-injectors or by the brand name. There are two brands licensed for use in the UK: EpiPen and Jext Pen.

Allergy action plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

Designated Allergy Lead: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

Individual health care plan: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan, and it should be read in conjunction with their Allergy Action Plan if information has been provided by a healthcare professional.

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 Auto-injectors: Schools are able to purchase spare Adrenaline Auto-injectors. These should be held as a back-up, in case pupils' prescribed Adrenaline Auto-injectors are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

3. ROLES AND RESPONSIBILITIES

Oxley Primary School takes a whole-school approach to allergy management.

3.1 Designated Allergy Lead

The Designated Allergy Lead is Mrs Shobna Maisuria.

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;
- 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);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare Adrenaline Auto-injectors (check the school has an appropriate number for the setting, that they hold the correct dose, that spare Adrenaline Auto-injectors are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;

- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- 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 Senior Management Team.

3.2 Medical Lead

The Medical Lead is Mrs Shobna Maisuria

They are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the school office staff for new starters);
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Keeping an Adrenaline Auto-injector register to include Adrenaline Auto-injectors prescribed to pupils and the school's stock of spare Adrenaline Auto-injectors, including brand, dose and expiry date. The location of spare Adrenaline Auto-injectors should also be documented;
- Regularly checking spare Adrenaline Auto-injectors are where they should be, and that they are in date;
- Replacing the spare Adrenaline Auto-injectors when necessary;
- Providing on-site Adrenaline Auto-injector training for staff and pupils and refresher training as required.

3.3 School Office Staff

The school office staff are likely to be the first to learn of a pupil, staff or visitor's allergy. They should work with the Designated Allergy Lead and medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. staff in school and catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

3.4 All staff

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

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practise 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 the designated allergy lead;
- 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;
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site.

3.5 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 office with information in writing via email or Arbor 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

3.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled Adrenaline Auto-injectors and any other medication, for example antihistamine (with a dispenser, ie. 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 Adrenaline Auto-injectors if prescribed, on the journey to and from school;
- Update school in writing via email or Arbor with any changes to their child's condition and ensure the relevant paperwork is updated too;

- 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.

3.7 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.

3.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk (this will depend on age and capability);
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack time 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;
- Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate or being aware of where their auto-injector located. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- 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;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Pupils permitted to leave the school site should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

INFORMATION AND DOCUMENTATION

3.9 Allergy Register

The school has a register of pupils and staff with an allergy. This includes pupils and staff that have a history of anaphylaxis or have been prescribed Adrenaline Auto-injectors, as well as staff and pupils with an allergy where no Adrenaline Auto-injectors have been prescribed.

3.10 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, this should include Adrenaline Auto-injectors, antihistamine etc;
- A copy of parental consent to administer medication.
- A photograph of each pupil; and
- A copy of their Allergy Action Plan if the pupil has a diagnosed allergy. See definitions for the BSACI templates.

4. 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. The School will ensure compliance with the Equality Act 2010.

5. FOOD, INCLUDING MEALTIMES & SNACKS

5.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff and suppliers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;

- 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 students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies. School office staff will communicate any information concerning allergies and intolerances to staff in the school kitchen. Pupils with allergies will have a special menu that will ensure the main 14 allergens are excluded. The catering staff will have photos to complete a visual check of any allergies and intolerances and this will be communicated to any new staff and staff covering a catering responsibility.
- 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 pupils with dietary needs by via the school office;
- Oxley is a nut free school. This includes breakfast club, afterschool club and any other school events involving food. All staff in breakfast club and afterschool will be aware of the pupils with an allergy by referring to the allergy register stored in the afterschool club and breakfast club folder.

5.2 Food brought into school

Any food items brought into school will need to be nut free and a clear list of ingredients available to check for allergens. Children with allergies purchasing any foods will be carefully monitored to ensure they do not purchase anything they are allergic too. This will also include birthday treats brought in by children as well as parent teacher events and fundraisers.

5.3 Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled.

6. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a list of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- 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. Pupils and staff with allergies will have a special menu that will ensure the main 14 allergens are excluded. This will also be the case for catered packed lunches.
- If pupils are eating at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Auto-injectors section for School Trips and Sports Fixtures.

7. INSECT STINGS

Those 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.

The school premises officer 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.

8. 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, for example in a Boarding House, 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.

9. ASTHMA MANAGMENT

Asthma is included because it significantly increases the risk of severe allergic reactions. Children with both asthma and allergies are at higher risk of anaphylaxis, and asthma symptoms can escalate rapidly during exposure to allergens.

Medication Requirements

Pupils must have a labelled, in-date **reliever inhaler** in school daily.

Inhalers must accompany pupils to PE, trips, and off-site activities.

Emergency Salbutamol Inhaler (optional)

If the school holds an emergency inhaler:

It may be used for any pupil with written parental consent and an asthma diagnosis.
It must be stored with the spare AAI.

Asthma & Allergy Interaction

Staff must treat breathing difficulty during allergen exposure as **anaphylaxis until proven otherwise**. If unsure whether symptoms are asthma or anaphylaxis:

Administer the AAI first — adrenaline will not harm an asthma attack.

10. ALLERGIC RHINITIS/ HAY FEVER

Allergic rhinitis (hay fever) is a common allergic condition that can significantly affect pupils' wellbeing, concentration, attendance, and behaviour. It can also **exacerbate asthma** and increase vulnerability during allergen exposure

Pupils may use prescribed nasal sprays or eye drops. Parents will need to complete a medication form.

Medication must be:

- clearly labelled
- in-date
- stored according to school policy

10.1 Environmental and classroom management

Staff must take reasonable steps to reduce exposure:

- Keep windows closed during high-pollen days.
- Seat affected pupils away from open doors/windows.

11. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should 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 their class teacher.
- 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.
- Whole school assemblies will educate pupils and promote whole school allergy awareness and inclusion.

12. ADRENALINE AUTO-INJECTORS

[See the government guidance on Adrenaline Auto-injectors in Schools.](#)

12.1 Storage of Adrenaline Auto-injectors

- Pupils prescribed with Adrenaline Auto-injectors will have easy access to two, in-date pens at all times;
- Prescribed of Adrenaline Auto-injectors are located on top of the staff lockers in a red bag outside the premise's officers' (Mrs Parker's) room. Adrenaline Auto-injectors are labelled and contain a copy of the pupil's Allergy Action Plan. All staff are made aware of the central location during INSET, induction and staff briefing.
- Spot checks will be made to ensure Adrenaline Auto-injectors are where they should be and in date;
- Adrenaline Auto-injectors must not be kept locked away;
- Adrenaline Auto-injectors should be 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.

12.2 Spare Adrenaline Auto-injectors

This school has 4 spare Adrenaline Auto-injectors to be used in accordance with government guidance.

The locations of spare Adrenaline Auto-injectors are clearly signposted and communicated to all staff. 2 x 150 microgram and 2 x 300 microgram Jext Auto injectors are in a red bag, hung on the wall to the left of the office door. The spare Auto injectors must be kept in school.

The Allergy Lead is responsible for:

- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare Adrenaline Auto-injectors which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

12.3 Adrenaline Auto-injectors on off-site activities

- No child with a prescribed Adrenaline Auto-injector will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline Auto-injectors 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;
- Adrenaline Auto-injectors 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
- Prescribed Adrenaline Auto-injectors must be taken to off-site activities. This should be recorded as part of the risk assessment process.

13. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan or Health care plan.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting.

More **serious** symptoms are often referred to as the ABC symptoms and can include:

AIRWAY -swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the Adrenaline Auto-injector themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own Adrenaline Auto-injector is not available or misfires, then use a spare Adrenaline Auto-injector;

- If anaphylaxis is suspected but the pupil does not have a prescribed Adrenaline Auto-injector or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare Adrenaline Auto-injectors are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare Adrenaline Auto-injector can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second Adrenaline Auto-injector and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

14. TRAINING

14.1 The school is committed to training all staff annually to give them a good understanding of allergy.

This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis.
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where Adrenaline Auto-injectors 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 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

15. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses on ASSESSNET. These will be reviewed by the designated allergy lead.

Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools online training -

<https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

Whole school allergy and awareness management -

<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)

<https://www.nice.org.uk/guidance/qs118>