Moorside Primary School		
Document Name	School Allergy Policy	
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Version	2	
Audience	Staff, Governors, Parents	
Approved by	Governors, September 2026	

Introduction

This policy sets out a whole school approach to the management of allergies within our school community. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

The aim of this policy is to minimize the risk of any child or adult suffering allergy-induced reaction whilst at school. Whilst we are not able to guarantee a completely allergen free environment, we will seek to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

This policy has been written to describe how the school complies with the requirements of Benedict's Law.

The Key Requirements of Benedict's Law

- **School's should have a stand-alone whole school allergy policy, which will be reviewed and published annually**
- **Training must be provided for staff about allergy awareness and anaphylaxis**
- **Schools should hold spare injector pens**
- **Pupils should have individual health care plans (IHP)**
- **Recording and communication should include near misses and lesson learned**
- **There should be a senior leader with responsibility for allergy safety who ensures there are inclusive arrangements for pupils with allergies (meals, clubs and visits) as well as measures to minimise bullying for pupils with allergies**

It is critical that all staff and parents understand that anaphylaxis is a severe, critical life-threatening reaction which occurs on reaction to allergen and can occur within seconds or minutes. Staff must also be aware that there can be a delayed reaction of up to about thirty minutes because of food being digested.

The underlying principles of this policy include:

• The establishment of effective risk management practices to minimise the student, staff, parent and visitor exposure to known trigger foods and allergens
• Staff training and education to ensure effective emergency response to any allergic reaction situation

This policy applies to all members of the school community:
• School staff, including supply staff and students
• Parents/carers
• Volunteers

Training
All staff present during times when pupils are scheduled to be on site will receive allergy awareness training at least annually. Time will be identified within the professional training calendar for this to take place.

Where new staff join part way through the year, they will allocated to the next available training or will be enrolled onto an e-learning module which meets the requirements of Benedict's Law. Regular supply staff and those who cover PPA will be included within the school's training programme. In the case of ad hoc supply staff who only attend school very occasionally, an induction will be carried out to ensure that they are aware of the school's policy, its approach and any children who are more likely to suffer anaphylaxis.

Training will ensure that all staff:

- Have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage them;
- Understand that allergies includes multiple conditions (food allergy, asthma, eczema, hayfever, 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;
- Know how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- Know 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 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").

Well Being

It is important to promote and support the well-being of all pupils, including those with allergies.

The well being of children with allergies can be affected in a number of ways:

- Anxiety around a potential allergic reaction
- Fear of using adrenaline auto-injectors
- Negative relationships with food including food aversions and refusal
- Sleep deprivation due to allergy symptoms, affecting mood and concentration at school
- Visible symptoms such as eczema and hives causing low self-esteem
- Isolation around social events such as birthday parties and eating out at restaurants.

Source Allergy UK

Added to this might also be difficulties maintaining good levels of attendance because of the impact on their health at times. Menu choices at lunchtimes or on residentials might be more limited, along with choices at school events involving the preparation and sale of food. At times, modifications might be needed to sporting events or visits to ensure that those with asthma can participate safely.

There is also the risk that other children might perceive an allergy as a difference and use it as a to bully, mistreat or isolate those with an allergy. Where this is the case, the school would follow its behaviour and anti-bullying policies.

Minimising Risk

The school is cleaned every day with deep cleans taking place in holidays. As a result, the risk of contamination from different allergens is minimised. COSHH control sheets are maintained for products used in school.

Access to the school kitchen is limited to catering staff to reduce the risk of contamination and procedures are followed if the kitchen is to be used for a special event.

Menus for school meals are sent to parents in advance and the kitchen team are happy to discuss the ingredients used in more detail.

Staff are made aware of different types of allergens so that these can be avoided.

There are a **number of foods** which can be allergens for different people:

- celery, eggs, fish, lupin, milk, mustard
- cereals containing gluten such as wheat, barley and oats
- crustaceans and molluscs
- nuts, sesame, soya beans, peanuts
- sulphur dioxide and sulphites

At the time of review, additional foods are being considered for inclusion on the list of foods which can be considered to be allergens.

Non-Food Based Allergens
In addition to these, there are a number of non-food based allergens which occur widely in every day life. These include chemicals, dust mites, animals and animal hair, bites, stings and certain medicines.

Managing Food Coming into School

There are several aspects as to how food entering school is managed:

- Parents and staff are reminded at different times of the year that the school is a nut-free school and that nuts and nut-based snacks should not be brought into school.
- Children are reminded not to share food
- When carrying out any activity involving food, the food to be used is considered with known allergens in mind and parents of children with allergies are contacted in advance
- When residentials are being planned discussion take place between parents, school and the caterers and or venue
- Children are not permitted to bring food to share to celebrate their birthday and staff are not permitted to give food as end of term gifts

Identification of Individual Need and Individual Health Care Plans (Allergy Action Plans / Asthma Action Plans

A child must have an individual health care plan(IHP) if:

- they have an allergy which has a functional impact on them in their school,
- they are at risk of harm as a result of their allergy
- they require arrangements which are additional to or different from those made generally.

To ensure that an IHP can be formulated, it is vital that if a formal diagnosis of an allergy has been made, then parents must share this with school.

A formal meeting must be held to ensure that information is recorded accurately. Any medical advice must be shared be referred to in the IHP and be attached to it.

A register of all children with an allergy is maintained and updated as parents share information. Each class teacher is issued with a register of children with known medical conditions which need managing in school. Photographs of children with allergies is displayed in their classroom for quick reference for any staff who teach in that room. Information is also available near the exits to the playground for duty staff.

Reasonable adjustments will be made for any children who require medicine proactively or in an emergency situation.

Asthma inhalers

Children and young people known to have asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them in clearly marked place in the classroom. Spare inhalers are kept in the main office and in medicine cabinets in each corridor.

Prescribed adrenaline

Informing and working in partnership with parents

Parents must inform the school if their child has been prescribed adrenaline. So that an effective plan can be written a meeting should take place so that parents contribute to the plan and school staff can ask questions and seek clarification on different issues.

Information sharing and record keeping

To ensure that there is a clear overview of medication in school, a whole school register is kept. Where a child has prescribed adrenaline, this information is displayed on the teacher's desk in each classroom in a clearly marked folder attached to the desk.

Access to emergency medication

Each child who has been prescribed adrenalin should have two injector pens in school. They will always

have access to a **pair of pens** wherever they are in school.

Pens are currently located in five cabinets across the school site. The school is in the process of fitting a further two. If the child is going to the field, then the pens must be taken by a staff member. If the child is going on a visit or sports event, a child's own pens, along with a least one school spare, must be sent on the visit.

During the initial meeting with parents to discuss the IHP, arrangements must be discussed for how the child will access medication on their journey to and from school.

'Spare' (School owned adrenaline devices)
Spare adrenaline devices will be stored on each corridor with individually prescribed devices. All device will be clearly labelled. An additional spare of each dosage will be stored in the **main office.** If a child with a severe allergy is going on a visit, then a spare device must be taken, along with the child's own pens.

Expiry dates
It is ultimately a parent/carer's responsibility to check the expiry date on prescribed medication at school. However, school will remind parents each term to come and check dates on medication.
At the end of each school year, parents will be asked to collect all medication and return it at the start of a new school year. The school is responsible for checking the expiry date on any spare devices it owns.

Visits and events/actitities
When a visit is being planned, known allergens are considered and the visit details are shared with parents. Before a visit takes place, parents are asked to share medical information, including allergies. Based on this information risk assessments and adjustments are considered and discussed with parents.

Awareness of the allergy safety policy
The policy will be reviewed annually and shared with staff. A full version is shared on the school website, with a summary of the key points being shared with parents. Key points are also included in the induction handbook for volunteers, students and ad hoc supply staff.

Staff responsibilities
It is the responsibility of every staff member to familiarise themselves with this policy and to adhere to the school's health & safety regulations regarding food and drink.

Every teacher, supply teacher, teaching assistant, midday supervisor, kitchen staff member and anyone else who has regular contact with children must ensure that they are aware of any children with allergies in the classes or groups that they work with. This information is available on the teacher's desk and near the exits to the playgrounds.

• All staff are to encourage all children to wash their hands before and after eating.
• Staff should be vigilant to ensure that children are not bringing nuts or nut based food as a snack or part of their lunch.
(We cannot, however, guarantee that foods do not contain traces of nuts.)
• Children should not be permitted to share any food or drinks that they have brought from home under any circumstances
• After eating, all tables must be cleaned with an approved solution
• Staff will be offered training and all staff will be made aware of the location of injector pens for children who need them.
• Emergency medication should be easily accessible at all times, especially at times of high risk such as school trips and off-site visits.
• Staff should consult with parents/carers in advance about the suitability of any planned food-related activities (e.g. snacks, food sample sessions, cooking or activities involving known allergens and or bio-logical materials).

Transition
All teachers take part in First Aid training which covers the emergency procedures for dealing with anaphylaxis. More specific asthma and anaphylaxis training is also provided. When a child with a known allergy is moving from year group to another, a handover meeting takes place to share the IHP.

Managing Specific Events and Activities

Staff need to be aware that break-times and lunch-times pose a potentially higher risk because of the consumption of food. Extra vigilance is needed at these times. Children with asthma might be at greater risk of an attack because of running and exerting themselves.

Cooking and food tasting
As part of our curriculum, there will be time when children prepare, and taste foods. Nuts or nut based foods must never be used in these activities and the activities must be planned in advance in consultation with parents.

The health records for each child involved must be checked and wherever possible where a child has an allergy to one of the ingredients, this food will not be used. Where its use is unavoidable, a risk assessment will be carried out and measures put in place to minimise the risk or a discussion will be held with a parent to identify if an alternative ingredient can be found.

Other Curriculum Activities (for example when handling different materials)
If there is a child in a class with an allergy, especially if their allergy is severe enough for them to need an injector pen, then their individual plan must be considered against the materials they might come into contact with. If in doubt, contact the parent for their advice and any other medical information they might hold. Based on that, a risk assessment can be carried out, an alternative activity considered or the original activity can be adapted. It may be appropriate to wear gloves and good handwashing after an activity is Important.

Materials brought in or donated must also be considered in cases they are contaminated in some way. Because of this, cereal boxes must not be used as part of an activity.

Cake sales
Cake sales are an important part of school life for social reasons and the fundraising opportunities it provides the children. Those providing cakes will be asked to provide a list of ingredients as a guide and parents will be asked to avoid nut based recipes. Our aim is to be as inclusive as possible, so school will buy commercially available cakes to cater for children with allergies. However, if a child has a severe allergy, it is recommended that parents provide a cake that they are happy is safe for their child.

Birthdays, gift giving, end of term, use of food as rewards
As it isn't possible to monitor the ingredients of foods sent from home by parents or by staff, food is not allowed to brought in and shared with children.

Summer Fairs/Christmas Fairs
Our active PTA organise excellent social events. Whilst those who donate food will be asked to provide a list of ingredients, these cannot be relied on for those likely to suffer from severe allergic reactions.

Therefore, donated food such as cakes and biscuits will not be sold or distributed in the kitchen or dining room. As these events are public events, it is a parent's responsibility to control what their child eats.

In the event of a child suffering an allergic reaction:

- Follow the Department for Health's flowchart and for children with known allergies

work through their specific Allergy Action Plan. See Appendix.

Insect stings

It is possible that this may be the first time that the child has been stung. If a child is stung by an insect, first aid treatment will be given and their parents will be contacted. They must be monitored to ensure that their condition does not deteriorate. If they begin to show any signs of distress.

Monitoring and evaluation of the policy

Each 'incident' or 'near miss' will be recorded and evaluated to see if there are any learning opportunities. Reports will be made to governors on a termly basis if there have been an incidents or near misses. It is important to inform parents about a near miss and the school must take the opportunity to learn from them.

The next review of this policy will be in September 2027 or sooner if legislation or advice changes.

Appendix 1

Allergy safety in schools

https://assets.publishing.service.gov.uk/media/6a4b8f49045e1108aaa5ebbc/allergy_safety_in_schools_statutory_guidance_June_2026.pdf