The Elms School

Allergy Safety Policy (including Anaphylaxis)

Approved by:	Chair of Governors	**Date:** August 2026
Last reviewed on:	1st September 2026	
Next review due by:	1st September 2027 (or sooner – see policy)	

Regulatory context for this revision

The Department for Education published final statutory guidance, “Allergy safety in schools”, on 6 July 2026. The guidance explains what schools must do to support pupils with allergies and provides templates for the allergy safety policy and Individual Healthcare Plans.

The DfE states that the statutory guidance applies to maintained schools, PRUs and academies. It also states that it is not currently a statutory requirement for independent schools, including independent special schools, but that equivalent allergy safety requirements are intended to be introduced through the relevant regulatory standards. This revision therefore makes the school's policy September 2026-ready while preserving that legal-status distinction.

Official guidance: DfE – Allergy safety in schools

Legislation: Children's Wellbeing and schools Act 2026 – section 34

Title and reference documents

Allergy Safety Policy (including Anaphylaxis)

Reference Documents retained from the existing policy:

- Model Policy for Allergy Management at school (taken from the Anaphylaxis Campaign making schools safer project)

- ISBA: Allergy and Anaphylaxis Policy August 2024

- Department for Education: Allergy safety in schools – statutory guidance, published 6 July 2026.
- Department for Education: Allergy safety policy – template, July 2026.
- Department for Education: Individual Healthcare Plan template, July 2026.

Review frequency: at least annually and sooner following a serious incident, near miss, material change in guidance or significant change in the school's allergy arrangements.

Introduction

The purpose of this policy is to minimise the risk of any pupil or staff member suffering severe allergic reaction whilst at school or attending any school related activity, and to ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.
This policy sets out how The Elms School will support pupils and staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Definitions

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. This is characterised by rapidly developing life-threatening airway/ breathing/ circulatory problems usually associated with skin or mucosal changes. Triggers often include foods, insect stings, or drugs.

The definition of Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Soya, Wheat, Latex, Insect venom, Pollen and Animal Dander.

Adrenaline Auto-Injector

They are a 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 AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen.

Roles and Responsibilities

Matron and the Deputy Head Pastoral are the staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The Designated Allergy Lead

The Designated Allergy Lead for the school is the Deputy Head Pastoral. They report to the Headmaster.

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 a point of contact alongside the Matron for staff, pupils and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to staff although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school Matron
- 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 stock of the school's spare adrenaline pens with the Matron (checking the school has enough and the locations are correct) and ensuring staff know where they are
- Ensuring a record of any allergic reactions or near-misses are being kept and ensure an investigation is being held as to the cause and any learnings put in place.
- Ensuring the regular reviewing and updating of the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill once a year

The Designated Allergy Lead will regularly check procedures and report any issues to the Headmaster and SLT.

Parent responsibilities

On entry to the school, it is the parent's responsibility to inform reception staff/ school Matron/ Head of Admissions with information about their child's medical needs, including dietary requirements and allergies, a history of their allergy, any previous allergic reactions or anaphylaxis and details of all

prescribed medication. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.

Parents are to supply a copy of their child's Allergy Action Plan (British Society of Allergy and Clinical Immunology (BSACI) plans preferred) to school. If they do not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional e.g. NHS schools Nurses/ GP/ allergy specialist.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents are requested to keep the school up to date with any changes in allergy management. The individual Allergy Action Plan will be updated as per clinic review dates.

Parents are responsible for encouraging their child to be allergy aware

Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the school Matron and Catering Manager 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; this also includes a photograph of the child being taken before the child starts school so that the photo can be used on care plans etc.
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision.

Staff Responsibilities

All staff must complete anaphylaxis and allergy awareness training. This training must be refreshed annually for all staff. New staff who have not yet completed full training must be given a briefing on emergency procedures, including the location and use of adrenaline auto-injectors, before undertaking duties.

Staff must be aware of the pupils in their care (during regular and cover classes) who have known allergies as an allergic reaction could occur at any time, and not just at mealtimes. This information is available on the staff drive and there is also a hard copy folder in the staff room. Any food-related activities must be supervised with due caution.

If any food type is brought into school i.e. birthday cake or end of term treats, staff should ensure that these are always made with an understanding of the allergy impacts of any ingredients that might be used.

Staff leading any trips, excursions, or off-site activities are responsible for informing Matron of all attending children so any emergency medication is included in the first aid kit.

Staff leading school trips, excursions, or off-site activities will ensure that they account for and, if required, carry all relevant emergency kits/ first aid supplies including younger pupil's medication. Trip leaders will check that all older/competent pupils with medical conditions, including allergies, carry their own medication. Older pupils unable to produce their required medication will not be able to attend the excursion or trip.

The school Matron will ensure that the up to date Allergy Action Plan is kept with pupil's medication held by the school.

Trip Leaders will ensure that the up to date Allergy Action Plan is held with the pupil's medication when on trips/ fixtures.

It is the parent's responsibility to ensure all medication is in date; however the school Matron will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The school Matron keeps a register of pupils who have been prescribed an Adrenaline Auto Injector (AAI) and a record of use of any AAI or emergency treatment given.

It is each Staff member's responsibility upon commencement of employment with The Elms School to inform the school Matron if they have any allergies including any history of severe allergic reactions, history of anaphylaxis and details of all prescribed medication.

Pupil with allergies

Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Pupils who are age appropriate, trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

Pupils are encouraged to avoid their allergen as best as they can

Pupils are encouraged to understand how and when to use their adrenaline auto-injector

Pupils are encouraged to talk to the school Matron or a member of staff if they are concerned by any school processes or systems related to their allergy

Pupils are encouraged to raise concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

Pupils permitted to leave the school site, during the school day or during boarding time, 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

All pupils
All pupils at the school should:

- Wash their hands before and after eating
- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- Promote that any food type brought into school has an understanding of the allergy impacts of any ingredients that might be used
- Ensure no sharing, swapping, or throwing of food.

Allergy Action Plans
SEPTEMBER 2026 AMENDMENT: An Allergy Action Plan issued by a healthcare professional should be attached to or referenced within the pupil's Individual Healthcare Plan (IHP). The Allergy Action Plan does not replace the school's IHP. The IHP should set out the school's arrangements, responsibilities, access to medication, communication arrangements and review arrangements.

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

Allergy Action Plans are healthcare-professional plans which should be attached to or referenced within the pupil's Individual Healthcare Plan (IHP). The IHP sets out the school's arrangements for supporting the pupil and incorporates the relevant Allergy Action Plan.

It is the parent/carer's responsibility to complete the Allergy Action Plan with help from a healthcare professional (e.g. GP/school Nurse/Allergy Specialist) and provide this to the school.

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 tech 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.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following three things happen**:**

- **Sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **Life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **Changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

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. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection) via an AAI.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- If unconscious lie child/adult flat (with or without legs elevated) – If conscious and able to communicate a sitting position may be more comfortable and make breathing easier
- **USE ADRENALINE AUTO INJECTOR WITHOUT DELAY** and note time given. (Inject at upper, outer thigh - through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life, commence CPR
- Phone parent/carer as soon as possible
- Contact school who will activate the emergency plan if required.
- All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Reporting Allergic Reactions

SEPTEMBER 2026 AMENDMENT – DELAYED REPORTING: Parents/carers may report an allergy-related incident or near miss after the pupil has left school, including where symptoms become apparent later. Such reports will be recorded, investigated and used to identify learning and review the relevant IHP, risk assessment and/or policy where appropriate.

The school will log all allergic reaction incidents and near-misses.

Actions:

- Ensure paperwork is filled in and Parent, Matron and Line manager are informed immediately.
- Complete Anaphylaxis incident reporting form
- Complete Near Miss form

Supply, storage and care of medication

SEPTEMBER 2026 AMENDMENT – RAPID ACCESS: The school will ensure that pupils who are prescribed adrenaline have rapid access to their own prescribed device(s) at all times, including during lessons, lunch, play, sport, boarding activities, off-site activities and travel. Arrangements must enable adrenaline to be brought to the pupil without delay and, wherever reasonably practicable, within five minutes (e.g. 2mins 30secs to the device and 2mins 30secs return to the child.)

SEPTEMBER 2026 AMENDMENT – HOME ARRANGEMENTS: The school will have a clear process for prescribed adrenaline devices to accompany pupils when they leave school, including at the end of the school day, weekends and holidays where relevant. Parents/carers remain responsible for ensuring prescribed devices supplied for home use remain in date and are replaced when required.

Around age 11 years+, and after discussion with parents, pupils will be encouraged to take responsibility for, and to carry their own two adrenaline injectors on them at all times (in a suitable bag / container).

For younger children, or those assessed as not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in an emergency kit bag and clearly labelled with the pupil's name.

The pupil's emergency medication kit should contain:

- Adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- An up-to-date Allergy Action Plan
- Antihistamine as tablets or syrup (if included on plan)
- Spoon if required
- Asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school Matron will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAI their child is prescribed, to make sure they can get replacement devices in good time.

Asthma
It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Please refer to the school's Administration of Medicines Policy for further Asthma procedures and guidelines.

Older children and medication
Older children and teenagers should, whenever possible, assume complete responsibility for their emergency medication kit under the responsibility of their parents.

However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the child cannot.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as 'sharps'. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. Sharps bins are obtained from and disposed of by a clinical waste contractor/ specialist collection service. The sharps bin is kept in Matron's office.

'Spare' adrenaline auto injectors in school

The Elms School has purchased spare **AAI devices for emergency use in children who are at risk of anaphylaxis,** if their own devices are not available or not working (e.g. because they are out of date).

They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

These are stored in the office clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

SEPTEMBER 2026 AMENDMENT – FIVE-MINUTE ACCESS: Spare adrenaline devices will be located and managed so that they can be accessed and brought to a pupil experiencing anaphylaxis within five minutes wherever pupils may reasonably be located. The school will periodically test and record this access arrangement, including for higher-risk or remote areas of the site.

The Elms School holds four spare AAIs which are kept in the following location/s to be used in the event of an anaphylaxis emergency.

Reception– 2 x 150mg AAI
Reception – 2 x 300mg AAI

The AAI is 150 mg stored in a yellow Epi pen box

The AAI is 300 mg stored in a red Epi pen box

The school Matron is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

ACTION:

If anaphylaxis is suspected **in an undiagnosed individual,** call the emergency services and state you suspect ANAPHYLAXIS.

If anaphylaxis is suspected, adrenaline should be administered without delay. Do not wait for emergency services to advise whether adrenaline should be given. Call 999 immediately/at the earliest opportunity after or while the adrenaline is being administered, state ANAPHYLAXIS, and follow the emergency operator's instructions.

Staff Training

SEPTEMBER 2026 AMENDMENT – SCOPE: Allergy awareness training applies to all staff who may come into contact with pupils, including permanent, temporary, supply, agency and peripatetic staff, catering staff, regular volunteers and staff involved in breakfast, after-school, boarding or other pupil provision, where applicable. Induction arrangements will ensure new or temporary staff receive the required allergy awareness and emergency information before undertaking duties.

All school staff will receive allergy awareness training and refresher training in accordance with the current DfE statutory guidance. Training will be refreshed at least annually and will cover recognition of allergic reactions and anaphylaxis, emergency response and use of adrenaline devices, allergen avoidance, inclusion and allergy-related bullying, food labelling, relevant asthma emergency response, and the location/access arrangements for prescribed and spare emergency medication.

If a staff member is known to have a severe allergy, they will not run trips alone.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/ device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, and knowing who is responsible for what
- Associated conditions e.g. asthma
- Where adrenaline pens 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
- Taking part in an Anaphylaxis drill
- A practical session using trainer devices (these can be obtained from the manufacturers' websites and www.jext.co.uk)

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
- Keep food and drink covered

The school's Site Manager 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.

Animals

It is normally the dander 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 they are allergic to
- 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
- school trips that include visits to animals will be carefully risk assessed

Inclusion, Safeguarding and Mental Health

The Elms School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

- 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 Tutor/ House Parent/school Matron etc.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

Catering

SEPTEMBER 2026 AMENDMENT – MEALTIME IDENTIFICATION: The school will use at least two robust methods, where appropriate, to identify pupils with diagnosed allergies at mealtimes and ensure relevant catering and supervising staff know how to access current allergy information.

SEPTEMBER 2026 AMENDMENT – INCLUSION AT MEALTIMES: Pupils with food allergies will not be unnecessarily segregated from their peers at mealtimes. Controls will focus on safe food provision, communication, hygiene and prevention of cross-contact while maintaining inclusion.

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

There are 14 allergens required by 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.

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

The Catering Manager has the allergen information for all menu items available on request and all pre-packaged items e.g. sandwiches are clearly labelled with all ingredients and allergens highlighted in bold. Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.

The school Matron will inform the Catering Manager of pupils with food allergies.

The Elms School ensures that all the catering staff can identify pupils with allergies – notices with the pupils allergies are available for all catering staff to look at. The school Matron has responsibility for keeping the notices up to date.

Parents/carers of children with allergies are welcome to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following recommendations:

- Due diligence is carried out with regard to allergen management when appointing catering staff
- 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 provide varied meal options to students and staff with allergies.
- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- The Catering Manager avoids foods with nuts as an ingredient
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.
- Any bake sales held adhere to having a full list of ingredients with allergens highlighted in bold available for all products

School Trips / Excursions

(This means every occasion that a pupil leaves the school grounds regardless of the activity or location).

Staff leading school trips will ensure they carry all relevant emergency/ first aid supplies including younger pupil's medication if required. Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction

Trip leaders will check that all older/competent pupils with medical conditions, including known allergies, carry their own medication. **Pupils unable to produce their required medication will not be able to attend the excursion.**

They should also be aware of any members of staff with allergies who may be accompanying the trip.

All activities and food provisions on the school trip will be risk assessed to see if they pose a threat to allergic pupils, and alternative activities and food provisions will be planned to ensure inclusion.

Overnight school trips may be possible with careful planning and a discussion/ meeting with parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the PE teacher/s is fully aware of the child's medical conditions. The school being visited will be notified by the trip leader that a member of the team has a known allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the trip leader will arrange for the child to take an alternative or their own food if required.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy Awareness

The Elms School supports and adopts the approach below advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools:

They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk Assessment

SEPTEMBER 2026 AMENDMENT – REVIEW TRIGGERS: Individual allergy risk assessments and IHPs will be reviewed when a pupil's allergy management changes, after a serious incident or near miss where learning indicates a change is needed, and at least annually where appropriate.

The Elms School will conduct detailed allergen risk assessments for pupils and staff with allergies to help identify any gaps in our systems and processes for keeping allergic children/ staff safe, this will also include all new joining pupils or staff with allergies and any pupils newly diagnosed. Risk assessments will be updated /reviewed by the school Matron in line with care plan updates. A blank can be found here. Allergy should be included on all risk assessments for events on and off the school site.

Annexe A: Managing Allergic Reactions

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Annexe B: Responding To Anaphylaxis

SYMPTOMS OF ANAPHYLAXIS

A – Airway

Persistent cough

Hoarse voice

Difficulty swallowing

Swollen Tongue

B – Breathing

Difficult or noisy breathing

Wheeze or cough

C - Circulation

Persistent dizziness

Pale or floppy

Sleepy

Collapse or unconscious

If You Suspect Anaphylaxis, Give Adrenaline First Before You Do Anything Else.

Anaphylaxis Campaign-

AllergyWise training for schools -

AllergyWise training for Healthcare Professionals

Allergy UK -

Whole school allergy and awareness management (Allergy UK)

Spare Pens in schools -

Official guidance relating to supporting pupils with medical needs in schools:

Education for Health

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

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

Information Sharing and Communication

The school will maintain accurate, current allergy information and ensure that relevant staff have access to the information they need to keep pupils safe. This includes teaching and support staff, cover/supply staff, catering staff, boarding staff where applicable, trip leaders and other staff responsible for pupil activities.

Information will be shared proportionately and in accordance with the school's data protection and medical information procedures. Allergy information will be updated promptly when a pupil joins the school, when an allergy or treatment plan changes, and following relevant incidents or near misses.

Where appropriate, parents/carers, pupils and healthcare professionals will be involved in developing and reviewing the pupil's IHP and Allergy Action Plan.

Policy Publication, Awareness and Review

This Allergy Safety Policy will be published on the school's website and made available to parents/carers and staff. Staff, pupils and parents/carers will be made aware of the school's allergy safety arrangements and how to raise concerns.

The policy will be reviewed at least annually and sooner where there is a serious incident, significant near miss, material change in guidance or a change to the school's allergy management arrangements. Lessons from incidents and near misses will inform policy, IHP and risk-assessment reviews.

Staff, Visitors and Temporary Provision

The school will make reasonable arrangements to identify and support staff and visitors with known allergies where relevant, particularly where food is being served or activities present an allergen risk. Temporary, supply, agency and volunteer staff who may supervise pupils will receive appropriate information before undertaking duties.

September 2026 Emergency Response Clarification

Where anaphylaxis is suspected, the priority is immediate administration of adrenaline. Staff must not delay administration while attempting to contact a parent/carer or waiting for emergency services to decide whether adrenaline should be given. Call 999 and state ANAPHYLAXIS; note the time of adrenaline administration; give a second dose after 5 minutes if there is no improvement and a second device is available/appropriate; and follow emergency-service instructions. The pupil must be transferred to hospital for observation following anaphylaxis in accordance with the emergency plan.

Useful Links

- Department for Education – Allergy safety in schools
- DfE – Allergy safety in schools statutory guidance

- DfE – Allergy safety policy template
- Children's Wellbeing and schools Act 2026 – section 34
- Anaphylaxis UK
- Allergy UK