

PUPIL ALLERGY POLICY

2026-2027

MAT Board Approval:	June 2026
Last Review:	June 2026
Next Review:	Summer 2027
Member of Staff Responsible:	DoE

This policy is a guidance document, providing a framework for each individual DoWMAT academy to include details specific to the arrangements within the academy.



DoWMAT Vision and Values

Our Vision

DOWMAT's vision is to foster an inclusive, nurturing environment where everyone flourishes - academically, spiritually, and personally. Rooted in Christian values, we prioritise the vulnerable, promote work-life balance, and strive to deliver exceptional education, while celebrating each academy's unique identity—reflecting the fullness of life promised in John 10:10.

'To love, to learn, to serve - through collaboration, honesty, and hope.'

Our Values

Love

We are committed to **Compassion and Care**: As Christ commands, we strive to love one another deeply, fostering empathy, respect, and kindness. We create a culture where we genuinely care for each other, supporting personal, professional and spiritual growth, as we walk in His love.

Learn

We are committed to **Continuous Growth and Wisdom**: Following the call to grow in knowledge and understanding, we cultivate a culture of curiosity, adaptability, and continual improvement. We encourage all to seek wisdom and learning, guided by God's truth, that we might serve more effectively.

Serve

We are committed to **Service and Impact**: Inspired by Christ's example of humble service, we dedicate ourselves to serving others, contributing to the well-being of our schools, communities, and beyond, bringing His light and love into all we do.

Collaboration

We are committed to **Unity in Purpose**: We value working together in mutual respect, knowing that through collaboration, we can have a greater impact supporting each other to achieve our shared vision.

Honesty

We are committed to **Integrity and Truth**: Following Christ's call to live in truth, we foster a culture of honesty, transparency, and trust, ensuring that our actions reflect His integrity in all dealings, upholding the highest ethical standards.

Hope

We are committed to **Inspiring Hope and Faith**: As bearers of Christ's hope, we instil in every individual the belief in their God-given potential to achieve great things, trusting in His plan to bring good out of all circumstances, and inspiring hope for a future filled with His promises.

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1. AIMS

This policy aims to:

- Set out our school’s approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. LEGISLATION AND GUIDANCE

This policy is based on the Department for Education (DfE)’s guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care’s guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. ROLES AND RESPONSIBILITIES

We take a whole-school approach to allergy awareness.

3.1. Allergy lead

The nominated allergy lead is Vicky Lloyd, member of the senior leadership team (SLT) who has pastoral/welfare responsibilities.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself is delegated to the administrative staff)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an allergy action plan completed by a medical professional
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2. Admin staff

The admin staff are responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3. Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care

- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4. Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5. Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6. Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. ASSESSING RISK

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology

- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. MANAGING RISK

5.1. Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2. Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3. Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we ask pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4. Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5. Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6. Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

5.7. Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. PROCEDURES FOR HANDLING AN ALLERGIC REACTION

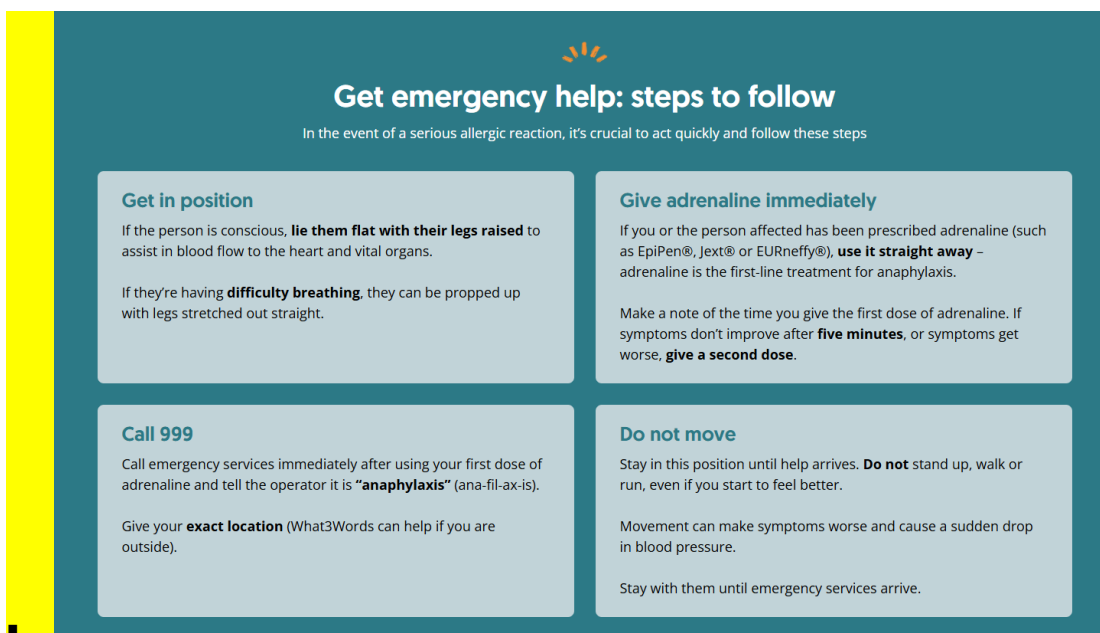
6.1. Register of pupils with AAls

- The school maintains a register of pupils who have been prescribed AAls or where a doctor has provided a written plan recommending AAls to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAl(s) (and if so, what type and dose)
 - Where a pupil has been prescribed an AAl, whether parental consent has been given for use of the spare AAl, which may be different to the personal AAl prescribed for the pupil
 - A photograph of each pupil to allow a visual check to be made (with parental consent)
- The register is kept in every classroom, office and hall and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAls with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.2. Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAls to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
 - If an AAl needs to be administered, a member of staff will use the pupil's own AAl, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures



Get emergency help: steps to follow
In the event of a serious allergic reaction, it's crucial to act quickly and follow these steps

- Get in position**
 If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.

 If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.
- Give adrenaline immediately**
 If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), **use it straight away** – adrenaline is the first-line treatment for anaphylaxis.

 Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.
- Call 999**
 Call emergency services immediately after using your first dose of adrenaline and tell the operator it is "**anaphylaxis**" (ana-fil-ax-is).

 Give your **exact location** (What3Words can help if you are outside).
- Do not move**
 Stay in this position until help arrives. **Do not** stand up, walk or run, even if you start to feel better.

 Movement can make symptoms worse and cause a sudden drop in blood pressure.

 Stay with them until emergency services arrive.

- A school AAI device will be used instead of the pupil's own AAI device if:
 - Medical authorisation and written parental consent have been provided, or
 - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. ADRENALINE AUTO-INJECTORS (AAIS)

7.1.



Get emergency help: steps to follow
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Call 999 Call emergency services immediately after using your first dose of adrenaline and tell the operator it is "anaphylaxis" (ana-fil-ax-is). Give your exact location (What3Words can help if you are outside).	Do not move Stay in this position until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure. Stay with them until emergency services arrive.

Purchasing of spare AAls

Purchasing of Spare Adrenaline Auto-Injectors (AAls)

The Allergy Lead is responsible for arranging the purchase of the school's spare adrenaline auto-injectors (AAls) and ensuring that they are stored, checked and maintained in accordance with current government guidance.

The school will purchase spare AAls for use in an emergency

Procedure for purchasing spare AAls

Supplier

Spare AAls will be purchased from a pharmaceutical supplier, Eureka. The school will purchase AAls as a retail item and will not seek to obtain them on prescription.

When purchasing AAls, the supplier will be provided with a written request, signed by the Headteacher or other authorised member of staff, stating:

- the name of the school;
- that the AAls are required for emergency use within the school; and
- the total quantity of AAls required.

AAls will be purchased in small quantities and on an occasional basis, in accordance with the relevant guidance.

Quantity

The Allergy Lead will determine the number of spare AAls required based on the size and layout of the school, the number and ages of pupils at risk of anaphylaxis, and the locations in which AAls may be required.

The school will hold a sufficient number of spare AAls to ensure that they are readily accessible in an emergency. Where appropriate, more than one emergency AAI kit may be maintained, particularly where the school site is large or has multiple areas where pupils may require access to emergency medication.

The school's spare AAls are intended as emergency back-up devices and do not replace pupils' own prescribed AAls. Pupils who have been prescribed AAls should continue to have access to their own devices in accordance with their individual healthcare plan.

Brand

The school will normally purchase a **single brand of AAI** EpiPen to reduce the risk of confusion and to ensure that staff training and instructions are consistent.

Where pupils prescribed AAls use the same brand, the school will purchase the same brand for its spare devices. Where more than one brand is prescribed among pupils, the school will normally purchase the brand most commonly prescribed within the school.

The brand selected will be recorded by the Allergy Lead and reviewed when spare AAls are replaced.

Dosage

The dose of the spare AAI will be selected using the age-based criteria recommended by the Resuscitation Council UK and reflected in the government guidance:

- **Children under 6 years:** 150 micrograms (0.15 mg) adrenaline.
- **Children aged 6–12 years:** 300 micrograms (0.3 mg) adrenaline.
- **Young people aged 12 years and over:** 300 micrograms (0.3 mg) or, where appropriate, 500 micrograms (0.5 mg).

The Allergy Lead will consider the ages of pupils at risk of anaphylaxis when determining which dose(s) to purchase. Appropriate medical advice may be sought where required.

The school will ensure that the correct device and dose are obtained and that staff who may need to administer an AAI are familiar with the device held by the school.

Checking and replacement

The Allergy Lead will maintain a record of all spare AAls held by the school, including the brand, dose, batch number and expiry date.

Spare AAls will be checked **at least monthly** to ensure that:

- they are in date;
- they have not been used or damaged;
- they remain stored correctly and are readily accessible; and
- the emergency AAI kit contains all required information and equipment.

Expired, damaged or used AAls will be replaced promptly.

The school will retain records of purchases, checks and any administration of spare AAls in accordance with the school's medicines and medical conditions procedures.

The arrangements for purchasing and maintaining spare AAls will be reviewed regularly and whenever there is a change to relevant government or clinical guidance.

7.2. Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAls will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3. Maintenance (of spare AAls)

Jemma Macdonald & Clare Moule are responsible for checking monthly that:

- The AAls are present and in date
- Replacement AAls are obtained when the expiry date is near

7.4. Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5. Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- A spare AAI is taken on all trips.

7.6. Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

8. TRAINING

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by on National College .

9. LINKS TO OTHER POLICIES

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy

Document History

Date	Author	Summary Changes	Approved by
June 2026	Maggie Spence (DoE)	New Policy - First Approval	QE Committee