



HILLTOP

PRIMARY SCHOOL

Allergy management policy

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Index

Introduction	3
Aims.....	3
Roles and Responsibilities	4
Defined Responsibilities	4
Parents and Carers	4
Pupils.....	4
School Staff.....	5
Healthcare Plans (HP)	5
Allergy Action Plans (see Appendix 1)	5
Medication Management.....	6
Emergency (spare) Adrenaline Auto-Injectors (AAI) (see Appendix 1).....	6
Storage	6
Administration	7
Expiry and Disposal	7
Minimising Allergen Exposure	7
Whole-School Approach.....	7
Catering: Identification of Pupils with Allergies at Mealtimes	7
First Aid	8
School trips	8
Sporting Excursions	9
Recognising an Allergic Reaction (See Appendix 2).....	9
Emergency Response Procedure	9
Staff Training	10
Record Keeping and Information Sharing.....	10
Safeguarding Considerations.....	10
Monitoring and Review.....	10
Appendix 1: Parental Consent Form and Allergy Action Plan	10
Appendix 2: Recognising an Allergic Reaction	11
Useful Links	13

Introduction

This policy is written in accordance with the Children and Families Act 2014, the Equality Act 2010, the DfE statutory guidance “Supporting Pupils at School with Medical Conditions” (2015, updated 2017), the Human Medicines Regulations (2012, amended 2017), and the requirements introduced under Benedict’s Law (2023–2024) relating to the provision and use of spare adrenaline auto-injectors in schools.

An allergy is a reaction of 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 serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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, Latex, Insect Venom, Pollen and Animal Dander.

This policy sets out how Hilltop Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Hilltop Primary School is committed to ensuring the health, safety and wellbeing of all students. This Allergy Management Policy outlines how the school supports students with allergies, including mild, moderate, and life-threatening anaphylaxis, so they can safely access the full curriculum and school environment.

This policy should be read alongside the school’s supporting policies/procedures:

- Safeguarding
- First aid
- Health and Safety

Aims

The aims of this policy are to:

- Ensure all students with allergies are appropriately supported.
- Minimise the risk of allergen exposure within school.
- Ensure staff understand their roles in preventing and responding to allergic reactions.
- Support students to manage their allergies safely and confidently.
- Establish safe and consistent procedures for medication use, storage, and emergency response.

Roles and Responsibilities

Defined Responsibilities

Senior Leadership Team

The Headteacher (David Petty) is responsible for ensuring that this policy is implemented consistently across the school; that appropriate procedures, training, communication and resources are in place; and that allergy-related risks, incidents and actions are monitored and reviewed.

Staff Member Responsible for Checking Devices

The Headteacher will nominate a suitably trained staff member (Maria Hewlett –Office Manager) to check pupils' prescribed allergy medication and the school's emergency adrenaline auto-injector devices. Checks will confirm that devices are present, clearly labelled, stored correctly, undamaged and within their expiry dates. Checks will be recorded, and any concerns or replacement needs will be followed up promptly.

Governor Role

The governing body is responsible for checking that appropriate allergy-management arrangements are in place, are effective and are understood by all relevant individuals. Governors will receive appropriate assurance through monitoring and policy review, while respecting the confidentiality of individual pupils and families.

Parents and Carers

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Medical information, including allergies, should be added to their child's Arbor account.
- Parents/Carers are legally required to provide the school with full, accurate and up-to-date medical information relating to their child's allergies and prescribed treatment. This includes supplying all prescribed medication in date and in the original pharmacy-labelled packaging.
- Parents/Carers are to supply a copy of their child's Allergy Action Plan to school and complete a school Healthcare Plan. 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. School nurse/GP/allergy specialist. <https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/>
- Parents are to supply prescribed medication (e.g., antihistamines, inhalers, adrenaline auto-injectors) **in-date, in original packaging and correctly labelled**. Setting a calendar reminder is recommended. Two adrenaline auto-injectors must be provided, if prescribed. Failure to provide essential medication may constitute a safeguarding concern and will be escalated in line with statutory safeguarding procedures.
- Parents must Inform the school immediately of changes in diagnosis, medication or allergy severity. The Allergy Action Plan and Healthcare Plan will be kept updated accordingly.

Pupils

- 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 are encouraged to have a good awareness of their allergens and know to avoid contact/consumption of these, where possible.

School Staff

- The Headteacher will designate a member of staff (Maria Hewlett-Office Manager) to oversee the school's emergency adrenaline auto-injector supply, including stock checks, expiry monitoring, replacement ordering and record keeping.
- Staff must be aware of students with allergies in their classes and understand their needs. Each class has a medical box with a list of children with medical needs/allergies. The box contains their medication, Healthcare Plans and Allergy Action Plan, if applicable.
- Students with diagnosed anaphylaxis will be flagged on the school MIS system (Arbor) for staff awareness.
- All staff have a duty of care to act in accordance with this policy and to follow a pupil's Healthcare Plan and Allergy Action Plan. They will respond swiftly in an emergency.
- Staff must take reasonable steps to prevent foreseeable harm, including avoiding the use of known allergens in teaching activities unless risk-assessed and approved.
- Staff receive appropriate annual training (e.g., EpiPen use, allergy awareness).
- Staff (regular or cover staff) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have easy access to their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The school keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. These records are kept with the Emergency Anaphylaxis Kit in the school office.
- The first aider ensures that any reaction is recorded and reported internally or in accordance with RIDDOR
- Following any administration of an adrenaline auto-injector, the school will undertake a review of the incident to identify any lessons learned and determine whether amendments to risk assessments, healthcare plans, training or procedures are required.

Healthcare Plans (HP)

Each plan includes:

- Pupil's details.
- Medical diagnosis or conditions
- Symptoms
- Medication
- Emergency contact details
- Clinic/GP details
- Daily care requirements
- Emergency care requirements

Healthcare Plans are reviewed annually or sooner if the student's condition changes. Parents must inform school of any changes in a timely manner.

Allergy Action Plans (see Appendix 1)

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan. <https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/>

Medication Management

In line with statutory guidance, adrenaline auto-injectors must be immediately accessible at all times and must not be locked away or stored in a manner that delays emergency access. Pupils with prescribed Adrenaline Auto-Injector pens (AAI) should have TWO AAI pens in school.

Medication should be stored in a suitable container and **clearly labelled with the pupil's name**. The pupil's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext® (in original packaging with the pharmacy label attached)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

Emergency (spare) Adrenaline Auto-Injectors (AAI) (see Appendix 1)

- In accordance with Benedict's Law, the school maintains a supply of spare adrenaline auto-injectors for use in emergencies. **These devices may only be administered to pupils who have been prescribed an AAI and for whom written parental consent has been obtained.**
- The school will ensure that spare AAI's are stored, checked, and replaced in line with Department of Health guidance. This means the school's emergency AAI register will be checked at least monthly and after each use to ensure devices are in date, undamaged and available for emergency use.
- The emergency AAI's are stored in the school office with the Emergency Anaphylaxis Kit.
- If a pupil with a diagnosed risk of anaphylaxis is showing signs of an allergic reaction and their prescribed AAI is unavailable or not functioning, and the school does not hold parental consent to administer the emergency AAI, staff will immediately call 999 and follow the advice of the emergency operator regarding the administration of the school's emergency AAI.
- In the event of a possible severe allergic reaction in a pupil who does not have a diagnosis of anaphylaxis school will contact 999 to seek advice as to whether administering the AAI is appropriate.

Storage

- AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.
- Adrenaline auto-injectors and inhalers must always be accessible.
- The pupil should have TWO adrenaline auto-injectors in school. One will be stored in their classroom medical box. The second will be stored in the first aid cabinet in the school office.

- Both auto-injectors should be taken on school trips and returned to their storage areas upon return to school.

Administration

- Trained staff will administer in emergency situations where the student is not able to administer themselves (e.g. anaphylaxis).
- Trained staff are legally permitted to administer adrenaline auto-injectors under the Human Medicines Regulations (2012, amended 2017), including the administration of a spare school AAI where parental consent has been provided.
- All medication must be supplied in its original packaging with pharmacy labelling.
- Administration will be recorded in the school logbook and on CPOMS – the logbook is stored with the Emergency Anaphylaxis Kit in the school office.

Expiry and Disposal

- It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. Parents are encouraged to set a calendar reminder to ensure replacements are ordered in good time. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.
- School staff will endeavour to contact parents ahead of replacement deadlines.
- Expired medication will be returned to parents for safe disposal. Medication can be safely disposed of via most local pharmacies.
- Used auto-injector pens will be handed to attending paramedics upon arrival.

Minimising Allergen Exposure

Whole-School Approach

Hilltop Primary School promotes an allergy-aware environment. While we cannot guarantee an allergen-free site, we commit to reducing risk through:

- Clear communication to parents about avoiding high-risk foods in packed lunches or snacks. For example, nuts and products containing nuts.
- Allergen policies adhered to by the contract catering company, with clear signage and food labelling in the canteen and other food outlet areas.

Catering: Identification of Pupils with Allergies at Mealtimes

Children with allergies wear a yellow lanyard when collecting a school meal so that catering and supervising staff can identify them and follow the agreed allergy-management arrangements.

Details of children with allergies are displayed in the kitchen for authorised catering staff and are also recorded on the Arbor management information system. Information will be kept accurate, reviewed when needs change and handled in accordance with the school's data-protection requirements.

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.

The school's menu is available for parents to view termly in advance with all ingredients listed and allergens highlighted on the school website at www.hilltopprimary.co.uk.

The School will inform the Catering Manager/Cook of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager/Cook to discuss their child's needs. This can be arranged by contacting the school office.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods checking the allergens on school meals menu and/or by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing. School meals menu: <https://www.hilltopprimary.co.uk/parents>
- 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.
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats).
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- 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 depending on the allergies of particular children and their age.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care).

First Aid

- Check materials (e.g., latex, powdered gloves, plasters). Avoid high allergen materials where possible and provide alternatives where needed.
- Check with the pupil regarding allergens before applying any first aid materials (e.g. plasters)

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have their medication in school prior to the school trip taking place. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and

alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for 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

Pupils with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the accompanying staff are fully aware of the situation and trained in administering adrenaline.

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.

Recognising an Allergic Reaction (See Appendix 2)

Mild to Moderate Symptoms

- Itchy skin, rash or hives
- Swelling of lips or face
- Mild stomach discomfort
- Sneezing/watery eyes

Worsening or Multiple Symptoms

- Increasing swelling
- Worsening rash or vomiting
- Cough, mild breathing difficulty
- “Something doesn’t feel right”
- Exposure to a *known high-risk allergen*, even without symptoms

Severe Symptoms (Anaphylaxis)

- Difficulty breathing
- Tight chest, wheeze or persistent cough
- Rapid swelling of tongue or throat
- Feeling faint or collapsing
- Sudden anxiety or sense of doom

Emergency Response Procedure

If a student shows signs of anaphylaxis:

1. Call for help immediately and alert the school office.
2. Administer adrenaline auto-injector without delay (into the outer thigh).
3. Call 999 and state “anaphylaxis.”

4. Lay the student flat with legs raised (unless breathing is difficult—allow to sit upright).
5. If no improvement after 5 minutes, administer second device if available.
6. Keep monitoring breathing and stay with the student until emergency services arrive.
7. Contact parents/carers.
8. Record the incident on the medical log and CPOMS where appropriate.

Staff Training

- Annual whole-staff EpiPen training.
- Designated First Aiders receive refresher training, as required.
- Updates provided when students' needs change.

Record Keeping and Information Sharing

- Healthcare plans and allergy Action Plans are made available to staff on school trips.
- Medical needs are listed on Arbor.
- Healthcare Plans are stored in the Medical Box in the child's classroom. Copies are stored in the medical cabinet in the school office.
- Records of medication administered and emergency responses are recorded on CPOMS and in the Emergency Anaphylaxis Kit records book, if applicable.

Safeguarding Considerations

- Allergy-related concerns (e.g., bullying about allergens, misuse of allergenic foods) will be treated as safeguarding matters in line with the school's Safeguarding Policy.
- Repeated failure to provide medication or follow medical advice will be escalated to the Designated Safeguarding Lead if it poses a risk to the child.

Monitoring and Review

- The policy will be reviewed annually or sooner after any allergy-related incident.
- Feedback from staff, students, governors, and parents will inform future updates.
- The Governing Body retains oversight of health and safety and safeguarding compliance.

Appendix 1: Parental Consent Form and Allergy Action Plan

**FOR USE OF ADRENALINE AUTO INJECTORS IN SCHOOL
(TO BE COMPLETED ALONGSIDE A BSACI ALLERGY ACTION PLAN)**

Pupil Details

NAME:		PUPIL'S PHOTO
DATE OF BIRTH:		
CLASS:		
ADDRESS:		

Pupil's Diagnosed Allergies:

Foods (e.g., Nuts, kiwi etc)	
Non-Food (e.g., latex, insect stings)	
Medication (e.g., Penicillin)	

Provided Medication

Medication	Brand & Dose	Location in School	Expiry Date
Adrenaline Auto-Injector #1			
Adrenaline Auto-Injector #2			
Antihistamine			
Inhaler (if applicable)			
Other			

CHILD SHOWING SYMPTOMS OF ANAPHYLAXIS

1. I confirm my child has been diagnosed as being at risk of anaphylaxis and has been prescribed an adrenaline auto injector (All – also known as an Epi-Pen).
2. My child has a working, in-date adrenaline auto injector in school. This is clearly labelled with their name.
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto injector is unavailable or unusable, I consent for my child to receive adrenaline from an auto injector held by the school for such emergencies.

Parent/Carer Details

NAME:	
TELEPHONE NO:	
EMAIL ADDRESS:	
ADDRESS: (If different from above)	
SIGNED:	

Appendix 2: Recognising an Allergic Reaction

GREEN – Mild/Moderate Symptoms
Signs may include: • Itchy skin, rash or hives • Swelling of lips or face • Mild stomach discomfort • Sneezing/watery eyes Action ✓ Stay with student and reassure them ✓ Give antihistamine (if prescribed) ✓ Monitor closely for 10–15 minutes ✓ Inform Parent/Carer ✓ If symptoms progress → follow AMBER/RED sections
AMBER – Worsening Symptoms
Signs may include: • Increasing swelling • Worsening rash or vomiting • Cough, mild breathing difficulty • “Something doesn’t feel right” • Exposure to a <i>known high-risk allergen</i>, even without symptoms Action ✓ Call Reception / First Aider immediately ✓ Begin close monitoring ✓ Prepare adrenaline auto-injector ✓ If the student deteriorates → follow RED section ✓ Inform Parent/Carer ASAP
RED – Severe Symptoms (Anaphylaxis)
Any ONE of the following = anaphylaxis: • Difficulty breathing, noisy breathing, persistent cough • Swelling of tongue or throat • Hoarse voice, difficulty speaking • Feeling faint, dizzy, collapse • Pale/floppy (especially in younger children) • Sudden anxiety or sense of “doom” EMERGENCY ACTION – DO NOT DELAY 1. Administer Adrenaline Auto-Injector immediately ○ Into outer thigh, hold for 5 seconds (<i>check EpiPen instructions as could be longer</i>) 2. Call 999 – say: “<i>Anaphylaxis – adrenaline given</i>” 3. Lie student flat ○ If breathing is difficult: allow to sit up ○ <i>Do NOT allow them to stand or walk</i> 4. Send a runner to bring second AAI and inform Reception/SLT 5. If no improvement after 5 minutes, give second AAI 6. Contact Parent/Carer 7. Stay with student until ambulance arrives

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/>

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](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>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>