



Kirkstall St Stephen's
Allergy Policy
September 2026

This school is committed to safeguarding and promoting the wellbeing of all children and expects our staff and volunteers to share this commitment.

KSS School Vision:

We are cherished, we are challenged, we are children of God.

- We are cherished – we aim to create a caring environment where all children and staff feel welcome, valued, supported and respected.
- We are challenged- through a stimulating and challenging learning environment, where achievements are recognised but it is also safe to fail, increasing our resilience.
- We are children of God – we recognise the value of each and every individual, encouraging every-one's unique spiritual development and potential.

Contents

1. Aims
 2. Legislation and guidance
 3. Roles and responsibilities
 4. Assessing risk
 5. Managing risk
 6. Procedures for handling an allergic reaction
 7. Adrenaline auto-injectors (AAIs)
 8. Training
 9. Links to other policies
-

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 Phil Sheppard, Headteacher. He is supported by Angela May, SENCO and Zoe Barnett, Deputy Headteacher.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Delegating the recording and collating allergy and special dietary information for all relevant pupils to the office 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
- Regularly reviewing and updating the allergy policy

3.2 Office staff

The office staff are responsible for:

- Co-ordinating the paperwork and information from families Appendix 1 careplan, Appendix 3 communication to parents)
- Co-ordinating medication with families
- 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 by completing a care plan. Appendix 1.
- 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
- Not bringing any food to school which contains the known allergens
- Not sharing food with others

4. Assessing risk

The school will conduct a risk assessment (Appendix 2) 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 and packed lunch boxes

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 would like to encourage 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, the item is to remain sealed and sent home and an alternative snack will be offered, where possible.

5.4 Insect bites/stings

When outdoors:

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

5.5 Support for mental health

Pupils with allergies can have additional support through:

- Pastoral care
- Regular check-ins with their class teacher

5.6 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 AAI

- The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s)
- The register is kept in the office, outside the staff room and in the canteen and can be checked quickly by any member of staff as part of initiating an emergency response
- The schools maintains an allergy management plan for each pupil. Appendix 4

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 AAI 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 AAI needs to be administered, a member of staff will use the pupil's own AAI
- 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.
- 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 Storage prescribed AAI

The allergy lead will make sure all AAI 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

7.2 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.

7.3 Use of AAIs off school premises

➤ The prescribed AAI will be taken to all school trips and events by the class members of staff.

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

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First aid policy



Medical Individual Health Care Plan (MIPRA) for allergies

CHILD INFORMATION

Pupil Name:	Date of Birth:
Gender:	Medical needs:
Address:	
Date of plan-	
Review date-	

FAMILY CONTACT INFORMATION

Three contacts, please, in case of emergency.

	Contact 1	Contact 2	Contact 3
Parent/Guardian name:			
Relationship to child			
Home:			
Mobile:			
Work:			

HOSPITAL / CLINIC CONTACT

Name:	
Phone number:	

Information about need(s) and/or medical condition(s).

Describe symptoms of the condition that all adults should be aware of.

Describe daily care requirements and management advice, including medication and classroom considerations.

➤ ADVICE FOR PARENTS

➤ Please remember:

- It is your responsibility to tell the school about any changes in your child's medical information
- It is your responsibility to ensure that your child has their medication in school and it is clearly labelled with their name/class
- It is your responsibility to ensure that your child's medication has not expired
- The school will periodically check dates and inform you of upcoming expiration dates.

➤ I consent that I am happy that the above information be passed onto emergency care staff in the event of an emergency during school hours or during after-school activities.

➤ Parent / Guardian signature _____ Date _____

➤ Name of Parent / Guardian (printed) _____

Appendix 2 Risk Assessment

Risk Assessment – Children at Risk of Anaphylaxis

Section	Details
School / Setting	
Review Date	
Completed By	
Emergency Medication Provided	
Parent Consent Forms Completed	

Risk Assessment Table

Hazard / Risk	Potential Harm	Existing Control Measures	Person Responsible	Review Date
Exposure to known allergens in classroom	Allergic reaction / anaphylaxis	Staff informed of allergens; allergen-aware classroom procedures implemented		
Exposure during meals and snacks	Severe allergic reaction	Catering staff informed; no food sharing policy; supervision during eating		
Cross-contamination from surfaces or equipment	Allergic reaction	Enhanced cleaning procedures; handwashing before and after meals		
Delayed administration of medication	Escalation of medical emergency	Adrenaline auto-injectors accessible at all times; trained staff available		
Medication unavailable or expired	Inability to respond effectively in emergency	Regular medication checks and expiry monitoring		
Lack of staff awareness	Incorrect response to allergic reaction	Medical information shared with relevant staff; annual training completed		

Hazard / Risk	Potential Harm	Existing Control Measures	Person Responsible	Review Date
School trips and educational visits	Exposure to allergens away from school site	Visit-specific risk assessment completed; medication carried by trained adult		
PE, sports, and outdoor activities	Delayed emergency response	Emergency medication accessible during activities; staff aware of procedures		
Bullying or teasing relating to allergy	Emotional distress or unsafe exposure	Behaviour expectations reinforced; safeguarding procedures followed		
Emergency evacuation or lockdown situations	Medication inaccessible during emergency	Emergency medication included within evacuation arrangements		

Signs and Symptoms of Anaphylaxis

Possible Symptoms
Swelling of lips, tongue, throat, or face
Difficulty breathing or wheezing
Persistent cough
Rash, hives, or redness
Vomiting or abdominal pain
Dizziness, confusion, or collapse
Difficulty swallowing or change in voice

Emergency Procedure

Step	Action
1	Remain calm and send for assistance immediately
2	Administer prescribed adrenaline auto-injector without delay
3	Call 999 and state "ANAPHYLAXIS"
4	Contact parents/carers
5	Ensure a trained member of staff stays with the child
6	Administer second auto-injector if required and medically advised
7	Record the incident and actions taken

Emergency KITT Medication Location	Office
------------------------------------	--------

Training and Communication

Requirement	Status	Notes
Staff anaphylaxis awareness training completed	Yes / No	
Auto-injector training completed	Yes / No	
Emergency procedures shared with staff	Yes / No	
Catering staff informed	Yes / No	
Trip leaders informed	Yes / No	
Supply staff informed where necessary	Yes / No	

Monitoring and Review

Review Requirement	Details
Annual review	Yes
Review following allergic reaction or near miss	Yes
Review following changes to medical advice	Yes
Review following changes to allergens or procedures	Yes

Appendix 3 Communication to parents

Parent / Carer Consent

➤ "I confirm that the information provided is accurate and that in the event of severe symptoms due to an allergic reaction, trained members of staff at Kirkstall St Stephen's CE Primary School are authorised to administer Anaphylaxis Adrenaline medication when required."

Parent / Carer Signature Date

Parent / Carer Consent

➤ "I confirm that the information provided is accurate, that all prescribed medication has been supplied and is within its expiry date, and that trained members of staff at Kirkstall St Stephen's CE Primary School are authorised to administer medication when required."

Parent / Carer Signature Date

Appendix 4 Allergy management plan



Allergy management plan

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- | | |
|-----------------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS



***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

1. Give Adrenaline Auto-Injector Immediately

Medication Dose Location Stored

Time given..... Administered by.....

2. Second Adrenaline Dose

If Symptoms do not improve after 5 minutes and a second injector is available:

Time second dose given..... Administered by.....