

NEWLANDS GIRLS' SCHOOL

POLICY DOCUMENT



Allergy Safety Policy

LAST UPDATED AND REVIEWED	(by) Headteacher's PA	July 2026
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POLICY TYPE	Non-Statutory
REVIEW FREQUENCY	Annually – July 2027

RESPONSIBLE	
Leadership Team	Assistant Headteacher, Justin O'Connell Designated Medical Lead
Governing Committee	

APPROVED/MEETING		
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Courage Commitment Compassion

1) Statement of Intent & Equalities

Our commitment. We adopt a whole-school approach to the safe management of pupils with allergies: minimising risk of exposure, encouraging self-responsibility and learned avoidance, ensuring robust emergency response, and promoting full inclusion. We make reasonable adjustments so pupils with medical conditions participate fully and safely in all aspects of school life. Individual risks are assessed in consultation with parents and relevant healthcare professionals.

2) Purpose & Scope

This policy sets out how Newlands supports pupils with allergies so that they are safe and not disadvantaged in school or during any school-related activity. It applies to all staff, pupils, parents/carers, volunteers, contractors, and visitors.

3) Definitions (Plain English)

- Allergy: Immune system reaction to typically harmless substances (allergens). Symptoms may be mild (itching, rashes, swelling) or severe.
- Anaphylaxis: A severe, life-threatening allergic reaction affecting Airway, Breathing, and/or Circulation (the “ABC” symptoms).
- AAI: Adrenaline Auto-Injector (e.g., EpiPen®, Jext®, Emerade®).
- AAP: Allergy Action Plan (preferably the BSACI plan), signed by a healthcare professional and parent/carer; functions as the child’s medicine authorisation and emergency plan.
- IHP: Individual Healthcare Plan; a broader plan used alongside an AAP.

4) Roles & Responsibilities

A) Governing Body/Trust

Set strategic vision for allergy risk management and emergency procedures; assure adequate resources, staff training, and oversight; ensure information for parents is published.

B) Headteacher/Principal

Ensure a safe, inclusive environment; embed allergy education in curriculum; maintain robust links with healthcare and catering; maintain an effective, well-known Emergency Plan; ensure accurate allergy information is accessible; assure trip risk assessments; and report to governors.

C) Designated Medical Lead

Lead policy implementation and staff training; coordinate with catering.

To oversee the management of AAP/IHP records and ensure version control; check medication storage, expiry and disposal; manage spare AAIs; record incidents and liaise with EMS for undiagnosed emergencies; audit compliance.

D) All Staff

Complete anaphylaxis training; know pupils with allergies in their care; supervise food-related activities with caution; ensure medication and emergency supplies accompany trips; foster allergy awareness and anti-bullying culture.

E) Parents/Carers

Notify school of allergies and updates; provide in-date medication (two AAIs) and a signed AAP; collaborate on IHPs/risk assessments; label any food brought from home; replace used/expired medication.

F) Pupils/Students (age-appropriate)

Learn self-management and avoidance strategies; never share food; read labels; carry AAIs if trained/competent; alert an adult at first sign of reaction.

5) Allergy Action Plans (AAPs) & Individual Healthcare Plans (IHPs)

Newlands uses the BSACI Allergy Action Plans wherever possible for consistency across the setting. Parents/carers obtain and complete the AAP and IHP and provide copies to school. Where a broader plan is needed (complex needs, multiple conditions), an IHP will be agreed with parents.

6) Emergency Recognition & Response (Anaphylaxis)

- Recognise quickly. Mild–moderate signs include hives, facial/lip swelling, oral itching, stomach pain/vomiting. Serious “ABC” signs include throat/tongue swelling, breathing difficulty/wheeze, dizziness/faintness, collapse or loss of consciousness.
- Act immediately.
- Stay with the child. Call for help.
- Lie flat with legs raised (or briefly sitting if breathing is difficult), do not stand.
- Give AAI without delay into the outer thigh; note the time. Follow device instructions. Dial 999, state “Anaphylaxis.”
- No improvement in 5 minutes? Give the second AAI.
- If no signs of life, start CPR.
- Inform parent/carer ASAP.

All pupils must be taken to hospital for observation after anaphylaxis—even if they appear recovered—as biphasic reactions can occur.

7) Medication: Supply, Storage, Care & Disposal

- Two in-date AAIs (correct dosage), the AAP, any prescribed antihistamine, spoon (if needed), and asthma inhaler (if indicated) to be supplied by parents and kept labelled. Older pupils should carry their own AAIs where competent; staff must still be ready to administer if needed.
- Storage: Room temperature, away from sunlight/temperature extremes; accessible, safe, **not locked away**.
- Expiry checks: Designated Medical Lead ensures the reception team checks termly (child meds) and monthly (spares), with reminders to parents.
- Disposal: Single-use devices—hand to paramedics or dispose of via sharps bin in Reception.

8) Spare AAI's in School

Newlands maintains an audited supply of two spare AAI's and two inhalers for emergency use when a child at risk has no working personal device (e.g., missing/expired). Spares are stored in a clearly labelled, accessible container Reception. Written parental permission is recorded via the AAP. For undiagnosed suspected anaphylaxis, call 999, state "anaphylaxis suspected," and follow clinical advice on using a spare AAI.

9) Staff Training & Awareness

All staff complete annual anaphylaxis training (with practical AAI demonstrations) and induction for joiners. Training covers allergens, symptom recognition, when to call 999, AAI administration, risk-reduction measures (including catering and classroom activities), and managing AAPs/IHPs.

10) Inclusion, Safeguarding & Anti-Bullying

Newlands ensures pupils with medical conditions (including allergies) are properly supported to play a full, active role in school life, remain healthy, and achieve their potential. Allergy-related bullying is treated seriously and addressed under the Behaviour/Anti-Bullying Policy; statutory safeguarding guidance applies.

11) Catering & Food Controls

Caterers comply with Food Information Regulations 2014; menus available in advance with ingredients and the 14 allergens: celery, cereals containing gluten, (e.g. wheat, rye, barley, oats), crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, sesame seeds, soybeans, sulphur dioxide and sulphites (above specified levels) and tree nuts.

The Designated Medical Lead shares up-to-date allergy lists (with photos where appropriate) with the Catering Manager.

Parents may meet the Catering Manager to discuss needs. Catering staff are trained to read labels and prevent cross-contamination (prepare allergen-safe meals first; clean areas/utensils with warm soapy water). Use of food in lessons/events must be risk assessed.

12) Educational Visits, PE & Extracurricular Activities

Trip leaders ensure all allergic pupils have their medication and that emergency supplies accompany the group; pupils without required medication cannot attend. Activities/venues are risk assessed and adapted where needed. Overnight stays require early planning and venue briefings (including safe catering). Sports fixtures: notify host schools; ensure trained staff attend.

13) Whole-School Allergy Awareness (No Blanket "Nut-Free" Policy)

We adopt a culture of awareness and education rather than blanket bans, acknowledging multiple potential allergens and the impracticality of guaranteeing an allergen-free environment. Staff are taught avoidance, recognition, and response through formal training and students during their PSHE lessons.

14) Risk Assessment

Individual risk assessments are completed for all new joiners with allergies and any newly diagnosed pupils; they identify gaps and set controls across classrooms, dining, clubs, trips, labs/DT, and exams.

15) Records, Audit & Incident Review

- Maintain a register of pupils prescribed AAIs and a log of all AAI administrations/emergency treatments. This information can be found on Arbor. Maintain medical alert photos which are displayed inside the medication cupboard in Reception and the medical board in the staffroom.
- After any reaction, review the AAP/IHP, risk assessments, and practice with parents, the pupil, medical staff, and relevant team members; update training as needed. Parents to provide replacement medication immediately.

16) Policy Review & Communication

This policy is reviewed annually or after significant incidents/legislative changes. It is published on the school website and highlighted to staff, parents, pupils, volunteers, and contractors during induction/briefings.

Appendices

Appendix I – First Aid for Anaphylaxis (Poster)

Appendix II – AAI Instructions (EpiPen®, Jext®, Emerade®)

Appendix III – Flowchart: Allergic Reaction (without AAI used)

Appendix IV – Flowchart: Allergic Reaction (AAI used)

Appendix V – Allergy Information (common symptoms & ABC)

Appendix VI – Other Support & Resources (Anaphylaxis UK, Allergy UK, BSACI, Spare Pens in Schools; DfE/DoH guidance)

Appendix VII – Top 14 Allergens (Poster)

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.

Appendix II - EpiPen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh!



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".



5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information

on EpiPen AAI >>>



Sign up to the free expiry alert service and receive reminders by text or email when



ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will **not** harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

- 1. Hold the Jext AAI in the hand you write with**

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



- 2. Place the black injector tip against the outer thigh**

Hold the injector at a right angles (approx. 90°) to the thigh.



- 3. Push the black tip as hard as you can into the outer thigh**

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



- 4. Massage the injection area for 10 seconds**

- 5. Once the Jext AAI has been administered call 999**

Ask for an ambulance and say "ana-fill-axis".



- 6. Lie the person down with legs raised immediately**

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



- 7. If there are no signs of improvement after 5 minutes, use a second Jext AAI**

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

- 8. Start CPR**

If there are no signs of life, start CPR immediately until help arrives.



For more information
on Jext AAIs >>



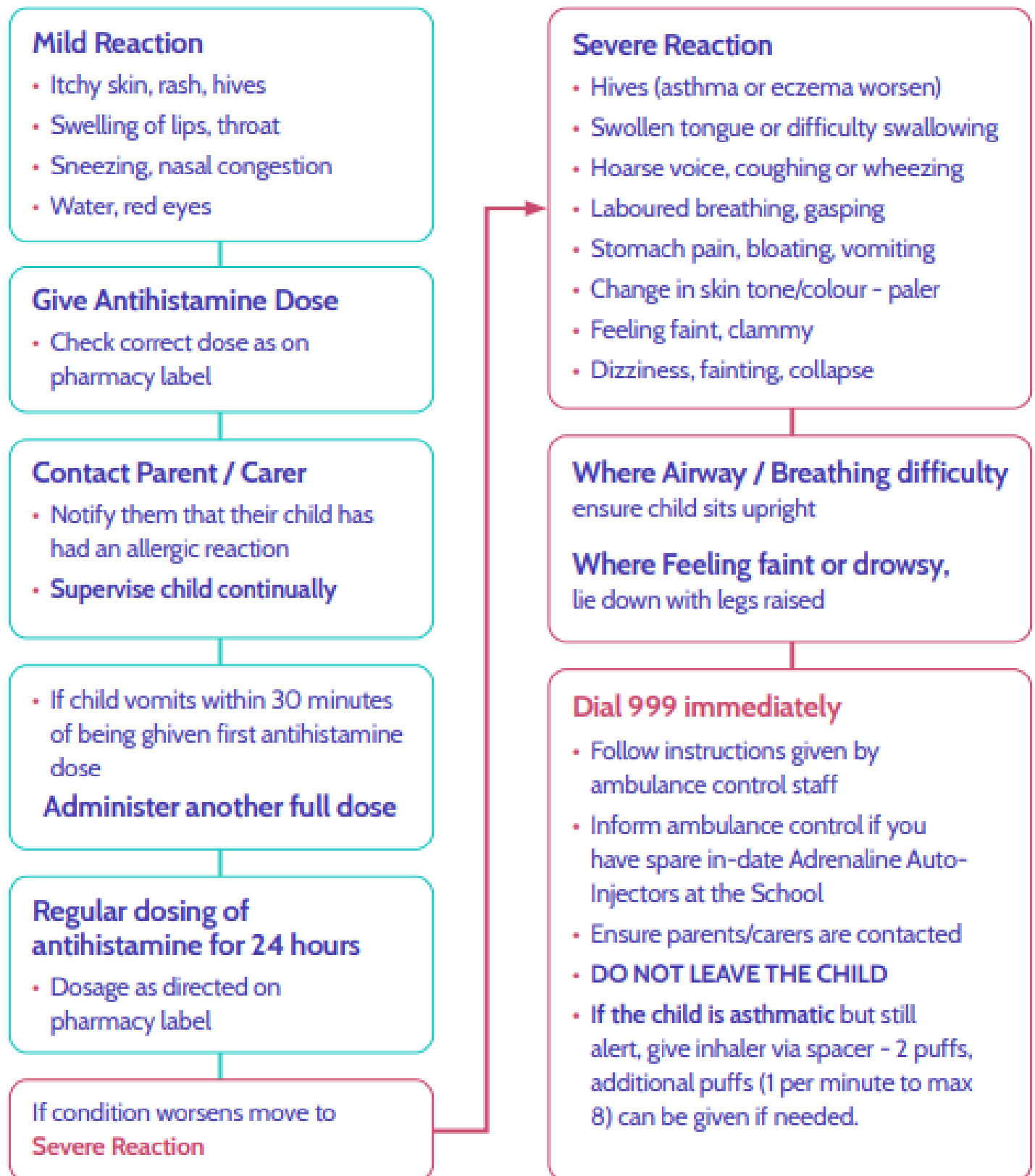
Sign up to the free expiry alert service
and receive reminders by text or email when
your Jext AAI is about to expire >>



Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

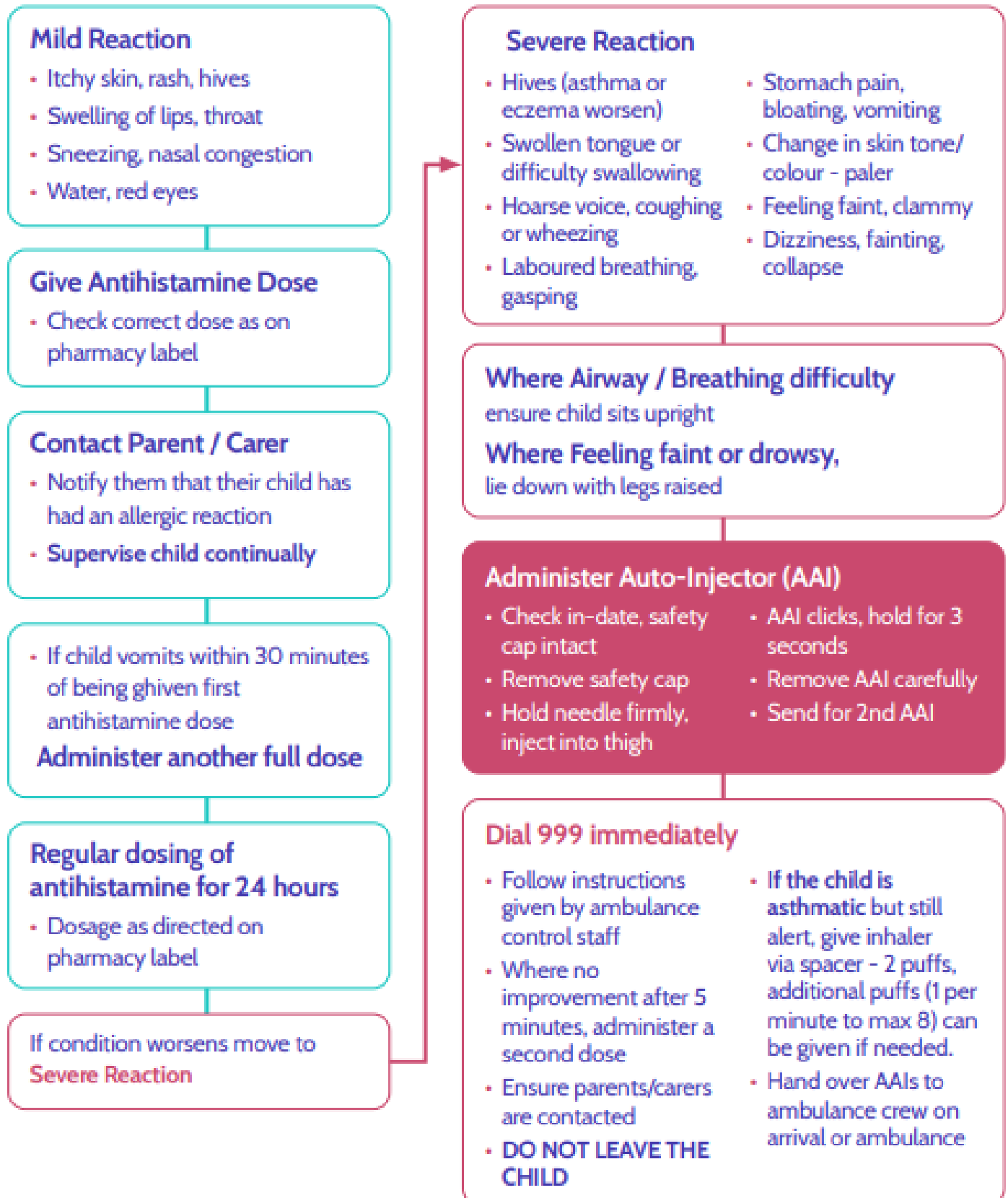
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VI

Other support and resources

- Allergy Guidance for Schools - <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - [Statutory framework for the early years foundation stage \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Early_Years_Foundation_Stage_Statutory_Guidance.pdf)
- Example menus for early years settings in England - Part I Guidance - [Example menus for early years settings in England: part 1 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Example_menus_for_early_years_settings_in_England.pdf) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - <https://allergytraining.food.gov.uk/>
- For pupils / students with Medical Conditions at School - [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Supporting_pupils_with_medical_conditions_at_school.pdf)

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf>

Scotland: <https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/>

Northern Ireland: <https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs>

- FSA reporting tool for allergies - <https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf>
- Training for Schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- Transitioning to Secondary School - <https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Appendix VII - Top 14 Allergens poster

