Thomas Buxton Primary School

Allergy Policy

Approved by:		**30th September 2026**
		**30th September 2026**
Last reviewed on:	1st September 2026	
Next review due by:	1st September 2027	

Contents

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

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 children 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 children 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 The Allergy Lead

The nominated allergy lead is Amelia Chau- Deputy Headteacher.

They're responsible for:

- Overall responsibility for allergy safety
- Promoting and maintaining allergy awareness across our school community
- Overseeing the implementation of the Allergy Policy
- Line managing the Medical Lead (Ayesha Chowdhury)
- Regularly reviewing and updating the allergy policy

3.2 The Medical Lead

The Medical Lead is Ayesha Chowdhury (Senior Teaching Assistant and Pathways team member).

They're responsible for:

- Recording and collating allergy and special dietary information for all relevant children
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All children 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)
- 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
- Updating the medical register and all related medical documents (e.g. kitchen allergy photo chart, medical photo charts)

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Knowing which children in their class have a known allergy and/or medical condition
- Promoting and maintaining allergy awareness among children
- 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 children 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 children 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 when close to expiry
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included (food containing nuts are not allowed in school)
- Following the school's guidance on food brought in to be shared (food containing nuts are not allowed in school)

- Updating the school on any changes to their child's condition
- Working with the Allergy Lead and the Medical Lead to ensure that information regarding their child's medical condition is up-to-date and accurate

3.5 Children with allergies

These children are responsible for:

- Being aware of their allergens and the risks they pose (where possible due to age and any additional need)
- Understanding how and when to use their adrenaline auto-injector (where possible due to age and any additional need)
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose. As the children are all under the age of 11 and as the school site is small, all adrenaline auto-injectors will be stored in the first aid room.

3.6 Children without allergies

These children are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Asking for help from adults in an emergency

Older children 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 child 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 child 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

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

5.2 Catering

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

- Catering staff receive appropriate training from Tower Hamlets Contract Catering Services and are able to identify children with allergies due to an allergy photo chart on display in the kitchen. Children also wear allergy badges when collecting and eating their food
- School menus are available for parents/carers to view on the school website with ingredients clearly labelled

- Where changes are made to school menus, Tower Hamlets Contract Catering Services will make sure these continue to meet any special dietary needs of children
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing children 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 children 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 child brings these foods into school, parents will be called to discuss the risk of allergic reactions.

5.4 Insect bites/stings

When outdoors:

- Shoes are always encouraged to be worn
- Food and drink should be covered whenever possible to avoid attracting insects.
- Outdoor eating areas should be cleaned promptly after use, and rubbish should be disposed of in covered bins.

5.5 Animals

Where animals are present on the premises or involved in activities:

- A risk assessment will be completed before animals are brought onto the premises or before visits involving animals take place
- All children will always wash hands after interacting with animals to avoid putting children with allergies at risk through later contact
- Children with animal allergies will not interact with animals
- Staff will supervise all interactions between children and animals to ensure good hygiene practices are followed

5.6 Support for mental health

We recognise that living with allergies can have an impact on a child's emotional wellbeing. Some children may experience anxiety, worry about having an allergic reaction, or concerns about feeling different from their peers. Children with allergies may also be at risk of bullying or social isolation, and these concerns will be addressed in line with the school's behaviour policy and anti-bullying procedures.

Children with allergies will have additional support through:

- Access to pastoral care and emotional support when needed, including check-ins with their class teacher, the medical lead and the Deputy Headteacher
- Encouragement to talk openly about their allergy, feelings, and any worries they may have
- Support to build confidence in managing their allergy safely and independently in an age-appropriate way

- Monitoring for signs of anxiety, distress, reduced confidence, or changes in behaviour
- Prompt action if bullying, teasing, exclusion, or inappropriate comments relating to allergies are reported or identified
- Liaison with parents or carers to ensure appropriate support is provided and concerns are shared
- Referral to additional support services where appropriate

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no children 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 children' allergies and to have received adequate training
- Risk assessments which include children' allergies and medical conditions will be undertaken for all school trips by the class teacher
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of children with AAIs (Adrenaline Auto-Injectors)

- The school maintains a register of children who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a child has been prescribed AAI(s) (and if so, what type and dose)
    - Where a child has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the child. Where there is no parental consent, consent is assumed (The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency)
    - A photograph of each child to allow a visual check to be made
- A class medical photo chart is kept in every classroom and in the first aid room and can be checked quickly by any member of staff as part of initiating an emergency response

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 AAIs to minimise delays in children receiving adrenaline in an emergency
- If a child has an allergic reaction, the staff member will initiate the school's emergency response plan (**Appendix 1)**, following the child's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the child's own AAI, or if it is not available, a school one
- If the child has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's emergency response plan (**Appendix 1**).
- A school AAI device will be used instead of the child's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The child'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 child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany the child to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the child will be monitored and the parents/carers informed.

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The Medical Lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- Where the AAIs will be sourced (i.e. a local pharmacy)
- Which brand(s) of AAI are purchased (schools are recommended to buy a single brand to avoid confusion)
- School stores eight spare AAIs: 2 x 300mg pens and 2 x 150mg pens
- For children under the age of 6 years, we store two pairs of 'spare' AAIs with a dosage of 150 micrograms
- For children over the age of 6 years, we store two pairs of 'spare' AAIs with a dosage of 300 micrograms

7.2 Storage (of both spare and prescribed AAIs)

The Medical Lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Clearly labelled as 'spares' to avoid any confusion with children's individually prescribed AAIs
- Kept in the First Aid Room (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 AAIs will be kept separate from any child's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Ayesha Chowdhury and Amelia Chau are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs 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 (for example, in a sharps bin or at a local pharmacy). Ayesha Chowdhury will be responsible for disposing of AAIs after use or when they have expired.

7.5 Use of AAIs off school premises

- Children 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. If they are not old enough to do so, the class teacher or teaching assistant on the trip will carry the child's AAI.
- Staff will ensure that a spare set of AAIs are taken on out of school trips in case of emergency

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit, which is stored in the First Aid Room. This includes:

- The spare AAIs- clearly labelled
- 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 children who are at risk of anaphylaxis
- 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 Amelia Chau and Ayesha Chowdhury. In addition, there will be short updates given to staff in briefings (phase and whole school).

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting children with medical conditions policy

Appendix 1: Emergency Response Plan

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

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

If any one (or more) of these signs are present: Don't delay

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)



2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms