AMIGS WHOLE-SCHOOL ALLERGY AWARENESS POLICY

Date Implemented: September 2026
Review Date: September 2027 (or earlier if guidance changes)
Version: 1.0
Lead Responsibility: Headteacher
Monitoring Responsibility: Governing Body

Distribution:
All staff • Governors • Parents • Catering providers • Volunteers • Peripatetic staff • After-school providers

1. Statement of Intent

AMIGS is committed to promoting a whole-school approach to health, safety, welfare and wellbeing. We recognise that allergies, including food allergies, are increasingly prevalent among school-aged children and that allergic reactions, including anaphylaxis, can be life-threatening.

We believe that all allergies must be taken seriously and managed professionally, sensitively, and proactively. Through this policy, we aim to:

- Minimise the risk of allergen exposure within the school environment
- Promote awareness, understanding, and empathy
- Encourage age-appropriate self-management
- Maintain robust emergency procedures
- Ensure full inclusion of pupils with allergies in all aspects of school life

We acknowledge that no school can guarantee a completely allergen-free environment. In line with national charity guidance, AMIGS adopts a **whole-school allergy awareness approach** rather than relying solely on blanket allergen bans.

2. Legal and Statutory Framework

This policy reflects:

- Children and Families Act 2014 (Section 100)
- Supporting Pupils with Medical Conditions at School (DfE)
- Food Information Regulations 2014 (Top 14 allergens)
- Guidance on the Use of Adrenaline Auto-Injectors in Schools (Department of Health)
- Allergy Safety in Schools Statutory Guidance (July 2026)

The school has a legal duty to support pupils with medical conditions, including allergies.

3. Equalities Statement

AMIGS actively supports pupils with medical conditions to participate fully and safely in school life.

We will make reasonable adjustments to ensure pupils with allergies are not disadvantaged. Risk assessments are carried out in consultation with parents/carers and healthcare professionals to ensure inclusion in:

- Classroom learning
- Dining arrangements
- Educational visits
- Extra-curricular activities
- Residential trips

Allergy-related bullying will be treated as a serious safeguarding matter.

4. Roles and Responsibilities

4.1 Governing Body

Governors will:

- Ensure a strategic approach to allergy risk management
- Monitor implementation and effectiveness of this policy
- Ensure appropriate resources and training are provided

4.2 Headteacher

The Headteacher will:

- Ensure a safe environment for pupils at risk of allergic reactions
- Oversee Individual Healthcare Plans (IHPs)
- Ensure emergency procedures are known and rehearsed
- Ensure sufficient trained staff are available at all times
- Ensure allergy information is communicated effectively to staff and catering providers
- Report to Governors on allergy management

4.3 Designated Medical Lead / First Aiders

Will:

- Maintain up-to-date records of pupils with allergies
- Ensure Allergy Action Plans (AAPs) are accessible
- Monitor expiry dates of medication (termly checks)
- Maintain spare, in-date Adrenaline Auto-Injectors (AAIs)
- Coordinate staff training
- Record and review any allergic incidents

4.4 All Staff

All staff must:

- Complete annual allergy and anaphylaxis training
- Be able to recognise signs of an allergic reaction
- Know how to administer an AAI
- Discourage food sharing
- Be aware of pupils in their care with allergies
- Follow risk assessments for trips and activities

All staff have a duty of care to act immediately in an emergency.

4.5 Parents/Carers

Parents must:

- Inform the school of allergies upon enrolment and of any changes
- Provide an up-to-date Allergy Action Plan signed by a healthcare professional
- Provide two in-date AAIs of correct dosage
- Replace medication after use or expiry
- Support their child in developing self-management skills
- Follow school guidance on restricted allergens

4.6 Pupils (Age Appropriate)

Pupils with allergies are encouraged to:

- Understand their allergy and triggers
- Avoid sharing food
- Recognise symptoms
- Inform an adult immediately if feeling unwell
- Carry their medication where appropriate

5. Allergy Awareness Approach

AMIGS supports the approach advocated by national allergy charities:

A blanket ban on a single allergen cannot guarantee safety. Instead, we promote:

- Whole-school awareness
- Education through PSHE and assemblies
- Clear communication with families
- Robust procedures and risk assessment

6. Managing Food and Allergen Risks

6.1 Packed Lunches and Snacks

To protect pupils with severe allergies, we strongly request that parents do **not** send:

- Nuts or nut-based products (including peanut butter, chocolate spreads containing nuts, cereal bars with nuts)
- Sesame seeds or sesame-based products (e.g., hummus, tahini, sesame crackers, seeded breads)

Parents are asked to check packaging carefully, including “may contain” warnings.

6.2 Catering

The school and catering provider comply with Food Information Regulations 2014.

- All menus identify the Top 14 allergens
- Cross-contamination prevention measures are in place
- Catering staff are trained in allergen management
- Pupils with allergies are clearly identified to catering staff

Parents may arrange meetings with catering staff to discuss specific needs.

6.3 Classroom Activities

Food used in:

- Cooking
- Science
- Crafts
- Celebrations

Will be risk-assessed in advance. Safe alternatives will be provided to ensure inclusion.

Notwithstanding that secondary age learners should be expected to know and understand what food and allergens that are averse to them, we will check with the student, their file, and engage with parents / carers before giving food to students.

7. Storage and Management of Medication

7.1 Individual Medication

Each pupil's allergy kit contains:

- Two AAIs
- Allergy Action Plan
- Antihistamine (if prescribed)
- Asthma inhaler (if prescribed)

Medication is:

- Stored at room temperature
- Clearly labelled with pupil's name and photograph
- Accessible but not locked away

Older pupils may carry their own medication where appropriate.

7.2 Spare AAIs

AMIGS maintains a supply of spare, in-date AAIs in accordance with Department of Health guidance.

Spare AAIs are:

- Stored securely but accessible

- Checked termly
- Used only in line with guidance

Used AAIs are disposed of as clinical sharps.

8. Emergency Procedures

In the event of suspected anaphylaxis, our staff will:

1. **Administer Adrenaline Auto-Injector immediately**
2. **Dial 999 and state "Anaphylaxis"**
3. Lay the child down (raise legs if possible)
4. Administer second AAI after 5 minutes if no improvement
5. Do not leave the child
6. Inform parents

If there are no signs of life, commence CPR.

Flowcharts for allergic reactions (with and without AAI use) are displayed in key locations and included in Appendices.

9. Risk Assessment

The school will:

- Conduct individual risk assessments for all pupils with diagnosed allergies
- Risk assess school trips, residential visits, and extra-curricular activities
- Review risk assessments annually or following an incident

10. Training

All staff receive annual allergy and anaphylaxis training, including:

- Common allergens and triggers
- Recognising signs and symptoms
- Practical AAI administration
- Emergency response procedures
- Preventing cross-contamination
- Managing associated conditions (e.g., asthma)

Training attendance is logged.

11. Allergies and Bullying

Allergy-related bullying is unacceptable and treated seriously under the school Behaviour and Safeguarding Policies.

Under Section 100 of the Children and Families Act 2014, pupils with medical conditions must be properly supported to:

- Remain healthy
- Feel safe
- Achieve their academic potential

12. Monitoring and Review

This policy will be:

- Reviewed annually
- Reviewed after any serious allergic incident
- Updated in response to legislative changes

Appendices

- Appendix I – First Aid for Anaphylaxis Poster
- Appendix II – EpiPen and Jext Instructions
- Appendix III – Allergic Reaction Flowchart (No AAI)
- Appendix IV – Allergic Reaction Flowchart (With AAI)
- Appendix V – Information on Allergies and Top 14 Allergens
- Appendix VI – External Support and Resources
- Appendix VII – Top 14 Allergens Poster

Working in Partnership

The safety of our pupils relies on partnership between school, parents, governors, catering providers and pupils themselves.

Through vigilance, education, and compassion, AMIGS is committed to empowering, including, and protecting every member of our community.

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.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1180998) Scotland (SC049603). Based on NIACI and 2013 HHSA guidance.

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

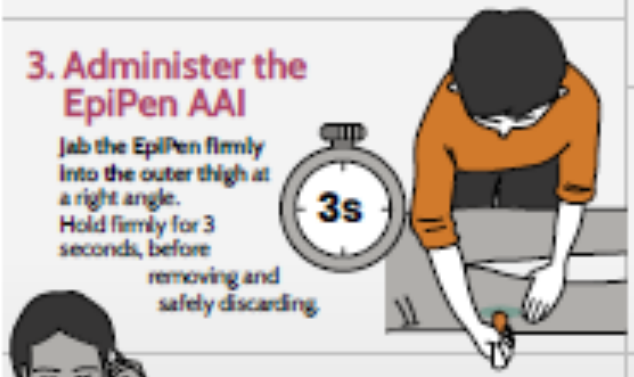
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

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 AAIs >>

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

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE JEXT 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. 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 >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect

AllergySchool.org.uk

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

Mild Reaction
- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose
- Check correct dose as on pharmacy label

Contact Parent / Carer
- Notify them that their child has had an allergic reaction
- **Supervise child continually**

- If child vomits within 30 minutes of being ghiven first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours
- Dosage as directed on pharmacy label

If condition worsens move to Severe Reaction

Severe Reaction
- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty
ensure child sits upright

Where Feeling faint or drowsy,
lie down with legs raised

Dial 999 immediately
- Follow instructions given by ambulance control staff
- Inform ambulance control if you have spare in-date Adrenaline Auto-Injectors at the School
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- **If the child is asthmatic** but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given 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

Mild Reaction

- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose

- Check correct dose as on pharmacy label

Contact Parent / Carer

- Notify them that their child has had an allergic reaction
- **Supervise child continually**

- If child vomits within 30 minutes of being ghiven first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours

- Dosage as directed on pharmacy label

If condition worsens move to Severe Reaction

Severe Reaction

- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/ colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty

ensure child sits upright

Where Feeling faint or drowsy,

lie down with legs raised

Administer Auto-Injector (AAI)

- Check in-date, safety cap intact
- Remove safety cap
- Hold needle firmly, inject into thigh
- AAI clicks, hold for 3 seconds
- Remove AAI carefully
- Send for 2nd AAI

Dial 999 immediately

- Follow instructions given by ambulance control staff
- Where no improvement after 5 minutes, administer a second dose
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- **If the child is asthmatic** but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given if needed.
- Hand over AAIs to ambulance crew on arrival or ambulance

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)
- 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) - 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)

  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