THE BEMROSE SCHOOL
ALLERGY POLICY

Manager: **MIKE DENISON**

Adopted on: **JUNE 2026**

Reviewed: **JUNE 2027**

1. Aims

This policy aims to:

- Set out The Bemrose 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 The Bemrose School supports pupils with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.
- The policy will be published on the school website to educate all stakeholders.

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

https://www.legislation.gov.uk/ukpga/2010/15/contents

https://www.legislation.gov.uk/ukpga/2026/21/section/34/enacted

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy leads are the Assistant Headteacher-Premises (Mike Denison) and the Site Co-ordinator.

They are responsible for:

- Promoting and maintaining allergy awareness across the school community
- Recording and collating allergy and special dietary information for all relevant pupils is delegated to the administrative staff. The allergy leads are responsible ensuring that.

- 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 annually 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).
- Reviewing and updating the allergy policy annually.

3.2 Reception staff and administration

Are responsible for:

- 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.

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:

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions, and anaphylaxis. (Their Allergy action plan).
- If required, providing their child with two 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.
- 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 and those where no clinical advice is available

In some cases, children and young people will have or be suspected of having allergies where no clinical advice is available. This may be the case where symptoms have newly emerged or where the process of diagnosis is still under way. In such cases the school will not dismiss the young person or the information they receive. The school will put arrangements in place to support them based on the best assessment that can be made of the likely risk to the young person's health, education and wellbeing. In doing so the school will engage closely with the young person themselves.

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers.
- Older pupils will be expected to support their peers and staff in the case of an emergency.

3.7 Unacceptable practice

The policy is explicit about what practice is not acceptable. Examples of unacceptable practice include (but are not limited to):

• preventing children and young people from easily accessing their medication (for example prescribed adrenaline devices);

• ignoring the views of the child or young person or their parents or carer;

• ignoring medical evidence or the opinion and advice of healthcare professionals;

• assuming that every child or young person with allergies requires the same support;

• assuming that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy;

• assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;

• discriminating against children or young people with allergies by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;

• sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round;

• penalising children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition or allergy.

• requiring parents / carers (or otherwise making them feel obliged) to attend the school, to administer medication or provide medical support to their child;

• parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child's allergy; and

• preventing children and young people from participating, or creating unnecessary barriers to them participating, in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

4. Assessing risk

The school will conduct a risk assessment 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 conducted where a visitor requires a guide dog.

Any young person whose allergy will require the school to put supportive arrangements in place should have them captured through an **Individual Healthcare Plan**. The Individual Healthcare Plan will set out what needs to be done to support a specific young person with an allergy, how, when and by whom, including in an emergency. Individual Healthcare Plans are developed in collaboration with the young person and their parents, taking account of any advice received from healthcare professionals.

5. Managing risk

The school has a common-sense approach to risk reduction. The following are suggestions that areas can take.

5.1 Hygiene procedures

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

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 can 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, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Food items sold in school will not sell food containing nuts or sesame seeds.

5.4 Insect bites/stings

When outdoors:

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

5.5 Animals

The site allows dogs and animals with prior agreement and the necessary risk assessment.

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.

Pupils with animal allergies will not interact with animals.

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Pupils with allergies will have additional support through:

- Pastoral care, Cherrytree, Mental health services on site
- Regular check-ins with their form tutor or trusted adult

5.7 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 AAIs

This will link to the policy for supporting pupils at school with medical conditions and administering medicines.

The school maintains a register of pupils 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 pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil 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 pupil.
- A photograph of each pupil is displayed in the school's staffrooms.

The register is kept at reception and can be checked quickly by any member of staff as part of initiating an emergency response.

Pupils are allowed to keep their AAIs with them; in order to reduce delays and this allows for confirmation of consent without the need to check the register.

6.2 Allergic reaction procedures

Using "spare" AAIs in an emergency situation without prior consent. The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

As part of the whole-school awareness approach to allergies, all staff are trained annually 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 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, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, you can use the NHS advice on treatment of anaphylaxis and Anaphylaxis UK's advice on what to do in an emergency to formulate your response.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- Told to during a 999-telephone call.

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)

The school recommends all staff read the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.

7.1 Purchasing of spare AAIs.

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

The AAIs are sourced from Eureka First aid, hygiene, and safety. Four are in stock (two for primary and two for secondary) (expiry date 03/2027). The brand is Epi Pen adrenaline injector. The dosage is 150mcg.

7.2 Storage (of both spare and prescribed AAIs)

The allergy 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.
- 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.
- Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Nigel O'Reilly and Michael Denison 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 an AAI has been used, it will be disposed, in a sharps bin for collection by Derby City Council.

7.5 Use of AAIs off school premises

Pupils at risk of anaphylaxis who can administer their own AAIs should carry their own AAI with them on school trips and off-site events.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Two Spare AAIs stored in the primary medical cupboard and two in the secondary medical cupboard (This is a cool cupboard, out of direct sunlight).
- 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 pupils to whom the AAI can be administered.
- A record of when AAIs have been administered.
- AAIs are checked monthly by AHT-premises (Allergy lead) that they are in date.
- Two spare asthma inhalers and spacers are stored in the primary medical cupboard and two in the secondary medical cupboard (This is a cool cupboard, out of direct sunlight).

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 conducted annually by all staff.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils at school with medical conditions and administering medicines policy
- School food policy
- First Aid policy