SPRINGWOOD PRIMARY SCHOOL

Allergy Policy

Headteacher: Mrs. Jeanette Woodward-Styles

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Date written:	July 2026
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This policy outlines Springwood Primary School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction occurring and the procedures in place to respond if ones does. It also sets out how we support pupils and staff with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school. It applies to all staff, pupils, parents/carers and visitors to the school.

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 Benedict's Law and the new Allergy safety in schools statutory guidance. It also compliant with 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

This policy should be read in conjunction with the school's:

- Supporting Pupils with Medical Conditions Policy
- Asthma Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Educational Visits Policy
- Curriculum Policy

3. ROLES AND RESPONSIBILITIES

At Springwood Primary School, we take a whole school approach to allergy management. The school is committed to training all staff in allergy awareness and response. The following sets out the roles and responsibilities of the whole school community.

3.1 Designated Allergy lead

The nominated allergy lead is Elizabeth Jewsbury, Assistant School Business Manager (ASBM), who reports to the Headteacher (Jeanette Woodward-Styles), the Head of School responsible for Safeguarding and Health and Safety (Matthew Lawrenson) and the nominated Allergy Governor (Craig McCabe), who is Chair of the Local Governing Board and, also, the school's Safeguarding Governor.

The Designated Allergy Lead is responsible for:

- Promoting and maintaining allergy awareness across our school community;
- Monitoring the recording and collating allergy and special dietary information for all relevant pupils;
- Ensuring adequate stock of the school's adrenaline auto-injectors (AAIs);
- Regularly reviewing and updating the allergy policy;
- Ensuring all allergy information is up to date and readily available to relevant members of staff;
- Ensuring all pupils with allergies have an Individual Health Care Plan, completed by a medical professional;

- Ensuring all staff receive an appropriate level of allergy training;
- Ensuring all staff are aware of the school's policy and procedures regarding allergies;
- Ensuring relevant staff are aware of activities that need an allergy risk assessment (For further information please see the Curriculum Policy and Educational Visits Policy);
- Facilitating in-person adrenaline pen training for staff and refresher training, as required;
- Ensuring there is an anaphylaxis drill at least once a year.

3.2 Medical professionals
Medical professionals, such as nurses and the dietician are responsible for:

- Obtaining and sharing Individual Health Care plans, where available;
- Providing support and advice, where necessary.

3.3 Teaching and support staff
All teaching and support staff are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice this Allergy Policy, and all related procedures, and asking for support if needed;
- Maintaining awareness of the Allergy Policy and procedures;
- Attending appropriate allergy training, as required, in order to able to recognise and respond to an allergic reaction, including anaphylaxis;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring the wellbeing and inclusion of pupils with allergies;
- Ensuring that pupil placemats are accurate, up to date and in use **at all times** when pupils are eating;
- Knowing where the school's AAIs are stored and how to administer the AAI in an emergency;
- Taking part in annual training and anaphylaxis drills, as required (at least once a year).

Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert the Designated Allergy Lead or a member of the Senior Leadership Team.

3.4 Parents/carers
During the admissions process, parents/carers are responsible for notifying the school of any history of allergies, previous severe reactions and if there is any history of anaphylaxis.

If an Individual Health Care Plan is required and has not already been provided by the school nurse, specialist nurse, hospital or previous setting, parents/carers are required to liaise with professionals as appropriate in order that a plan can be formulated.

Pupils can only start their school placement once this process has been completed and signed off by all relevant parties.

ALL 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. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;

- Updating the school on any changes to their child's condition.

Parents/carers of children with known allergies **MUST** also:

- Work with the school to fill out an Individual Healthcare Plan (see ***Appendix 1***);
- If applicable, provide the school with two labelled adrenaline pens and any other medication, for example antihistamine, inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and/or medication and ensure the relevant paperwork is updated.

Parents must ensure that they or another nominated adult are contactable at all times, in case of emergency.

3.5 Pupils with allergies

In the very rare cases where this may be appropriate, pupils may be responsible for:

- Being aware of their allergens and the risks they pose;
- Understanding how and when to use their adrenaline auto-injector.

4. ASSESSING RISK

Staff will conduct risk assessments (see ***Appendix 2***) for any activity involving the use of resources and materials that pose a known risk to pupils in their group or others across the school, where necessary.

Where there is a planned use of non-regulated allergens, which are not known risks to pupils, school staff are required to ensure effective storage, containment and cleaning to mitigate potential cross-contamination.

Each risk assessment will be checked and signed off by a member of the Senior Leadership Team.

Class staff **must** conduct a risk assessment for:

- Any sensory based activity incorporating food stuffs or other known allergens;
- Science and Food Technology lessons, involving foods or other known allergens;
- Crafts using food packaging;
- Off-site visits and residential visits;
- Any other activities involving animals or food, such as animal handling experiences or baking.

In addition to this, an individual risk assessment will be conducted for any pupil at risk of anaphylaxis taking part in any activity using any known allergens.

Inclusion of pupils with allergies must be considered alongside safety and activities should be adapted so they should not be excluded. Springwood Primary School will ensure compliance with the Equality Act 2010.

5. MANAGING RISK

5.1 General Hygiene Procedures

- Pupils are supported to wash their hands before and after eating;
- Staff carry out regular wipe downs of surfaces;
- Staff prepare eating surfaces prior to pupils eating;

- The sharing of food is not allowed;
- Pupil's personal items, such as water bottles, are clearly labelled.

5.2 Catering
The school is committed to providing safe food options to meet the dietary needs of pupils with allergies. Springwood Primary School's catering service, Citywide, will ensure that:

- 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, in accordance with Natasha's Law;

Where changes are made to school menus, 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. 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.

The Citywide Allergen Management Policy is updated regularly in line with the legislation for the Management of Allergies in Schools.

5.3 Foods
At Springwood we adopt an allergy awareness approach amongst all pupils, parents, staff and visitors in order to reduce the risk of exposure to allergic reactions. Whilst we acknowledge that it is unfeasible to fully mitigate all risk of exposure to allergens, we do enforce the prohibition of certain high-risk foods to reduce the chances of someone experiencing a reaction. These 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 foods containing any of these items into school, they will be stored away in a locked cupboard and returned home with the pupil at the end of the day. Parents/carers will be informed of any foods that have been disallowed.

Any foods sold on the school premises, such as in the tuck shop, will be checked to ensure that they do not contain nuts or sesame seeds.

In addition, the foods listed in ***Appendix 3*** detail common high-risk and non-regulated allergens.

This list **MUST** be displayed inside all classroom-based food cupboards.

5.4 Insect bites/stings
When outdoors, pupils should be encouraged and supported to wear their shoes as much as possible, notwithstanding the risks of subsequent dysregulation;

In the event of a bite/sting, a first aider must be called to provide support and advice. Site staff should be alerted to check for nests/infestations.

5.5 Animals
Prior to an animal-based visit taking place, on or off site, a risk assessment will be completed.

The following control measures will be adhered to:

- Any areas that have been visited by animals will be cleaned thoroughly;

- 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 Events, Educational Visits and Visitors
Class staff will plan accordingly for all events and educational visits. Senior leaders will be responsible for ensuring appropriate levels of planning, risk management, awareness and training. The following control measures will be adhered to:

Staff should notify the trip leader of any known allergies for any pupil or staff member undertaking the visit;

The visit leader will carry a register of pupils with allergies and details of their medication; Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see Educational Visits Policy);

For any off-site visits and events, where a pupil already has a prescribed AAI for emergency use, an Individual Pupil Risk Assessment will be completed.

6. PROCEDURES

6.1 Register of pupils with an allergy
The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed AAIs, as well as pupils with an allergy where no AAI has been prescribed.

6.2 Register of pupils with prescribed AAIs
The school maintains a register of pupils who have a prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register is kept alongside AAI kits in the main school office and can be checked quickly by any member of staff as part of initiating an emergency response.

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 to allow a visual check to be made.

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose. This should include AAIs, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare AAIs in case of suspected anaphylaxis;
- A photograph of the pupil.

6.3 Allergic reaction procedures
As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure (see ***Appendix 4***), including how to recognise the signs of anaphylaxis and respond appropriately.

Staff are trained in the administration of AAIs to minimise delays in pupils receiving adrenaline in an emergency.

If a pupil has an allergic reaction, the staff member, working directly with or nearest to the pupil, will initiate the school's emergency response plan. The pupil's Allergy Management Plan will be followed, where applicable. If an AAI needs to be administered, a member of staff will use the pupil's own AAI, in the first instance. A school AAI device will be used instead of the pupil's own AAI device if the pupil's own prescribed AAI is not immediately available (for example, because it is broken, out-of-date, has misfired or been wrongly administered).

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 usual emergency procedures, which may be found in the Supporting Pupils with Medical Conditions Policy.

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, with any over the counter medication (e.g. Piriton) administered as per school policy.

6.4 Reporting allergic reactions
The school will log allergic reaction incidents and near-misses involving a pupil, member of staff or visitor as soon as is feasible, following the incident. The incident will be recorded following the school's accident procedures, with details recorded on an Accident Form.

The Accident Form should set out:

- Who was affected;
- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff responded, what was done to support the individual and whether emergency services were called;
- How the incident concluded.

The report should be shared with parents/carers or the staff member/visitor involved, and any relevant healthcare professional, to discuss what happened and to contribute their views to the consequent lessons learned review.

The Designated Allergy Lead will report, to all stakeholders, any lessons learned from the incident and will outline any follow-up actions as a result.

7. ADRENILINE AUTO INJECTORS (AAIs)

At Springwood, we follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.

7.1 Purchasing of spare AAIs
Elizabeth Jewsbury (Designated Allergy Lead) is responsible for buying AAIs and ensuring they are stored according to the guidance.

AAI's come in two dosage sizes and the Resuscitation Council (UK) recommends that anaphylaxis is treated using this age-based criteria:

For children under 6 years: a dose of 150microgram (0.15milligram).

For children age 6-12 years: a dose of 300microgram (0.3milligram).

Each site holds an emergency anaphylaxis kit, which contains the following:

- Springwood Craig Hall Site - 2 x 150microgram and 2 x 300microgram AAIs;
- Springwood Swinton Site - 4 x 150microgram and 4 x 300microgram AAIs. In addition, the annex building at Swinton, The Nest, has 2 x 150microgram and 2 x 300microgram AAIs;
- Springwood@Belvedere Site - 2 x 150microgram and 2 x 300microgram AAIs;
- Springwood@Little Hulton Site - 2 x 150microgram and 2 x 300microgram AAIs;
- Springwood@Grosvenor Road Site - 2 x 150microgram and 2 x 300microgram AAIs.

The school also has an additional 3 sets of emergency kits, all containing 2 x 150microgram and 2 x 300microgram AAIs, for use on educational visits.

7.2 Storage, maintenance and disposal (of both spare and prescribed AAIs)
The Designated 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 (see details of locations on each site below);
- Available and in date on all school sites and during off-site visits.

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

Replacement AAIs will be obtained when the expiry date is near, on an annual cycle, in conjunction with the review and update of this policy.

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions. It is the responsibility of the Designated Allergy Lead to ensure that replacements are obtained following the reporting of the use of a spare AAI in school.

Emergency anaphylaxis kits can be found in the following locations:

- Belvedere Site: On the wall in the staffroom
- Craig Hall Site: On the wall in the Admin Office
- Grosvenor Road Site: In the stockroom in the classroom
- Little Hulton Site: On the wall in the staffroom
- Swinton Site: 1 x on the wall in the Admin Office and 1 x on the wall in the Complex Needs Base
- The Nest: In the Staffroom

As part of induction and ongoing staff training in allergy management, all staff are shown where the anaphylaxis kits are kept and receive training on the use of AAIs. Kits are clearly labelled and locations for each kit are detailed on the First Aid lists and displayed on the wall in each room, throughout the school, on all sites.

Appendix 1:

Individual Healthcare Plan Templates

<table>
<tr><td colspan="2">NAME – Individual Healthcare Plan for allergy</td></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:

Note what allergy the child or young person has. Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person’s learning.

Indicate how the allergy may impact on the child or young person’s emotional wellbeing.

If relevant, note any interaction between allergy and SEN.</td></tr>
</table>

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency. Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	**Date**:
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Medication needed while in school**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting.* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy **Care or Action Plans issued by healthcare professionals**
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*

Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

Appendix 2:

Activity Risk Assessment

Details of Activity:			
This must be completed for any activity that is medium with the aim of bringing the risk to **LOW.** Activities that are High or Extreme **must not** happen unless action can be implemented to bring the risk to LOW.			
Hazard	**What action do you need to take to control the risks?**	**Who needs to carry out the action?**	**Completed** **Date and signature**

Appendix 3:

Common Allergens Information Sheet

This information sheet **MUST** be displayed in all classroom-based food substance cupboards.

Top 14 High Risk Allergens	Non-Regulated Allergens
• Peanuts • Tree nuts • Milk • Eggs • Fish • Soya • Sesame • Cereals containing gluten • Celery • Lupin • Crustaceans • Molluscs • Mustard • Sulphur Dioxide	• Kiwi • Banana • Avocado • Coconut • Pea protein (including yellow pea protein) • Chickpeas • Lentils • Beans (other than soya) • Corn (maize) • Tomato • Garlic • Onion • Apple • Peach • Strawberry • Melon • Sunflower seeds • Pine nuts • Buckwheat • Quinoa • Rice • Gelatine • Natural rubber latex (cross-reactive with foods such as banana, avocado, kiwi and chestnut)

Appendix 4:

Procedure for responding to the symptoms of an allergic reaction

WATCH FOR SIGNS OF ANAPHYLAXIS

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 auto injector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

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 auto injector*** **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 auto injector 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.