



**The
Leaf Trust**

Unique Primary Schools Growing Together.

Allergy Policy (v1.0)

Statutory

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(This policy supersedes all previous versions of Allergy policies)

History of Most Recent Policy Changes

Version	Date	Page	Change	Origin of Change
V1.0	September 2026	Whole Document	New Policy	

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1. Statement of Intent

The Leaf Trust is committed to a whole-Trust approach to health, welfare and wellbeing, ensuring the safe management of all pupils, staff and visitors living with allergies. We recognise that allergies can be life-threatening and require robust systems, strong clinical practice, and a culture of inclusion.

We will:

- minimise the risk of exposure to allergens
- encourage self-responsibility and learned avoidance strategies
- ensure all staff are trained and confident to respond to anaphylaxis
- maintain robust emergency procedures
- ensure no pupil is disadvantaged or excluded due to allergy

2. Equalities Statement

We actively support pupils with medical conditions to participate fully in school life. Reasonable adjustments will be made to ensure safe inclusion in all activities, including curriculum, catering, trips, and extra-curricular events.

Risk assessments will be co-produced with parents/carers and healthcare professionals.

3. Context

Food allergies are increasing, with 5–8% of UK children affected. 20% of severe reactions occur in school settings, including in pupils with no prior diagnosis.

Anaphylaxis is a life-threatening emergency requiring immediate treatment with adrenaline.

This policy incorporates:

- Benedict's Law (2026)
- BSACI Allergy Action Plans
- Anaphylaxis UK and Allergy School best practice
- DfE *Supporting Pupils with Medical Conditions*
- DS clinical emergency procedures

4. Principles

We will:

- comply with all relevant legislation and clinical guidance
- ensure proactive steps to keep pupils safe
- ensure no pupil is disadvantaged due to cultural, dietary or medical needs
- maintain robust systems for menu planning, food labelling and cross-contamination control

- provide annual Trust-wide allergy and anaphylaxis training
- embed allergy awareness into the curriculum

5. Allergy Management Checklist

- Individual Healthcare Plan (IHP) in place
- BSACI Allergy Action Plan (AAP) provided and stored with medication
- Spare AAI's purchased and maintained
- All staff trained annually
- Clear system for storing and accessing AAI's
- Expiry-date monitoring schedule in place
- Catering processes compliant with Food Information Regulations 2014
- Allergy awareness embedded across the school
- Risk assessments for trips and activities
- Safeguarding and anti-bullying measures in place

6. Roles and Responsibilities

6.1 Trust Board / Governors

- Nominate a Link Allergy Trustee and a Governor at local level
- Ensure strategic oversight of allergy management
- Monitor compliance with Benedict's Law
- Ensure adequate resources for training, spare AAI's and safe systems
- Ensure allergy information is available on school websites
- Review policy effectiveness annually

6.2 Headteacher (SBP)

- Nominate an Allergy Lead as part of SLT
- Ensure a safe environment for pupils at risk of anaphylaxis
- Ensure all visitors and contractors are aware of allergy protocols
- Maintain strong links with healthcare professionals and catering providers
- Ensure up-to-date allergy information is accessible to staff
- Ensure a School Emergency Plan is in place and understood
- Ensure all staff are trained and there are sufficient trained staff always available
- Ensure risk assessments for trips and activities are completed
- Report allergy management to Governors

6.3 Staff Responsible for Medical Needs

- Lead on allergy management and staff training
- Liaise with parents/carers to produce IHPs and AAPs
- Ensure AAPs are stored with medication and copies are consistent
- Ensure medication is stored in rigid, labelled boxes with photographs
- Maintain spare AAI's and check monthly
- Ensure all AAI's (pupil and spare) are in date

- Record all emergency uses of AAls
- Follow DS clinical guidance for undiagnosed anaphylaxis

6.4 All Staff

- Complete annual anaphylaxis training
- Know the pupils with allergies in their care
- Supervise food-related activities with caution
- Ensure pupils carry medication on trips
- Promote allergy awareness and anti-bullying
- Follow emergency procedures without delay

6.5 Parents/Carers

- Notify the school of allergies and changes
- Provide BSACI AAPs and in-date medication (two AAls)
- Replace medication after use or expiry
- Meet with catering staff where needed
- Support their child in developing self-management skills

6.6 Pupils (age-appropriate)

- Understand their allergy and avoidance strategies
- Avoid food sharing
- Read food labels where appropriate
- Carry their AAls if competent
- Tell an adult immediately if symptoms occur

6.7 Visitors

- Will make the school aware of any allergies prior to visiting the school
- Will notify the school of any possible allergens in homemade products brought into the school

7. Allergy Action Plans (AAPs)

- The Trust requires BSACI Allergy Action Plans for all pupils with diagnosed allergies.
- AAPs act as the Individual Healthcare Plan unless additional needs require a separate IHP.
- AAPs must not be altered except on professional advice.

8. Emergency Treatment & Management of Anaphylaxis

Recognising anaphylaxis (ABC symptoms)

- **Airway:** swelling, hoarse voice, difficulty swallowing
- **Breathing:** wheeze, noisy breathing, sudden difficulty
- **Circulation:** dizziness, collapse, pale/clammy skin

Quote from DS policy:

"As soon as anaphylaxis is suspected, we will administer adrenaline without delay."

Immediate Actions

1. Keep the person where they are; call for help
2. Lie the person flat with legs raised
3. Administer the AAI immediately
4. Call 999 and state ANAPHYLAXIS
5. Give a second AAI after 5 minutes if no improvement
6. Use CPR and defibrillator if required
7. Do not allow the person to stand or walk
8. All individuals must go to hospital for observation

9. Supply, Storage & Care of Medication

- Pupils encouraged to carry two AAI's (age-appropriate)
- Younger pupils: medication stored within 5 minutes of the child
- Medication box must contain:
 - Two AAI's
 - BSACI AAP
 - Antihistamine (if prescribed)
 - Spoon (if required)
 - Inhaler (if prescribed)
- Termly checks by medical lead; monthly checks for spare AAI's
- Parents responsible for replacing expired medication

10. Spare AAI's

- All Trust schools must purchase and maintain spare AAI's
- Stored in accessible, unlocked locations known to all staff
- Monthly checks required
- Parental consent for use included in AAP

11. Catering

- Full compliance with Food Information Regulations 2014
- Menus published with allergens highlighted
- Catering staff trained in cross-contamination prevention
- System for identifying pupils with allergies (photos recommended)
- Food for allergic pupils prepared first and separately
- Food-based activities risk assessed

12. Educational Visits & Sporting Events

- Pupils must have their medication to attend

- Staff must carry emergency supplies
- Host venues must be informed of allergies
- Overnight trips require pre-planning with parents and venue staff

13. Allergy Awareness & Nut Bans

The Trust does not operate blanket nut bans.

Instead, we adopt a whole-school allergy awareness approach, ensuring:

1. understanding of allergens
2. avoidance strategies
3. recognition of symptoms
4. confidence in emergency response

14. Risk Assessment

- Individual risk assessments for all pupils with allergies
- Updated on diagnosis or change in condition
- Whole-school allergy risk assessment reviewed annually

15. Training

All staff must complete annual AllergyWise® or equivalent training, including:

- recognising symptoms
- administering AAls
- emergency procedures
- allergen avoidance
- managing AAPs

Practical sessions using trainer devices are mandatory.

16. Allergies & Bullying

Allergy-related bullying is treated as a safeguarding concern.

Schools must follow the Trust Behaviour Policy and DfE *Keeping Children Safe in Education*.

17. Appendices (Trust Standard Set)

1. First Aid for Anaphylaxis poster
2. How to use AAls (EpiPen & Jext)
3. Information on allergies
4. Support & resources
5. Top 14 allergens 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.

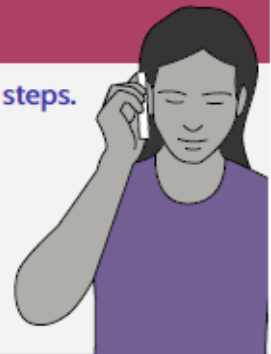
1. Administer an Adrenaline Auto Injector (AAI) without delay

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.

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 >>



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.

<p>1. Hold the Jext AAI in the hand you write with</p> <p>Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.</p>	<p>5. Once the Jext AAI has been administered call 999</p> <p>Ask for an ambulance and say "ana-fill-axis".</p> 
<p>2. Place the black injector tip against the outer thigh</p> <p>Hold the injector at a right angles (approx. 90°) to the thigh.</p>	<p>6. Lie the person down with legs raised immediately</p> <p>If the person is not already lying down, they should do so, with legs raised if possible.</p> <p>If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.</p> 
<p>3. Push the black tip as hard as you can into the outer thigh</p> <p>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.</p> 	<p>7. If there are no signs of improvement after 5 minutes, use a second Jext AAI</p> <p>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.</p>
<p>4. Massage the injection area for 10 seconds</p>	<p>8. Start CPR</p> <p>If there are no signs of life, start CPR immediately until help arrives.</p> 

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 >>



Information on allergies

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

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

Other support and resources

- Allergy Guidance for Schools – [Allergy guidance for schools - GOV.UK](#)
- 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 \(publishing.service.gov.uk\)](#)
- For pupils / students with Medical Conditions at School – [Supporting pupils with medical conditions at school – GOV.UK \(www.gov.uk\)](#)



Top 14 Allergens

