St Matthew's CE (Aided) Primary School and Nursery Centre

Allergy and Anaphylaxis Management Policy

2026 – 2027

Approved by:	To be approved by the Governing Body October 2027	**Date:** 20/11/2026
Written by:	Mrs Laura Burns	
Last reviewed on:		
Next review due by:		

Contents

1. Introduction and scope

2. Policy governance and responsibilities

3. Identifying pupils and individual healthcare plans

4. Recognising allergic reactions and emergency response

5. Prescribed medication: supply, storage and access

6. Spare adrenaline auto-injectors in school

7. Staff training and competence

8. Inclusion, wellbeing, safeguarding and information sharing

9. Catering, food and allergen risk reduction

10. Nursery and EYFS arrangements

11. School trips, sport and off-site activities

12. Allergy awareness and nut policies

13. Risk assessment, incidents and learning

14. Monitoring, review and publication

15. Useful links and references

Appendix A. Emergency response quick guide

This policy should be read alongside the school's Supporting Pupils with Medical Conditions policy, safeguarding/child protection policy, medicines policy, health and safety arrangements, educational visits procedures, food safety/allergen procedures and data protection policy.

ST MATTHEW'S CE (AIDED) PRIMARY SCHOOL AND NURSERY CENTRE

1. Introduction and scope

An allergy occurs when the body's immune system reacts to a substance that is usually harmless. Allergens may include foods, medicines, insect stings, latex, animals, pollen and other environmental substances. Reactions range from mild symptoms to anaphylaxis, a potentially life-threatening emergency.

This policy sets out how St Matthew's CE (Aided) Primary School and Nursery Centre identifies and supports children with allergies, reduces avoidable exposure to known allergens, ensures prompt emergency treatment and enables children to participate as fully as possible in school and nursery life.

This policy applies to the school and nursery, during the school day, breakfast/after-school provision where operated, school transport under school control, educational visits, sporting events and other activities organised or supervised by the school. It covers pupils with diagnosed allergies and pupils whose allergy is suspected or under investigation, as well as relevant risks to staff and visitors.

The school will have regard to the Department for Education's July 2026 statutory guidance, Allergy safety in schools, and apply the current EYFS statutory framework for group and school-based providers to the nursery. KCSIE 2026 and the school's safeguarding procedures apply where relevant. This document is intended to support, not replace, clinical advice or a child's healthcare professional-issued Allergy Action Plan.

Every child's arrangements must be individualised; the same support is not automatically appropriate for every child.

Children must not be expected to manage serious allergy risks independently because of their age, confidence or ability.

Where there is doubt about a potentially life-threatening reaction, staff must treat it as an emergency and must not delay adrenaline or the 999 call while seeking permission.

2. Policy governance and responsibilities

The Governing Body is responsible for ensuring that the school has an allergy safety policy, has regard to relevant statutory guidance, reviews the policy at least annually, makes appropriate changes following review, publicises it to the school community at least annually and publishes it on the school website. The policy will be made available in hard copy on request.

Named senior allergy lead: Mrs Laura Burns / SENDCo

Responsibilities: maintain the allergy register; coordinate IHPs and Allergy Action Plans; oversee risk assessments; monitor training and medication checks; liaise with parents, health professionals and caterers; ensure trips are planned safely; record incidents and oversee learning actions.

Deputy/cover lead (Mrs Rebecca Wilson): Cover arrangements must work during absence, trips and out-of-hours school activities.

Governing Body: approve and review the policy; receive assurance on implementation, incidents, training and identified actions.

Headteacher/senior leadership: ensure adequate resources, staffing, training, accessible medication, emergency plans and effective communication.

All staff, including temporary, supply, agency, peripatetic and relevant volunteer staff: know the policy, know how to identify pupils at risk, reduce exposure, locate emergency medication, call 999 and respond to an allergic reaction.

Parents/carers: provide accurate information, relevant healthcare professional plans and prescribed medication; notify the school promptly of changes. The school will work with families and will not rely on parents to attend school to provide support that the school should arrange.

Pupils: where age and understanding permit, are encouraged to understand their allergy, seek help early and participate in planning. This does not transfer the school's duty of care to the child.

3. Identifying pupils and individual healthcare plans

On admission and whenever a new allergy is identified or suspected, the school will ask parents/carers for information about allergens, symptoms, previous reactions, prescribed medicines, emergency arrangements and relevant healthcare advice. Staff will not assume a child has no allergy because a diagnosis is pending.

The school will maintain a secure, current allergy register and ensure relevant information is available to staff who need it to keep children safe. Information must be clear, current and available to staff covering classes, supervising the nursery, serving food, leading trips or supporting clubs.

An Individual Healthcare Plan (IHCP) should be prepared for each child whose allergy requires specific support arrangements. The IHCP is the school's practical plan for how, when and by whom support will be delivered; it is not a clinical document and must not replace a healthcare professional's Allergy Action Plan or Asthma Plan.

The IHCP will be developed with the child where appropriate, parents/carers and relevant school staff, taking account of advice from a GP, school nurse, allergy specialist or other healthcare professional. It should identify the latest clinical plan, symptoms and triggers, medication prescribed and storage location, consent where relevant, staff responsibilities, risk controls, emergency arrangements, activities requiring extra planning and review date.

Where clinical advice is not yet available, the school will still make reasonable interim arrangements based on information provided and the risks identified. Staff must not make clinical diagnoses or delay emergency action while waiting for paperwork.

Plans will be reviewed at least annually and promptly when the child's condition, prescribed medication, clinical advice, school arrangements or risk profile changes, and after a significant incident or near miss.

At transition into school/nursery, between classes, to another setting or into new provision, the school will ensure that the receiving staff have the necessary information and a current plan.

Prescribed medication and the current clinical action plan must be readily available to staff responding to an emergency; access arrangements must not create avoidable delay.

4. Recognising allergic reactions and emergency response

Allergic reactions can begin with mild symptoms and progress. Symptoms may include hives or itchy rash, itching or tingling in the mouth, swelling of lips/face/eyes, abdominal pain or vomiting, sudden behavioural change, hoarse voice, throat/tongue swelling, difficulty swallowing, wheeze, persistent cough, noisy or difficult breathing, dizziness, faintness, confusion, pale clammy skin, collapse or loss of consciousness.

Anaphylaxis may occur without a rash. Sudden breathing difficulty in a child with a known allergy, or symptoms affecting airway, breathing or circulation, must be treated as possible anaphylaxis. If in doubt, treat as anaphylaxis. Follow the child's current healthcare professional-issued Allergy Action Plan where available.

Emergency response to suspected anaphylaxis:

Stay with the child. Shout for help and bring emergency medication to the child; do not send the child to the office or first-aid room.

Give the child's prescribed adrenaline device immediately if available. If it is unavailable, fails to work, or the child has no prescribed device, a school spare AAI may be used in

accordance with the school's emergency procedure and applicable guidance. Do not delay adrenaline to seek consent or telephone advice.

Call 999 immediately and state that anaphylaxis is suspected. If staff are available, actions should happen simultaneously: one administers adrenaline, one calls 999, and another obtains further medication, meets the ambulance and contacts parents/carers.

Keep the child lying flat with legs raised where possible. If breathing is difficult, they may need to sit with legs outstretched; do not allow them to stand or walk. If unconscious but breathing, use the recovery position as appropriate. Follow the emergency operator's instructions.

Note the time adrenaline was given. If there is no improvement after 5 minutes, give a further adrenaline dose using a second device, in line with the emergency plan and device instructions.

If the child is unresponsive and not breathing normally, begin CPR and use an AED if available, following emergency-service instructions and staff training.

Keep the child under continuous observation until the ambulance takes over. A child treated for suspected anaphylaxis must be assessed in hospital even if symptoms improve. Inform parents/carers as soon as practicable without delaying emergency care.

Record the event, suspected trigger, symptoms, timings, medication/device used, staff involved, 999 call and ambulance/hospital outcome where known. Replace used medication and begin the incident review process.

For a mild-to-moderate reaction without airway, breathing or circulation symptoms: do not leave the child unattended; follow their Allergy Action Plan and administer prescribed treatment only as directed. Contact the parent/carer or emergency contact. Observe the child in a safe place for at least 60 minutes because symptoms can worsen. If symptoms progress or anaphylaxis is suspected, give adrenaline immediately and call 999.

5. Prescribed medication: supply, storage and access

Parents/carers should provide the medication prescribed for their child, in its original packaging and clearly labelled, together with the current healthcare professional-issued action plan and any required consent information. The school will work with families to resolve missing or expired medication promptly and will not use a blanket approach that unnecessarily excludes a child from education or activities.

Children at risk of anaphylaxis should have access to both of their prescribed adrenaline devices at all times, including while travelling to and from school where they are under the school's arrangements. Whether a child carries their devices or they are held by a

responsible adult will be decided individually, considering age, maturity, clinical advice, the child's views and the need for immediate access.

Medication must be stored in accordance with the manufacturer's instructions, protected from inappropriate temperatures and direct sunlight, and kept in a clearly identified location that relevant staff can access without delay. It must not be locked away in a manner that delays emergency treatment.

An allergy kit may include the child's prescribed adrenaline devices, the current action plan and other medication specifically listed in the plan, such as antihistamine or an asthma reliever inhaler. Medication must only be administered in accordance with the relevant plan, prescription and school procedures.

St Matthews will maintain a record of prescribed devices held, expiry dates, checks, administration and replacement. Parents/carers remain responsible for supplying replacements, but the school will actively check expiry dates and alert families in good time. The school's check schedule must be confirmed and recorded.

Staff must know where each child's medication and plan are kept, including arrangements for cover, outdoor play, trips and changes of room.

Used devices contain a needle and must be handled and disposed of safely in accordance with local procedures; used devices can be handed to ambulance clinicians.

Medication must not be shared between pupils, except where the law and emergency procedures expressly permit the use of a school's spare AAI.

6. Spare adrenaline auto-injectors in school

St Matthews CofE Aided Primary School currently holds spare AAIs in a clearly labelled emergency box in the Key Stage 1 corridor at the First Aid station and another in the main office. Spare devices are an emergency back-up and do not replace a child's prescribed devices.

Spare AAIs are stored in pairs, readily accessible and capable of being brought to a person experiencing anaphylaxis within five minutes. The appropriate dose(s) must be available for the ages of pupils at the school. These can be found on the Key Stage 1 corridor.

Spare AAIs are clearly labelled to distinguish them from medication prescribed to an individual, stored in accordance with manufacturer instructions, checked for expiry and condition, and replaced promptly after use or expiry. The named lead or delegate must maintain a written stock log. School must ensure staff know the location of spare devices and that a device can be retrieved quickly from the nursery, dining area, playground, sports areas and other locations where children may be.

Spare AAIs may be used in an emergency where an individual is experiencing anaphylaxis and their own prescribed device is unavailable or has failed, or where an individual is experiencing anaphylaxis but has no prescribed device. They must not be treated as a substitute for an individual's prescribed medication.

Prior parental consent is good practice where possible, but emergency treatment must not be delayed to check consent. Staff must call 999 and follow the emergency procedure.

After any use, record the device and dose, inform parents/carers and ambulance clinicians, hand over used pens to the ambulance service and replace the device immediately.

7. Staff training and competence

All staff present when pupils are on site must receive allergy awareness and emergency response training at least annually. Training must cover the school policy and allergy register; common allergens and triggers; signs and symptoms of mild, moderate and severe reactions; recognition of anaphylaxis and acute asthma; use of Allergy Action Plans and IHPs; how to call 999 and contact parents; location and use of prescribed and spare emergency medication; reducing allergen exposure; food labels and cross-contact; trip arrangements; inclusion and wellbeing; and reporting incidents and near misses.

Training must include practical familiarity with the types of adrenaline devices held or prescribed for pupils. The school must maintain a training register showing date, provider, staff attended, induction/refreshers and any follow-up needed. Online training alone should not be treated as proof of practical competence where staff need to administer devices.

Training records and emergency arrangements must be checked by the named allergy lead and reported to the Headteacher/Governing Body as part of policy monitoring.

8. Inclusion, wellbeing, safeguarding and information sharing

St Matthews is committed to ensuring that children with allergies can participate fully and safely in education, play, meals, trips, sport, clubs and school events. Support must be individualised, proportionate and informed by the child's and parents' views and healthcare advice. Allergy must not be a reason for avoidable exclusion, segregation at mealtimes or requiring parents to attend to provide routine support.

Staff should be alert to anxiety, stigma, bullying or deliberate exposure to allergens. Such behaviour must be addressed through the school's behaviour and anti-bullying procedures. Children should be supported to understand their allergy in an age-appropriate way without making them responsible for managing adult safety duties.

Allergy information is sensitive health data. St Matthews will hold, use and share it lawfully, respectfully and only as necessary for safety, inclusion and care. Relevant staff must have

the information they need, including temporary staff and those responsible for food, trips and activities.

Allergy-related safeguarding concerns, including a pattern of neglect of agreed safety arrangements or concerns about a child's welfare, must be referred through the school's safeguarding procedures and to the Designated Safeguarding Lead (DSL) or deputy where appropriate. This policy complements and does not replace the school's child protection policy and KCSIE 2026 duties.

9. Catering, food and allergen risk reduction

St Matthews CofE Aided Primary School will take reasonable steps to reduce exposure to known allergens in food provided by the school, caterers, parents, pupils or visitors, and in food used for teaching, clubs and events. There is no guarantee of a completely allergen-free environment; risk must be managed through accurate information, safe processes, supervision and emergency readiness.

School menus and ingredient/allergen information must be accurate, current, accessible to parents/carers and pupils as appropriate, and checked whenever ingredients, suppliers, recipes or products change. Catering staff must not make assumptions based on a dish's usual ingredients or verbal recollection. Where allergen information is uncertain, the food must not be served to the affected child until the information is verified.

St Matthews and Telford and Wrekin caterers must comply with applicable food information requirements, including the Food Information Regulations 2014. Food businesses must provide information about the 14 regulated allergens. Prepacked for direct sale (PPDS) food must have a full ingredients list with regulated allergens emphasised. Food brought from home and occasional event food should also be considered in the school's risk controls.

Food preparation and serving procedures must minimise cross-contact, including handwashing, cleaning worktops and utensils, safe storage, avoiding shared serving implements and separating preparation where appropriate. Staff must know how to read ingredient labels and how to respond if a supplier changes a product.

Food should not be given to a child with a food allergy without checking the relevant plan and confirming that the food is suitable. Parents/carers should be consulted about birthday treats, celebrations and special events. Pupils should not be expected to be the primary safeguard by checking food themselves.

Children with allergies should not automatically be seated separately from peers. Any seating or other adjustment must be based on individual risk assessment and should preserve inclusion wherever possible.

Consider allergens in cooking, food technology, science experiments, craft materials, play materials, musical activities, animal visits, school fairs, fetes, cultural events and other special activities.

Keep allergen information available to staff supervising meals and events and ensure there is a clear route to contact the catering manager when an ingredient or meal is uncertain.

Any suspected food allergen incident or near miss must be recorded, reviewed and escalated to the appropriate food-safety authority where required by law or local procedure.

10. Nursery and EYFS arrangements

St Matthews Nursery and Reception classes will follow the current EYFS statutory framework for group and school-based providers, alongside this policy. Because young children may not be able to recognise symptoms, communicate their needs or avoid allergens independently, adults retain responsibility for supervision, prevention and prompt response.

Before a child with an allergy starts at St Matthews, the EYFS lead and allergy lead will work with parents/carers to obtain relevant plans and agree written arrangements for meals, snacks, food play, medication, handovers, outings and emergency response. The arrangements must be shared with every staff member who may care for the child, including cover staff.

During meals and snacks, children must be adequately supervised in accordance with the EYFS. Staff must know which children have allergies, check food and ingredients, prevent food sharing and cross-contact, clean surfaces and hands as appropriate, and ensure safe routines when children move between rooms or adults.

Food-based play, cooking, sensory activities, celebrations and trips involving animals or other potential allergens must be assessed in advance. Safe alternatives should be provided where needed so that children can participate.

Medication and the relevant action plan must be immediately available during indoor and outdoor provision, transitions and outings. The nursery must specify who carries or retrieves the child's medication, who administers it, who calls 999 and who supervises the remaining children. Staff must never leave a child having a suspected severe reaction unattended.

At every handover, staff must pass on essential allergy information and any change in the child's condition, food, medication or plan. Parents/carers must be informed promptly about suspected reactions or allergen exposures.

11. School trips, sport and off-site activities

Children with allergies must be enabled to attend trips, sporting events, residential visits and other activities wherever reasonably possible. Allergy must not be used as an automatic reason to exclude a child or require a parent/carer to accompany them.

Before an activity, the trip leader must check each relevant IHP and Allergy Action Plan, complete an individual risk assessment, liaise with parents/carers and venues/caterers where necessary, identify suitable food arrangements, confirm trained staff cover and ensure prescribed emergency medication is present and accessible throughout the activity.

Staff must know who carries the medication and plan, where spare medication is located if taken, who calls 999, how to communicate the site location and how the group will be supervised if a child needs emergency care. Medication must be available during travel, sports, outdoor play and transitions, not left on a coach or in a locked vehicle.

Overnight visits require early planning with parents/carers, the venue and relevant staff. Food provision, storage of medication, night-time supervision, emergency access and local emergency services must be considered and recorded.

If required medication is unavailable, the trip leader must escalate immediately to the Headteacher or designated senior leader and agree a safe, individual solution. The child must not be automatically excluded without considering reasonable adjustments, alternative arrangements and the child's best interests.

12. Allergy awareness and nut policies

St Matthews CofE Aided Primary School promotes whole-school allergy awareness rather than assuming that a blanket nut ban will eliminate risk. Nuts are only one of many possible allergens, and no school can guarantee a completely allergen-free environment. Any food restriction must be considered in light of known pupil risks, practical controls and inclusion.

The school will teach age-appropriate allergy awareness, encourage pupils to seek adult help if someone becomes unwell, and discourage food sharing or deliberate exposure to allergens. Wider awareness about an individual child's allergy must be discussed with the child and parents/carers, taking privacy and wellbeing into account.

Any local rule about nuts or other allergens must be clearly communicated, proportionate and regularly reviewed. It must not replace accurate ingredient information, risk reduction, staff training, medication access or emergency response.

13. Risk assessment, incidents and learning

An individual risk assessment will be completed for new pupils with allergies, newly identified allergies and significant changes in circumstances. Risk assessments will consider classroom and nursery activities, food and mealtimes, cleaning, visitors, trips, sport, outdoor play, medication access, staff cover and the child's developmental stage.

All suspected allergic reactions, accidental exposures, medication errors, missing/expired devices, failures in food controls and near misses must be reported to the named allergy lead as soon as possible. Parents/carers may also report incidents noticed after the child has left school; these reports must be taken seriously and recorded.

The school will maintain an incident record including date/time, location, child/person involved, suspected allergen, symptoms, medication and timings, emergency service involvement, parent/carer notification, immediate actions, outcome were known and follow-up actions. Information must be stored securely.

Serious incidents and near misses must be reported to parents/carers and the Governing Body in accordance with the DfE guidance and school procedures, alongside any statutory reporting. St Matthews CofE Aided Primary School will investigate proportionately, seek the views of the child and family, identify contributing factors, agree corrective actions and record who is responsible and by when.

Following an incident or near miss, the school will consider whether the IHP, Allergy Action Plan, risk assessment, staff training, food arrangements, medication storage or policy needs updating. Learning will be shared with relevant staff without unnecessary disclosure of personal information.

14. Monitoring, review and publication

The policy will be reviewed at least annually by the named senior allergy lead and approved by the Governing Body. It will also be reviewed after a serious incident or near miss, a significant change in legislation or statutory guidance, a change in school provision or when monitoring identifies a gap.

The Governing Body will receive appropriate assurance that IHPs and action plans are current, training is complete, prescribed and spare medication is accessible and in date, food controls are working, trips are planned safely and incident learning actions have been completed.

15. Useful links and references

Department for Education — Allergy safety in schools statutory guidance and templates (July 2026) — https://www.gov.uk/government/publications/allergy-safety-in-schools

Children's Wellbeing and Schools Act 2026, section 34 — allergy safety policy — https://www.legislation.gov.uk/ukpga/2026/21/part/2/crossheading/allergy-safety

Keeping Children Safe in Education 2026 — https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

EYFS statutory framework for group and school-based providers (current version from 1 September 2026) — https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

Department for Education — Supporting pupils with medical conditions at school — https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Department for Education — Allergy guidance for schools, including food allergen information and PPDS — https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

BSACI — Allergy Action Plans — https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Anaphylaxis UK — https://www.anaphylaxis.org.uk/

Allergy UK — resources for managing allergies at school — https://www.allergyuk.org/living-with-allergy/at-school/

Spare adrenaline devices in schools — https://www.spareadrenalineinschools.uk/

Appendix A. Emergency response quick guide

SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY. IF IN DOUBT, GIVE ADRENALINE.

1. Stay with the child and shout for help. Bring medication to the child.

2. Give their prescribed adrenaline device immediately. If unavailable, misfires or the child has no prescribed device, use a school spare AAI as permitted by the emergency procedure.

3. Call 999 and say “suspected anaphylaxis”. Do not delay adrenaline while calling or seeking consent.

4. Keep the child lying flat with legs raised where possible. If breathing is difficult, they may sit with legs outstretched. Do not let them stand or walk.

5. If no improvement after 5 minutes, give a further dose using a second device.

6. If unresponsive and not breathing normally, start CPR and use an AED if available; follow the 999 operator.

7. Keep under continuous observation until ambulance clinicians take over. Hospital assessment is required after suspected anaphylaxis even if symptoms improve.

8. Inform parents/carers, record the event and timings, replace used devices and complete incident review.

This quick guide does not replace the individual child's current healthcare professional-issued Allergy Action Plan, device instructions or emergency-service advice.