

Allergen Policy (including Asthma)

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APPROVED BY: FRAP Committee



Excellence



Equity



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This policy remains valid until it is reviewed and replaced; it does not expire by date alone. Policies are reviewed annually, or sooner if required by statutory or legislative changes, in line with best practice		
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1. Aims

This policy aims to:

- Set out the approach to allergy and asthma management, including reducing the risk of exposure and the procedures in place in case of an emergency across ACET academies
- Make it clear how our academies support pupils/students with allergies and asthma to ensure their wellbeing and inclusion.
- Promote and maintain allergy and asthma awareness among the academy community.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting pupils/students with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), [emergency inhalers in schools](#) and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities for Allergens

While this policy focuses on the management of pupil allergies, the Trust also recognises its duty to protect staff, visitors and contractors from allergen risks. We offer opportunities for adults to disclose their allergens and make people aware. We would expect the process of responding to a reaction to remain the same.

Staff are encouraged to inform their line manager of any known allergies or sensitivities that may be impacted by their work environment, so that appropriate support can be considered. The Trust will respond to such disclosures in line with its duties under Health and Safety and Equality legislation, including undertaking suitable risk assessments and implementing reasonable adjustments where required.

3.1 Allergy Lead

This should be a member of the senior leadership team (SLT) who has pastoral/welfare responsibilities.

They are responsible for:

- Promoting and maintaining allergy awareness across the academy community
- Making sure that the recording and collating of allergy and special dietary information for all relevant pupils/students is up to date, IHPs (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to other staff appropriate staff, e.g. a member of the Inclusion Team).
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff.
 - All pupils/students with allergies have an allergy action plan completed by a medical professional.
 - All staff receive an appropriate level of allergy training.
 - All staff are aware of the academy's policy and procedures regarding allergies.
 - Relevant staff are aware of what activities need an allergy risk assessment.
 - Keeping stock of the academy's adrenaline auto-injectors (AAIs)
 - Regularly reviewing and updating the allergy policy.

3.2 First Aider/Inclusion Manager

The First Aider/Inclusion Manager are responsible for:

- Co-ordinating the paperwork and information from families
- Create or support with the IHP for each pupil/student with known allergies
- Co-ordinating medication with families
- Checking spare AAls 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/students
- Maintaining awareness of the academy Allergy Policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required (outlined on the ACET Training Matrix)
- Being aware of specific pupils/students 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/students with allergies.

3.4 Parents/Carers

Parents/carers are responsible for:

- Familiarising themselves with the academy Allergy Policy
- Providing academy staff with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 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 academy's guidance on food brought in to be shared.
- Updating the academy on any changes to their child's condition

3.5 Pupils/Students with Allergies

These pupils/students are responsible for:

- Being aware of their allergens and the risks they pose (as appropriate for their age)
- 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/Students without allergies

These pupils/students are responsible for:

- Being aware of allergens and the risk they pose to their peers.

Older pupils/students might also be expected to support their peers and staff in the case of an emergency.

4. Assessing Risk

Academy staff will conduct a risk assessment for any pupil/student at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods.
- Crafts using food packaging.
- Off-site events and academy trips
- Any other activities involving animals or food, such as animal handling experiences or baking.

A risk assessment for any pupil/student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing Risk

We aim to manage the risk by embedding knowledge and good practice across the Trust.

5.1 Hygiene Procedures

- Pupils/Students are reminded to wash their hands before and after eating.
- Sharing of food is discouraged
- Pupils/Students have their own named water bottles.

5.2 Catering

The academy is committed to providing safe food options to meet the dietary needs of pupils/students with allergies.

- Catering staff receive appropriate training and are able to identify pupils/students with allergies through information shared by academy staff
- Academy menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to academy 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/students 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 academy. However, we would like to encourage pupils/students 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/student 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.

5.4 Insect Bites/Stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Make sure bins are emptied regularly that may contain waste that attracts wasps/bees
- Report any sighting of nests to the Site Team and manage the area to eliminate access.

5.5 Animals

- All pupils/students will always wash hands after interacting with animals to avoid putting pupils/students with allergies at risk through later contact.
- Pupils/students with animal allergies will not interact with animals.

5.6 Support for Mental Health

Pupils/Students with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils/Students with allergies will have additional support through:

- Pastoral care
- Regular check-ins with Lead First Aider.

5.7 Events and Academy Trips

- For events, including ones that take place outside of the school hours, and academy trips, pupils/students with allergies will not be excluded from taking part.
- Academy staff will plan accordingly for all events and academy trips and arrange for the staff members involved to be aware of pupils'/students' allergies and to have received adequate training.
- An adrenaline device will always be available within the first aid kit accompanying any academy trip/visit.

6. Procedures for Handling an Allergic Reaction

6.1 Register of Pupils/Students with AAls (Adrenalin Auto Injectors)

The academy maintains a register of pupils/students who have been prescribed AAls or where a doctor has provided a written plan recommending AAls to be used in the event of anaphylaxis. The register includes:

- All pupils/students who should have an IHP in place,
- Known allergens and risk factors for anaphylaxis.
- Whether a pupil/student has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil/student has been prescribed an AAI, whether parental consent has been given for use of the spare/emergency AAI, which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil/student to allow a visual check to be made (this will require parental consent).

The register is kept (in an easily accessible location) and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all pupils/students to keep their AAls with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.2 Allergic Reaction Procedures

- As part of the whole-academy awareness approach to allergies, all staff are trained in the academy's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.
- Staff are trained in the administration of AAls to minimise delays in pupils/students receiving adrenaline in an emergency.
- If a pupil/student has an allergic reaction, the staff member will initiate the academy's emergency response plan, following the pupil's/student's allergy action plan.
- If an AAI needs to be administered, a member of staff will use the pupil's/student's own AAI, or if it is not available, a spare AAI belonging to the academy.
- If the pupil/student has no allergy action plan, staff will follow the academy's procedures on responding to allergy and, if needed, the academy's normal emergency procedures.

GET IN POSITION If the person is conscious, lie them flat with their legs raised to assist in blood flow to the heart and vital organs. If they're having difficulty breathing, they can be propped up with legs stretched out straight. Send an alert to your first aider	GIVE If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), use it straight away – adrenaline is the first-line treatment for anaphylaxis. Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after five minutes, or symptoms get worse, give a second dose.
Call 999 Call emergency services immediately after using your first dose of adrenaline and tell the operator it is “anaphylaxis” Give your exact location (What3Words can help if you are outside).	Do not move Keep them in this position until help arrives. Do not let them stand up, walk or run, even if they start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure. Stay with them until emergency services arrive.

Further guidance can be found via the NHS advice on [treatment of anaphylaxis](#) and Anaphylaxis UK's advice on [what to do in an emergency](#).

- An academy 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/student's own prescribed AAI(s) is not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).
- If a pupil/student needs to be taken to hospital, staff will stay with the pupil/student until the parent/carer arrives, or accompany the pupil/student to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil/student will be monitored and the parents/carers informed.

7. Adrenaline Auto-Injectors (AAIs)

Each academy will have spare AAI's in locations proportionate to the size of the site.

Staff may administer a "spare" adrenaline auto-injector (AAI) obtained, without prescription, for use in emergencies, if available, but only to a pupil/student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The academy's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

7.1 Purchasing of Spare AAIs

The Allergy Lead is responsible for ensuring sufficient AAIs are available and ensuring they are stored according to the guidance.

- They should be purchased in the correct dosage from one of our online providers
- Ensure that the same brand is purchased as not to cause any confusion,
- They are clearly marked as the academy spares
- They have the correct dosage

We follow guidance on recommended quantities for our sites:

Academy type	Children under age 6 years (150 mcg) e.g. EpiPen Junior, Jext 150	Individuals over years of 6 of age (300 mcg) e.g. EpiPen, Jext 300
Primary School	Two "spare" devices	Two "spare" devices
Secondary School	n/a	Two to four "spare" devices*

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 (larger schools will require more than one AAI kit, ideally located near the dining area and playground)
- Spare AAIs will be kept separate from any pupil's/student's own prescribed AAI and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

The Lead First Aider/ Office Manager 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 of in line with the manufacturer's instructions

7.5 Use of AAIs off Academy Premises

- Pupils/students at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on academy trips and off-site events.
- List for attendees on academy trips should be checked for children with allergens, the staff attending must discuss with First Aiders spare AAI's/ Emergency kit requirements

7.6 Emergency Anaphylaxis Kit

The academy holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- 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/students to whom the AAI can be administered.
- A record of when AAIs have been administered.

8. Allergen Training

The academy 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 academy site, and how to access them.
- How to administer AAIs
- The wellbeing and inclusion implications of allergies.

Training will be carried out annually using the chosen training platform.

9. Asthma

The trust recognises that Asthma is a long-term medical condition affecting access to education, we support pupils/students to fully participate in academy life. We aim to provide a supportive environment enabling pupils to full participate in activities whilst managing their condition effectively.

We will support pupils by:

- An up-to-date asthma register of all students with an asthma diagnosis
- An easily accessible emergency salbutamol inhaler/spacer device – to use where appropriate, with written consent from parents
- All pupils with asthma have an up-to-date personalised asthma action plan
- Processes and procedures to recognise when asthma is impacting on a pupil's/student's attainment
- Identified staff to have completed recognised accredited asthma training
- Regularly promote asthma awareness to pupils/parents and staff
- Ensure that the sites are managed with Asthma triggers in mind, such as outdoor pollution, chemicals and fumes, grass and pollen.

10. Roles and Responsibilities for Asthma

10.1 Lead First Aider

- Take responsibility for the management of the asthma register, ensuring it is up to date and accurate
- Manage the supply of emergency salbutamol inhalers in school, adhering to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.
- Support all pupils/students to have immediate access to their inhalers, including during off-site academy activities.
- Communicate with parents/carers regarding any deterioration in a child's asthma condition whilst in academy including requiring of any medication administered to relieve symptoms or given in an emergency.

These responsibilities may be delegated to other members of staff when appropriate, ensuring continuous support for students with asthma.

10.2 Parents and Carers

Parents and carers would be expected to:

- Inform academy if their child has been given a diagnosis or suspected diagnosis of asthma and a reliever inhaler has been prescribed
- Ensure prescribed asthma reliever inhaler and spacer device is sent into academy where appropriate – labelled with their child's name, date of birth drug name and expiry date
- Provide the academy with an up-to- date asthma action plan for their child, completed by the health professional who supports their child's asthma management – this may be the GP, practice nurse, asthma nurse or consultant.
- Provide consent for use of the academy emergency reliever inhaler where appropriate and required
- Inform the academy of any changes in their child's asthma or medication
- Ensure their child knows how to correctly use their asthma inhaler where age or developmentally appropriate.

10.3 Academy Staff

All academy staff will be expected to:

- Be aware of which students in their class have asthma
- Know how to understand an asthma action plan
- Ensure access for pupils to their asthma medication, including academy trips etc
- Take immediate action if a pupil/student is experiencing symptoms of an attack.

The most common symptoms of an asthma attack are:

- Wheezing (a whistling sound when breathing)
- Breathlessness
- A tight chest – it may feel like a band is tightening around the chest
- Coughing
- Tummy or chest ache – be aware that younger children often complain of tummy ache when it is their chest that is causing them discomfort
- May not be able to talk in full sentences
- Lethargic

If a pupil has an asthma attack in school, a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure. No pupil should ever be sent to get their inhaler in this situation; the inhaler must be brought to the pupil.

11. Asthma Training

Staff have access to training via the link below and this will also be shared on our training platform.

12. Medication and Treatment

Asthma is usually treated by using an inhaler, a small device that lets you breathe in medicines

The main asthma treatments are:

- Reliever inhalers – used when needed to quickly relieve asthma symptoms for a short time
- Preventer inhalers – used every day to prevent asthma symptoms happening.
- Maintenance and reliever therapy (MART) inhalers – this is a combination inhaler of preventer and reliever medication
- Tablets – some people also need to take tablets

Asthma medication supplied by parents or carers for the pupil's/student's use in academy needs to be labelled with:

- The pupil's/student's name and date of birth
- The name of the medicine
- Expiry date
- The prescriber's instructions for administration, including dose and frequency.

We support (in secondary academies students are more likely to be responsible for their own) all pupils with asthma to have immediate access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

In Primary/Junior academies the inhalers are kept in a safe space in the pupil's classroom and all staff know the location.

13. Links to Other Policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils/students with medical conditions policy
- First Aid policy
- Attendance Policy

- Bullying Policy

14. Monitoring

Any incidents reported will be detailed in Local Governing Body meetings.