DE LA SALLE SCHOOL
BASILDON

Pupil Allergy Policy

De La Salle School is a Christian community, inspired by the vision and example of Saint John Baptist De La Salle, where each person is invited to become the person God intended him or her to be and to live a life of faith and love, following the example of Christ.

Last Update: July 2026
Ratified by Governors: 2nd July 2026
Next Review: July 2027

Under Benedict's Law the allergy policy will be published on the school website and will be reviewed annually.

Contents

1. AIMS

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 the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. ROLES AND RESPONSIBILITIES

We take a whole-school approach to allergy awareness.

3.1 Headteacher responsibilities

- The Headteacher has overall operational responsibility for the implementation of the policy.

3.2 Governing Body responsibilities

- Governors will ensure suitable arrangements are in place for allergy management, receive appropriate reports on implementation and monitor compliance with statutory guidance.

3.3 Allergy lead

The nominated allergy lead is Dave Fogarty

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils Although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils with allergies have an allergy action plan completed by a medical professional
    - All staff receive an appropriate level of allergy training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment (See appendix B)
- Keeping stock of the school's adrenaline auto-injectors (AAIs)

● Regularly reviewing and updating the allergy policy

3.4 Student Services

Student Services is responsible for:

● Co-ordinating the paperwork and information from families

● Co-ordinating medication with families

● Checking spare AAIs are in date

● Updating staff with changes to students needs as and when appropriate.

● Any other appropriate tasks delegated by the allergy lead

3.5 Teaching and support staff

All teaching and support staff are responsible for:

● Promoting and maintaining allergy awareness among pupils

● Maintaining awareness of our allergy policy and procedures

● Being able to recognise the signs of severe allergic reactions and anaphylaxis

● Attending appropriate allergy training as required

● Being aware of specific pupils with allergies in their care

● Carefully considering the use of food or other potential allergens in lesson and activity planning

● Ensuring the wellbeing and inclusion of pupils with allergies

3.6 Parents/carers

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

● 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 school's guidance on food brought in to be shared

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

3.7 Pupils with allergies

These pupils are responsible for:

● Being aware of their allergens and the risks they pose

● Understanding how and when to use their adrenaline auto-injector

● If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.8 Pupils without allergies

These pupils are responsible for:

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

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

3.9 Visitors and contractors

These will be informed of the school's Allergy policy they have a responsibility to:

Adhere to the school' stated aim of being an allergen aware school and should not bring foods containing nuts or other allergens on to the school site.

Although not exhaustive these will include:

- agency staff
- supply teachers
- sports coaches
- external providers

4.1 ASSESSING RISK

The school will conduct a risk assessment (See appendix B) for any pupil at risk of anaphylaxis taking part in:

● Lessons such as food technology

● Science experiments involving foods

● Crafts using food packaging

● Off-site events and school trips

● Any other activities involving animals or food, such as animal handling experiences or baking

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

4.2 Allergy register: An allergy register is kept of all students and staff with allergies. It is:

- reviewed each term;
- updated immediately following diagnosis;
- available for supply staff;
- available for trip leaders before visits.

5. MANAGING RISK

5.1 Hygiene procedures

● Pupils are reminded to wash their hands before and after eating

● Sharing of food & drinks is not allowed

● Pupils who have their own water bottles must be properly labelled with their name

5.2 Catering

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

● Catering staff receive appropriate training and are able to identify pupils with allergies

- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

The school canteen will not sell food containing nuts or sesame seeds.

5.4 Insect bites/stings

When outdoors:

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

5.5 Animals

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

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

5.8 Staff training

- Staff will receive annual training in the use of adrenaline auto-injectors (AAIs)
- New staff will receive training in the use of adrenaline auto-injectors (AAIs) as part of their induction training.

● Refresher training will be provided to staff after any significant incident.

● Records of attendance at the training will be kept.

5.9 First Aiders. Below are the names, locations and extension numbers of currently qualified First Aiders:

- Mrs S Barry Art/Technology ext 205
- Miss H Perfect LSA ext 212
- Mrs K Thorpe Pastoral Hub ext 209
- Mr P Futcher – Geography ext 208
- Mrs C Wisker – Cleaner ext 1117
- Miss S Rothwell – PE ext 311
- Miss J Tyler – LSA ext 212
- Miss T Plant – Food Technology ext 302
- Mr K Jacobson – Science ext 301
- Mrs D Bourke Student Services ext 523
- Miss L Bilous – PE ext 311
- Mr A Jones – PE ext 311
- Mr S Purcell – RE ext 208

6. PROCEDURES FOR HANDLING AN ALLERGIC REACTION

6.1 Register of pupils with AAIs

This links to our 'supporting pupils with medical conditions' policy.

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

  ● Known allergens and risk factors for anaphylaxis

  ● Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)

  ● Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil

  ● A photograph of each pupil to allow a visual check to be made (with parental consent)

● The register is kept in student services and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAIs 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-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

● Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency

● If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan

  ● If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

- If the pupil has no allergy action plan, staff will follow the school's procedures (Appendix A – NHS guidance and/or) on responding to allergy and, if needed, the school's normal emergency procedures.
- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- 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

6.3Incident recording and review

It is necessary to ensure that:

- every allergic reaction is recorded;
- parents are informed;
- serious incidents are reviewed by the Allergy Lead;
- lessons learned are shared with staff;
- risk assessments and healthcare plans are amended where necessary.

7. ADRENALINE AUTO-INJECTORS (AAIS)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for AAIs, covering these areas:

7.1 Purchasing of spare AAIs

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

AAIs are supplied by the parents/guardians of the student who requires it.

- AAIs are purchased from a local pharmacy where the parents purchase them or from a registered first aid supplier and infection control company e.g. (Eureka first aid suppliers hygiene and safety company products)
- The quantity is AAIs required for each student are stored in the medical cupboard for students in Student Services
- Additional AAIs are stored in the medical cupboard for undiagnosed allergic reactions and can only be used in accordance with the legal framework and DfE guidance. ***
- The brand of AAI purchased by the school is Mylan Auto Injections 0.3mg

The dosage required (based on Resuscitation Council UK's age-based criteria, and on page 11 of the NHS Guidance on the use of Adrenaline auto-injectors is: as follows:

For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

***** The Legal Framework Guidance for individuals with undiagnosed allergic reactions.**

- Emergency Administration: Under Regulation 238 of the Human Medicines Regulations 2012, any individual—including school staff—is legally allowed to administer adrenaline to save a life in an emergency, even without formal medical training.

- No Prior Consent Required: In an exceptional emergency involving an undiagnosed individual, The Human Medicines (Amendment) Regulations 2017 establishes that prior consent does not need to be obtained. Anyone may take reasonable, life-saving action to prevent critical delays in treatment.
- Statutory School Duties: Under Section 34 of the Children's Wellbeing and Schools Act 2026 (commonly known as Benedict's Law), schools in England hold a mandatory statutory duty to proactively manage allergy safety.

***DfE Guidance for individuals with undiagnosed allergic reactions.

The DfE's statutory guidance, which becomes fully mandatory from 1 September 2026, details explicit protocols for handling undiagnosed reactions: [1]

- Mandatory Emergency Stock: Schools must buy and maintain unassigned "spare" AAI kits on-site. These act as a backup if a prescribed pen fails, or if a person experiences a severe, first-time or undiagnosed reaction. [1, 2]
- Emergency Service Protocol: For individuals without a prior diagnosis, staff must immediately call 999 to summon emergency services and seek direct verbal advice on whether administering the school's spare AAI is appropriate. [1, 2]
- Exception for Absolute Delays: If emergency services cannot be reached immediately or there is a critical delay, staff can utilize the legal exemptions above to administer the spare AAI to prevent loss of life. [1]
- Whole-Staff Training: The guidance mandates that all school staff (including teachers, lunchtime supervisors, and caretakers) must be trained to recognize the symptoms of anaphylaxis and understand how to access and use spare AAIs. [1, 2]
- Accessibility: Spare AAIs cannot be locked away; they must be clearly marked and positioned so they can be accessed and brought to any location on the school grounds within five minutes. [1, 2, 3]

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

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

These will be stored in Student Services

(See pages 12and 13 of the guidance) emergency adrenaline auto-injectors in schools

7.3 Maintenance (of spare AAIs)

Tracey Carlane & Deni Bourke 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 a AAI has been used, it will be disposed of in line with the manufacturer's instructions

(See page 13 of the guidance)

7.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- The registered First Aiders who are supervising students on the trip are designated to carry spare AAI kits for each student and have received relevant up to date training on how to administer the AAI in the event that this is required.

(See page 13 of the guidance)

7.6 Emergency anaphylaxis kit

The school 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 to whom the AAI can be administered
- A record of when AAIs have been administered

8. TRAINING

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead.

It's mandatory that all staff are trained at least once a year.

9. LINKS TO OTHER POLICIES

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy

10. Communication with Parents

- allergy information is requested for the child from parents on admission;
- confirmed annually;
- updated whenever circumstances change.

APPENDIX A

NHS Anaphylaxis Guidance

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings. Call 999 if you think you or someone else is having an anaphylactic reaction.

Symptoms of anaphylaxis

Symptoms of anaphylaxis happen very quickly. They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.

Symptoms include:

- swelling of the throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in the throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if brown or black skin, this may be easier to see on the palms of the hands or soles of the feet

There may also be a rash that's swollen, raised or itchy.

Immediate action required: Call 999 if:

- the student's/staff member's lips, mouth, throat or tongue suddenly become swollen
- they start breathing very fast or struggling to breathe (may become very wheezy or feel like they're choking or gasping for air)
- their throat feels tight or they're struggling to swallow
- their skin, tongue or lips turn blue, grey or pale (if they have black or brown skin, this may be easier to see on the palms of their hands or soles of their feet)
- they suddenly become very confused, drowsy or dizzy
- they have fainted and cannot be woken up
- they are limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)
- they are unwell and may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

Information:

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

- EpiPen instructions (EpiPen website)
- Jext instructions (Jext website)

Treatment for anaphylaxis

Anaphylaxis needs to be treated in hospital immediately.

Treatments can include:

- adrenaline given by an injection or drip in the vein
- oxygen
- fluids given by a drip in the vein

Usual stay in hospital is for around 2 to 12 hours, but may need to stay longer.

Before they leave hospital, they should be given 2 adrenaline auto-injectors, or a prescription for them, to keep in case they have another anaphylactic reaction.

An adrenaline auto-injector is a special device for injecting adrenaline themselves. They'll be told how and when to use it.

They should be shown how to use their adrenaline auto-injector each time they're prescribed it.

They may also be referred to an allergy specialist for tests and advice.

APPENDIX B

De La Salle – Individual Student Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
School: De La Salle school Phase: Secondary	SEN Key Worker: _____ Form Tutor:_____
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse/Registered First Aider):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):

I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:

Signatures:

Setting Manager/Head teacher: Date

Parents/Carers Date

Child/Young Person Date

What is this child/young person allergic to?

Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐

Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐

Summary of current medical evidence seen as part of the risk assessment (copies attached) This should include the current Care Plan and AAI prescribed and recommended dosage
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?

What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES ☐ NO ☐** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES ☐ NO ☐**

Parent/Guardian Signature: _____ Date:_____

Student Signature: _____ Date:_____

Registered First Aider Signature: _____ Date: _____

School allergy Lead Signature: _____ Date: _____