Whole School Allergy policy

(Benedicts law)

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1. Policy statement

At Marshbrook First School, we recognise that allergies are not rare or unusual, they are part of everyday school life. In most classes there will be at least one child with an allergy, and for some of those children the risk is very real. Around one in five serious allergic reactions happen in school settings, so this is very much our responsibility to manage well.

Our approach is straightforward:

- we take allergies seriously
- we make sure staff know what to look for
- and we put practical systems in place so that pupils are safe without being excluded or singled out

This is not about trying to eliminate all risk (which isn't possible), but about making sure we are alert, prepared, and consistent in how we respond.

2. Understanding allergies

An allergy is when the body reacts to something that wouldn't normally cause a problem, food, pollen, a sting, or even something like a cleaning product. Reactions can start quickly, often within minutes, but not always, which is why supervision and awareness throughout the day matter.

Most reactions are mild to moderate, things like hives, swelling, or vomiting, but sometimes they can escalate into anaphylaxis, which is life-threatening and needs immediate action.

What's important for staff is not memorising medical language, but understanding:

- Things can change quickly
- Not all reactions look dramatic at first
- It is always safer to act early rather than wait

3. Types of allergies we see in school

In practice, allergies in school tend to fall into a few broad groups, and it helps staff to think about them this way.

Food allergies are the most common and the highest risk, things like nuts, milk, egg, sesame and others. Even very small amounts (for example, residue on hands or surfaces) can cause a reaction for some children.

We also see environmental allergies, such as pollen or dust mites, which are harder to control but still important, particularly during certain times of year.

Then there are contact or irritant allergies, linked to things like cleaning products, perfumes or materials. These are especially relevant for pupils with eczema, where the skin is more vulnerable and reacts more easily.

Finally, insect stings and latex are much less common but still need to be considered, particularly during outdoor activities.

4. Cross-contamination

Most serious issues in schools don't come from someone eating something obviously unsafe, they come from small, avoidable lapses in routine.

Cross-contamination is simply allergens being transferred from one place to another. That might be:

- using the same knife for different foods
- not washing hands properly
- surfaces not being cleaned effectively
- or children sharing food

The key message is practical:
we are not trying to create "perfect conditions", but we do expect consistent habits — washing hands, using separate utensils, and taking a bit of care when food is involved.

5. Roles and responsibilities

The Headteacher makes sure the systems are in place — registers, training, communication, and that the policy actually works in practice, not just on paper.

The Allergy Lead keeps things coordinated and makes sure nothing drifts. This includes keeping records up to date, checking that staff training is current, and reviewing how well our systems are working in practice.

They also take the lead after any allergic reaction, making sure it is properly recorded, followed up, and that any learning is shared so we continue to improve.

This role is not about creating extra layers of process, but about making sure what we already do is consistent, joined up, and reliable day to day. Where possible, this responsibility is shared so it does not rely on one individual.

Staff don't need to be experts — but they do need to:

- Know which pupils have allergies
- Understand what to do in an emergency
- Follow agreed routines, especially around food

And importantly reactions don't just happen at lunchtime. They can happen in classrooms, playgrounds, trips, or events.

Parents provide the medical information and medication. We rely on them for accurate, up-to-date details, and we build plans together.

Pupils, where appropriate, are encouraged to understand their own allergies and speak up but responsibility always sits with the school.

6. Identifying pupils and planning

The backbone of good allergy management is knowing who needs support and what that support looks like.

We keep a clear, up-to-date allergy register, and all pupils at risk have an allergy action plan provided by a healthcare professional. These plans are not something we create ourselves — they come from clinicians and set out exactly what to do.

In practice, this means:

- Staff can quickly check what a child is allergic to
- They know what symptoms to look for
- They know what action to take

6a. Individual risk assessments

Alongside each pupil's allergy action plan, we also complete a simple individual risk assessment.

This helps us think through the practical, day-to-day detail — where risk is most likely to arise, what adjustments are sensible, and how staff will manage this in different parts of the school day.

These are reviewed at least annually, and earlier if anything changes, so that they remain useful and relevant rather than just paperwork.

7. Managing risk day-to-day

This is where good policy turns into real practice.

In classrooms

Food is used carefully and deliberately. Where it is used (for example in activities), staff plan ahead and supervise closely.

At lunchtime

This is the highest risk part of the day, so routines matter:

- pupils are supervised while eating
- food sharing is not allowed
- staff position themselves to actually observe children

In the kitchen

Catering staff are key. They:

- check ingredient labels every time (because they do change)
- prepare allergen-safe food first
- and follow cleaning procedures properly

Good information sharing is what makes all of this work in practice.

Staff who need to know are made aware of pupils with allergies and how to respond. This includes not just class teachers, but also support staff, lunchtime staff, supply staff, and anyone leading clubs, trips, or activities.

Information is shared in a clear and practical way — for example through registers, class briefings, or summary sheets — so staff can quickly understand what matters without needing to search for it.

The aim is simple: no one is ever in a position where they are responsible for a child but unsure what to do.

8. Events, trips and "non-routine" times

Alot of incidents happen when the normal routine changes — parties, trips, themed days.

Our approach is to slow things down slightly and plan properly:

- check who has allergies
- involve parents where needed
- and risk assess the activity

We don't exclude pupils — instead, we adjust the activity so everyone can take part safely.

For example:

- using alternatives to food in activities
- ensuring all food is labelled
- or having a named adult oversee food distribution

A key part of planning is making sure medication and allergy plans go with the pupil, not left behind in the classroom or office. The supervising adult must know where these are and be confident in how to use them if needed.

9. Bake sales and fundraising

These are popular but need careful handling.

We don't overcomplicate things, but we do set clear expectations:

- ingredients should be known
- items should be labelled
- allergen-free items kept separate
- and serving handled carefully

Simple things make the difference:

- handwashing
- separate utensils
- not mixing serving roles

10. Staff training – what matters most

Training is important, but it needs to be practical.

All staff receive training, refreshed regularly, that covers:

- recognising symptoms
- knowing when and how to act

- using adrenaline auto-injectors

The key message is confidence:
staff should feel able to act quickly and appropriately, rather than hesitate.

11. Responding to an emergency

If we suspect anaphylaxis, we act immediately.

Staff are trained to recognise the signs early and to administer adrenaline without delay — even if there is some uncertainty. Acting quickly is far safer than waiting.

An ambulance is called straight away, clearly stating that this is anaphylaxis, and the child is not left alone at any point.

Where required, a second dose of adrenaline may be given if there is no improvement and emergency services have not yet arrived.

After any reaction, the child will always be taken to hospital for observation.

Every incident is recorded and followed up. We take time afterwards to reflect on what happened, whether anything could be improved, and to make any necessary adjustments to plans or routines.

12. Medication in school

Pupils who need medication have it available at all times — not locked away or difficult to access.

Medication is stored in a way that keeps it safe but also means it can be reached quickly. In most cases, it is kept close to the pupil, and it always accompanies them when they move around school or go off-site.

Older pupils may carry their own medication where appropriate, but this is agreed on an individual basis, taking into account their age, confidence, and any additional needs.

We also hold spare emergency adrenaline devices in school, which can be used if needed.

13. Inclusion and safeguarding

We are very clear on this:
children with allergies must be included in everything we do.

We avoid:

- unnecessary restrictions
- separating children
- drawing attention in ways that could lead to stigma

We also recognise that allergy-related bullying can happen and treat it as a safeguarding issue.

14. Pupil awareness and understanding

Helping pupils understand allergies is part of creating a safer environment for everyone.

In an age-appropriate way, we support pupils to understand why allergies matter, why food sharing is not safe, and how they can help look out for one another.

This is done carefully and sensitively — not to alarm, but to build awareness and reduce the risk of exclusion or bullying.

Pupils with allergies are supported to feel confident and included, rather than different.

14. Our overall approach

We do not rely on blanket bans (for example, “nut-free schools”) because they give a false sense of security and don’t address the wider risks.

Instead, we focus on:

- Awareness
- Good habits
- Clear systems
- Confident staff

This policy is reviewed at least annually and updated where needed to reflect current guidance and good practice. It is available on the school website so that parents, staff, and the wider community can understand how allergies are managed in our setting.