WALTON HIGH SCHOOL

Proud to be part of Walton Multi Academy Trust

Whole School Allergy Policy

Reviewed by Governors:	September 2026
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Leadership link person:	Headteacher

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1. Policy statement

At Walton High 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 and leadership team make sure the systems are in place — registers, training, communication, and that the policy actually works in practice, not just on paper.

A named member of staff has oversight of the school's allergy management systems, including maintaining the allergy register, ensuring consent documentation is in place, and overseeing the use and monitoring of spare AAIs.

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.

At least two staff members share responsibility for the storage, checking, and ongoing management of emergency medication to ensure continuity and reliability at all times.

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

In addition to allergy action plans, the school holds clear written confirmation of both medical authorisation and parental consent for pupils who may require an adrenaline auto-injector (AAI), including consent for the use of the school's spare AAI where appropriate. This information is

recorded as part of each pupil's individual healthcare plan and is reviewed regularly, at least annually, to ensure it remains accurate. The allergy register clearly identifies which pupils are at risk of anaphylaxis, what medication they require, and whether a spare AAI can be administered in an emergency.

We keep a clear, up-to-date allergy register,

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

A lot 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
- 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
- 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

Nothing stops these from taking place, so long as planning and expectations are set out from the onset.

Expectations:

- Ingredients should be known
- Items should be labelled
- Allergen-free items kept separate
- Serving handled carefully

Practicalities:

- Handwashing
- Separate utensils
- Not mixing serving roles

10. Staff training

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.

Where anaphylaxis is suspected, the pupil should, where possible, be laid flat with their legs raised to maintain blood flow, unless breathing difficulties require them to sit up. Staff must remain with the pupil at all times and ensure they are kept as still as possible

An ambulance is called straight away, clearly stating that this is anaphylaxis, and the child is not left alone at any point. staff should provide clear location information and arrange for someone to meet and direct the ambulance on arrival.

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

Paramedics must be informed of the pupil's known allergies, the suspected trigger, and the exact time(s) adrenaline was administered. If a second dose is required after the initial emergency call, this must be communicated to emergency services.

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

The school maintains a clearly defined system for the storage, care and monitoring of medication.

Adrenaline auto-injectors are stored in accessible, clearly labelled locations that are not locked away and are available within a few minutes at all times.

Where spare AAIs are held, these form part of a designated emergency anaphylaxis kit, which includes the devices, instructions for use, a list of pupils for whom the device may be used, and an administration record.

Named staff are responsible for checking, at least monthly, that all devices are present, in date, and stored correctly, and for ensuring that replacements are obtained before expiry.

Used devices are disposed of in line with clinical guidance.

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.

15. 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 regularly 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.