



Allergy Safety Policy

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Related policies:

- Medical Conditions Policy
- First Aid Policy
- Educational Visits Policy
- Behaviour and Anti-Bullying Policy
- Safeguarding and Child Protection Policy
- Data Protection / Privacy Policy

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1. Policy Statement & Purpose

The school is committed to providing a safe, inclusive environment for pupils with allergies and to reducing the risk of allergic reactions while ensuring that pupils with allergies can participate fully in school life.

This policy has been revised for September 2026 to reflect the Department for Education (DfE) statutory guidance, Allergy safety in schools, published on 6 July 2026. The school will have regard to that guidance and will review this policy at least annually.

The policy operates alongside the school's Medical Conditions Policy and Individual Healthcare Plans (IHPs). It sets out school-wide arrangements for allergy safety, including identification, risk reduction, training, emergency medication, trips, incident management, information sharing and pupil wellbeing.

2. Scope & Principles

- Allergy is a medical condition and may include food allergy, asthma, eczema, allergic rhinitis, insect-sting allergy, medication allergy and other clinically recognised allergies or significant triggers.
- The school recognises that allergic reactions can be unpredictable and that anaphylaxis is a potentially life-threatening emergency.
- The school will take reasonable steps to minimise exposure to known allergens without creating false reassurance that the environment can be completely allergen-free.
- Children and young people with allergies will be supported to participate in learning, play, meals, PE, clubs, trips and other activities as safely as reasonably practicable.
- The school will work in partnership with pupils, parents/carers and relevant healthcare professionals.

3. Roles & Responsibilities

3.1 Allergy Safety Lead

Nicola Rowe is the school's named Allergy Safety Lead and senior leader responsible for implementation and oversight of this policy.

The Allergy Safety Lead will maintain allergy records, oversee training, coordinate IHPs and Allergy Action Plans, monitor emergency medication arrangements, review incidents and near misses, and report significant learning to the governing body/Trust as appropriate.

The Allergy Safety Lead will ensure this policy is reviewed at least annually and updated when statutory guidance, clinical advice, school arrangements or learning from incidents changes.

3.2 Headteacher, Senior Leaders & Governing Body/Trust

- Ensure that appropriate arrangements, resources and accountability are in place.
- Ensure the policy is implemented, reviewed and published.
- Ensure serious incidents and near misses are considered at the appropriate governance level and that lessons learned are acted upon.

3.3 All Staff

- Complete required allergy awareness and emergency response training.
- Know how to access information about pupils with known allergies and how to locate emergency medication.
- Follow IHPs, Allergy Action Plans and school procedures.
- Take reasonable steps to reduce allergen exposure and report concerns, incidents and near misses promptly.

3.4 Parents/Carers & Pupils

Parents/carers are expected to provide accurate, up-to-date information about allergies, medication and healthcare-professional advice. Pupils will be involved in decisions about their support in an age- and developmentally appropriate way.

4. Allergy Awareness Training

All staff present during times when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary and supply staff, lunchtime staff and staff supervising breakfast or after-school provision.

Training will cover:

- the nature and risks of allergy and the difference between allergy, coeliac disease and food intolerance;
- food allergy, asthma, eczema, hay fever and other relevant allergic conditions;
- common symptoms of allergic reactions and recognition of anaphylaxis;
- recognition and emergency response to acute asthma;
- how to locate and use prescribed and spare emergency medication in accordance with training and the relevant action plan/device instructions;
- the need to call emergency services promptly and inform parents/carers;
- the school's allergy safety policy and individual responsibilities;
- how to access allergy records and IHPs/Allergy or Asthma Action Plans;
- reducing allergen exposure and recognising/reporting incidents and near misses;
- supporting the wellbeing and inclusion of pupils with allergy.

New staff will receive allergy safety information as part of induction.

5. Identification & Information

The school will maintain accurate, accessible records of pupils with known allergy and relevant medical needs. Information may also be recorded for staff and visitors where necessary to support their safety while on site.

Allergy information will be obtained from parents/carers and, where relevant, healthcare professionals.

Information will include known allergens/triggers, symptoms, prescribed medication, emergency arrangements and any relevant dietary requirements.

Records will be updated when new information is received.

Relevant information will be shared on a need-to-know basis with staff responsible for the pupil's care, including temporary and supply staff.

Where a new or suspected allergy is reported but healthcare advice is not yet available, the school will not

dismiss the concern and will put reasonable interim arrangements in place while seeking appropriate advice.

6. Individual Healthcare Plans & Allergy Action Plus

Any pupil whose allergy requires specific supportive arrangements will have an Individual Healthcare Plan (IHP). The IHP will be developed collaboratively with the pupil and parents/carers, taking account of advice from relevant healthcare professionals.

Where relevant, the IHP will refer to the most recent:

- Allergy Action Plan;
- healthcare professional care plan; and
- prescription and medication instructions.

IHPs will set out what needs to be done, when, by whom and how, including emergency arrangements, access to medication, avoidance measures, activities, meals and trips where relevant.

IHPs will be reviewed at least annually and sooner following a serious incident, near miss, change in circumstances, change in medication or new advice from a healthcare professional. The pupil and parents/carers will be involved in reviews.

7. Minimising the risk of allergen exposure

- The school will take reasonable, proportionate measures to reduce the likelihood of known allergen exposure.
- The school will promote an allergy-aware and nut-aware environment rather than describing the school as completely 'nut-free', because many allergens exist and a 'nut-free' label can create false reassurance.
- Risk assessments will consider classrooms, dining areas, playgrounds, PE, practical activities, clubs, events, visitors and educational visits.
- Handwashing and appropriate cleaning will be promoted, particularly before and after food-related activities.
- Classroom activities involving food or other potential allergens will be planned with known allergies in mind.
- Where an identified individual risk requires additional control measures, these will be recorded in the pupil's IHP/risk assessment.

8. Food allergy and catering arrangements

The school will work with its catering provider and staff responsible for food provision to ensure that allergen information is clear, current and acted upon.

- Menus and ingredient/allergen information will be checked against pupils' recorded allergies.
- Product substitutions and menu changes will be checked before food is served to pupils with allergies.
- Allergen information will be available to relevant staff and communicated to parents/carers where appropriate.
- Cross-contamination risks will be considered in food preparation, storage, serving and cleaning.
- Packed lunches and food brought from home will be managed in accordance with individual risk assessments and school arrangements.
- Cooking, food technology, tasting, celebrations and classroom food activities will take account of known allergies.

- At mealtimes, the school will use at least two robust methods, where appropriate to the setting, to identify pupils with allergies and ensure the correct food is provided.
- No pupil will be excluded from eating or participating unnecessarily because of an allergy; reasonable adjustments will be made.

9. Prescribed adrenaline auto-injectors and asthma medication

Pupils prescribed adrenaline auto-injectors (AAIs) must have rapid access to their prescribed medication throughout the school day and during activities away from the usual classroom.

- Prescribed AAIs will be stored/held in a way that allows access at all times, including during lessons, lunch, play, PE, sports, clubs, trips and other off-site activities.
- The AAIs will be kept centrally at the school office and taken with pupil when on trips.
- The arrangements will enable an AAI to be brought to a pupil experiencing anaphylaxis within five minutes.
- The school will continue its existing arrangement requiring two prescribed AAIs to be available in school where this is part of the pupil's prescription/individual arrangements.
- Parents/carers are responsible for supplying replacement medication before prescribed devices expire or are used, in accordance with the school's medication arrangements.
- The office will send reminders before the AAIs reach the expiry dates for replacements to be brought to school
- Pupils prescribed asthma reliever inhalers will have rapid access to their own inhaler in accordance with their Asthma Action Plan/IHP.

10. Spare adrenaline auto-injectors and emergency equipment

The school maintains spare emergency adrenaline auto-injectors through Kitt Medical emergency units located outside the school office. These are additional to prescribed medication for named pupils.

- Spare AAIs will be readily accessible and not locked away.
- The location of emergency units will be known to all trained staff and designed so that devices can reach a person experiencing anaphylaxis within five minutes.
- Spare devices will be clearly identified and stored in accordance with manufacturer requirements.
- Spare AAIs will be available in pairs where required so that a second device is immediately available if needed.
- The school will maintain an appropriate stock of devices for the relevant age/dosage requirements and will check expiry dates regularly.
- Used or expired devices will be replaced promptly and disposed of safely in accordance with appropriate arrangements.
- Staff will be trained in the circumstances in which spare AAIs may be used and how to use them safely.

11. Emergency response and anaphylaxis

Anaphylaxis is a medical emergency. The school's priority is rapid treatment and emergency assistance.

If anaphylaxis is suspected, staff must follow the individual's action plan where available and the following principles:

1. Help must come to the child. A child experiencing anaphylaxis must not be sent alone to the office, medical room or another location to obtain medication.

2. Place the person in an appropriate safe position in accordance with current emergency guidance; normally lying flat with legs raised unless this is not possible or another position is clinically required.
3. Administer the person's own prescribed adrenaline auto-injector as soon as possible where indicated.
4. If the person's prescribed AAI is unavailable, has misfired, or the person has no prescribed AAI, use a school spare AAI where appropriate and permitted.
5. Adrenaline should be administered as soon as possible and within five minutes where anaphylaxis is suspected. Do not wait to contact emergency services before administering adrenaline.
6. Call 999 immediately and request an ambulance, stating that anaphylaxis is suspected.
7. Follow the emergency instructions for a second adrenaline device if symptoms persist or return, and continue to follow the instructions of emergency services.
8. Inform parents/carers as soon as practicable.
9. Record the incident and follow the serious incident/near miss procedure.

In a life-threatening emergency, staff, volunteers or bystanders may take reasonable action to save a person's life. Staff are expected to act reasonably and to the best of their ability.

12. School trips, visits and activities

- A risk assessment will be completed for pupils at risk of anaphylaxis participating in trips and external visits.
- The pupil's prescribed emergency medication will accompany them and remain readily accessible.
- A sufficient number of staff trained in allergy awareness and emergency response will be identified.
- Staff will know the pupil's IHP/Allergy Action Plan and how to access emergency medication.
- Where appropriate, spare emergency medication may be taken on a trip, provided this does not reduce the required spare provision remaining on school premises.
- Arrangements will also consider transport, meals, accommodation, outdoor activities and venues where allergen exposure may occur.

13. Wellbeing, inclusion and bullying

The school recognises that living with allergy can cause anxiety and may make pupils feel different from their peers. The school will actively promote inclusion, reassurance and participation.

- Pupils will be supported to understand their allergy in an age-appropriate way.
- Staff will listen to concerns and respond promptly to anxiety or worries about allergic reactions.
- Bullying, teasing, exclusion, threats involving allergens or deliberate exposure to allergens will be treated seriously and addressed through the school's behaviour and anti-bullying procedures.
- Reasonable adjustments will be considered so that pupils with allergy can participate fully in school life.
- Pupils and parents/carers will be involved in reviewing arrangements where this will improve safety, confidence or inclusion.

14. Serious incidents and near misses

The school will use serious incidents and near misses as opportunities for learning and improvement. The approach will be no-blame and focused on understanding what happened, whether arrangements were effective and what changes are required.

Examples include:

- suspected or confirmed anaphylaxis or serious allergic reaction at school;
- failure or delay in administering emergency medication;
- prescribed medication not being available when required;

- spare emergency medication being unavailable, inaccessible or out of date;
- a significant allergen exposure or cross-contamination event;
- a pupil being given food containing a known allergen or where allergen information was incorrect;
- a significant failure in an agreed allergy safety control that could reasonably have caused harm.

Following a serious incident or near miss, the school will:

- ensure the pupil receives appropriate emergency/medical care;
- inform parents/carers as soon as practicable;
- record the incident using the school's incident recording system (including Evolve and/or Kitt Medical where applicable);
- consider whether any statutory or external reporting is required;
- seek information from the pupil and parents/carers and take their account into the review;
- review the relevant IHP, Allergy Action Plan, risk assessments and school procedures;
- identify lessons learned and actions required;
- share relevant learning with staff and the governing body/Trust;
- implement and monitor agreed improvements.

15. Information sharing & confidentiality

Information about allergy is personal health information. The school will nevertheless share relevant information lawfully and on a need-to-know basis where this is necessary to keep a pupil safe and included in education.

- Staff who need the information to support a pupil safely will have access to the relevant information.
- Temporary, supply, agency and relevant volunteer staff will receive the information needed for their duties.
- Information will be handled in accordance with the school's data protection and privacy arrangements.
- Information will be transferred appropriately when pupils move between settings, with a new IHP developed by the receiving school where required.

16. Publication & Awareness

- This policy will be published on the school's website.
- A copy will be made available in hard copy on request.
- The policy will be communicated to staff, pupils and parents/carers at least annually.
- All staff will be expected to understand the policy as part of allergy awareness training.
- New pupils with known allergy and their families will be introduced to the school's allergy safety arrangements.

17. Complaints

Concerns or complaints about the school's allergy safety arrangements, management of a serious incident or near miss, or the support provided to a pupil with allergy may be raised through the school's Complaints Policy. Complaints will be investigated fairly and used, where appropriate, to identify improvements to allergy safety arrangements.

18. Monitoring, review & continuous improvement

- The Allergy Safety Lead will monitor implementation of this policy, training completion, medication checks, IHP reviews, incidents and near misses.
- The policy will be reviewed at least annually and sooner where required.

- The review will consider changes to DfE guidance, relevant legislation, healthcare advice, school arrangements, medication, incidents, near misses and feedback from pupils, parents/carers and staff.
- Findings and significant actions will be reported through the school's governance arrangements.