



# ALLERGY SAFETY POLICY

*Learning together with kind hearts and determined minds*

|                                 |                                                                                                       |
|---------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Policy owner</b>             | Inclusion Manager (Deputy Headteacher), supported by the Headteacher                                  |
| <b>Approval</b>                 | Governing Body                                                                                        |
| <b>Approved</b>                 | 24 September 2026                                                                                     |
| <b>Review</b>                   | At least annually, and sooner following any serious incident or near miss                             |
| <b>Related policy</b>           | Supporting Pupils with Medical Conditions Policy (approved March 2026; due for review September 2026) |
| <b>Nominated Staff Lead</b>     | Joe Wheatley                                                                                          |
| <b>Nominated Governors Lead</b> | Emma Davies & Josh Flack                                                                              |

## 1. Purpose and aims

Borough Green Primary School is committed to providing a safe, inclusive environment for pupils, staff and visitors affected by allergy. The purpose of this policy is to minimise the risk of exposure to known allergens, ensure that allergic reactions are recognised and responded to promptly, and enable pupils with allergy to participate fully in school life.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy. That policy establishes the school's arrangements for supporting pupils with medical conditions, including Individual Healthcare Plans (IHPs), medicines, emergency procedures, training, record keeping, equal opportunities and complaints.

- support pupils with allergy so that they can access the same education and activities as their peers, including lunch, sport, trips and visits;
- ensure staff understand allergy, anaphylaxis, known triggers and emergency response arrangements;
- reduce avoidable exposure to known allergens through proportionate school-wide and individual risk management;
- ensure prescribed emergency medication is accessible when and where it is needed;
- support the wellbeing of pupils with allergy and prevent stigma or bullying;
- record, report and learn from allergic reactions, anaphylaxis and near misses.

## 2. Scope and statutory responsibilities

This policy applies to pupils, staff, regular volunteers, visitors and other people on the school site. It covers food allergy and other allergy-related conditions, including allergies involving contact or airborne exposure. It also recognises that allergy may co-exist with conditions such as asthma, eczema or hay fever.

The school will comply with the statutory allergy safety requirements set out in [Allergy Safety in Schools](#), including the requirement for a named senior leader to have responsibility for allergy safety, annual review, accessibility of the policy, staff awareness training, risk reduction, individual healthcare planning, rapid access to adrenaline, management of spare adrenaline devices, safe participation in trips, incident/near-miss reporting, information sharing and awareness of the policy.

The Governing Body has ultimate responsibility for arrangements supporting pupils with allergies and that the Inclusion Manager (Deputy Headteacher), supported by the Headteacher, is responsible for implementing the policy.

Section 34 of the Children's Wellbeing and Schools Act 2026 states that LA-maintained schools, academies and PRUs must have an allergy safety policy. This policy uses the [Allergy Safety Policy – template](#) statutory wording as its basis.

## 3. Roles and responsibilities

### 3.1 Governing Body

- have ultimate oversight of the school's arrangements for allergy safety;
- ensure sufficient suitably trained and competent staff are available to support pupils with medical needs and allergy;

- ensure the policy is implemented, reviewed at least annually and made readily accessible to staff and parents;
- ensure appropriate insurance arrangements are in place.

### **3.2 Inclusion Manager (Deputy Headteacher) – named allergy safety lead**

- lead implementation of this policy and contribute to or lead its review;
- maintain oversight of pupils with known allergy and ensure relevant records are current;
- ensure sufficient trained staff are available, including contingency and emergency cover;
- ensure staff who need to know are informed about a pupil's condition and required support;
- coordinate IHPs and ensure Allergy Action Plans/Asthma Action Plans are incorporated where relevant;
- liaise with parents, the school nursing service and relevant healthcare professionals;
- ensure allergy incidents and near misses are recorded, reviewed and acted upon.

### **3.3 Headteacher**

- take overall responsibility for the development and implementation of IHPs, delegated to the Inclusion Manager;
- ensure staff understand this policy and their role in implementing it;
- ensure appropriate insurance arrangements are in place and staff are aware of their cover.

### **3.4 All staff**

- take reasonable steps to reduce the risk of exposure to known allergens;
- know how to identify pupils with known allergy and where their IHP/Action Plan and emergency medication arrangements can be found;
- recognise symptoms of an allergic reaction and anaphylaxis and act promptly in an emergency;
- follow individual plans and school emergency procedures;
- report allergic reactions, anaphylaxis and near misses.

### **3.5 Parents/carers**

- provide sufficient, accurate and up-to-date information about their child's allergy and medical needs;
- provide prescribed medication and equipment as agreed and ensure it remains in date;
- participate in development and review of the child's IHP and provide updated healthcare plans when available;
- remain contactable, or ensure another nominated adult is contactable, as required by the IHP.

### **3.6 Pupils**

- be involved in discussions about their support as appropriate to age and maturity;
- share information about their allergy and symptoms where they are able to do so;
- follow agreed arrangements for managing their allergy and medication.

### **3.7 Healthcare professionals**

The school will work with the school nursing service and other relevant healthcare professionals. Healthcare professionals may advise on IHPs and identify the type and level of training needed. The medical policy requires healthcare professionals to confirm staff proficiency where a medical procedure or medication support is involved.

## 4. Allergy awareness, training and induction

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff and staff overseeing breakfast or after-school clubs. Contractors without a pupil-facing role are outside this training requirement.

New staff will receive allergy safety information and relevant emergency procedures during induction. Arrangements will be made so that supply and cover staff receive the information they need before or when they begin pupil-facing duties.

Training will cover:

- what allergy is, how allergic reactions can occur and how risks can be managed;
- the difference between food allergy, coeliac disease and food intolerance;
- common and individual allergy triggers and where to find pupil-specific information;
- the range of symptoms of allergic reactions and recognition of anaphylaxis;
- how and when to call emergency services and inform parents/carers;
- how to locate and use prescribed and spare emergency medication, including adrenaline devices and asthma reliever inhalers where relevant;
- the school's allergy safety policy and individual IHP/Action Plan arrangements;
- staff responsibilities for reducing exposure to known allergens;
- how to report an allergic reaction, anaphylaxis or near miss.

This school-level training does not replace any clinical governance, competency or delegation arrangements required for individual healthcare support.

## 5. Wellbeing, inclusion and bullying

The school recognises that the risk of an allergic reaction, particularly anaphylaxis, can cause anxiety. Pupils with allergy will be supported to participate in school life without unnecessary restrictions or stigma.

- Staff will listen to pupils' concerns and take account of their social and emotional needs within the IHP where appropriate.
- Reasonable adjustments will be considered where needed to enable safe participation.
- Pupils will not be unnecessarily singled out because of their allergy.
- Bullying, teasing, exclusion or deliberate exposure to an allergen will be treated as a safeguarding and/or behaviour concern and addressed under the school's relevant procedures.
- Any wider awareness activity with pupils or peers will be planned sensitively with the pupil and parents/carers and will never replace staff emergency arrangements.

## 6. Identification, records and information gathering

The school will seek information about known allergies from parents/carers, pupils where appropriate, previous settings and relevant healthcare professionals. The information recorded will include, where applicable, the known allergen(s), symptoms, emergency arrangements, prescribed medication and whether an IHP and/or Allergy Action Plan is in place.

- A current school record of pupils with known allergy will be maintained and made available to staff who need the information to keep pupils safe.
- The record will indicate relevant emergency medication arrangements, including prescribed adrenaline devices where applicable.
- Information will be updated when parents/carers or healthcare professionals provide new information.
- Staff will be told only the information necessary to discharge their responsibilities safely and respectfully.

## 7. Individual Healthcare Plans and Allergy Action Plans

A pupil will have an IHP where their allergy has a functional impact in school, creates a risk of harm, and requires arrangements that are additional to or different from those generally made. The IHP will document the additional/different arrangements, including emergency arrangements.

The IHP will be developed in partnership with the school, parents/carers and a relevant healthcare professional, with the pupil involved wherever appropriate. It will be reviewed at least annually or earlier if the pupil's needs change. Where an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional is available, the IHP will refer to or attach it and will be reviewed when an updated Action Plan is received.

The IHP should set out, as appropriate:

- the allergy, triggers, signs, symptoms and treatment;
- medication, dose, storage and access arrangements;
- environmental and dietary considerations;
- specific educational, social and emotional support;
- the level of support required in an emergency;
- who provides support, their training and competency, and contingency arrangements;
- who needs to know and how confidentiality will be maintained;
- arrangements for trips, visits and activities outside the normal timetable;
- emergency contacts and procedures.

## 8. Minimising exposure to allergens

The school will take reasonable and proportionate measures to reduce the risk of individuals coming into contact with known allergens. Risk management will consider the particular circumstances of the pupil rather than assuming that all pupils with the same allergy require identical arrangements.

- Food provided by the school will be managed so that allergen information is available and the risk of exposure to known allergens is reduced.
- Food brought into school by pupils, parents/carers or staff will be managed in accordance with the pupil's individual risk assessment and the school's reasonable measures.
- Where a pupil has a contact or airborne allergy, reasonable measures will be considered to reduce exposure.
- Staff planning craft, science, cooking, music, animal-related and other activities will consider potential allergen exposure and make adjustments where necessary.
- Classrooms, shared spaces and eating areas will be kept appropriately clean and managed to reduce avoidable transfer of allergens.

- Pupils will be encouraged to follow age-appropriate hygiene arrangements, particularly around eating.
- The school will avoid unnecessary blanket restrictions where a proportionate individual approach can provide equivalent or better protection.

## 9. Food allergy and allergen information

Where food is provided by the school or on its behalf, the school will ensure that relevant allergen information is available and that catering arrangements take account of pupils' known allergies. Staff responsible for food provision will be informed of relevant pupil requirements and will follow agreed procedures.

- Parents/carers will provide the school with accurate information about diagnosed allergies and any dietary requirements arising from them.
- Food labels, ingredient information and relevant catering information will be checked where required.
- The school will communicate necessary allergy information to catering and relevant staff while maintaining appropriate confidentiality.
- Staff will not assume that a food is safe because a pupil has previously eaten it safely.
- If an ingredient or food preparation process changes, allergen information and individual arrangements will be reconsidered.

## 10. Prescribed adrenaline devices

Pupils who are prescribed adrenaline devices must have rapid access to them at all times, including in classrooms, the lunch area, playground, sports fields and while on visits or trips. The statutory template states that, in anaphylaxis, adrenaline should be administered within five minutes.

- Prescribed adrenaline devices will be stored or carried in a way that permits immediate access in accordance with the pupil's IHP.
- Devices must not be placed where access is unreasonably delayed.
- Parents/carers will be responsible for taking individually prescribed devices home where agreed, including for the journey home, and for replacing devices before they expire.
- The school will maintain a record of pupils who have prescribed adrenaline devices and relevant Action Plans.
- Where a pupil is competent and authorised to self-manage medication, this will be reflected in their IHP and supported by appropriate staff oversight.

## 11. Spare adrenaline devices and emergency kits

Where the school holds spare adrenaline devices, they will be managed in accordance with the statutory arrangements and manufacturer/healthcare guidance.

- Spare adrenaline devices will be used in an emergency where appropriate and in accordance with the school's emergency procedures and training.
- They will be stored in clearly identified emergency locations that are readily accessible and not locked away.
- Spare adrenaline devices will be stored in pairs.
- The school will ensure that no pupil is more than five minutes from an appropriate adrenaline device, taking account of the school site and activities.

- Large or distributed sites will be assessed to determine whether more than one pair is required.
- Where the school operates across more than one site, appropriate spare devices will be available on each site as required.
- Devices will be clearly labelled so that spare devices are not confused with medication prescribed to a named pupil.
- An emergency anaphylaxis kit may also contain an emergency asthma reliever inhaler, spacers and instructions where appropriate.
- Expiry dates and condition will be checked routinely and after any use.
- Used or expired adrenaline devices will be replaced promptly and disposed of safely because they contain a needle.

## 12. Emergency response

All staff must act promptly if a pupil or other person is suspected of having anaphylaxis. The individual's IHP/Action Plan must be followed where available, alongside the school's normal emergency procedures.

- Recognise the signs of an allergic reaction and anaphylaxis.
- Call 999 promptly when anaphylaxis is suspected and state that anaphylaxis is suspected.
- Administer adrenaline in accordance with the person's Action Plan, training and applicable emergency arrangements; do not delay emergency treatment while waiting for parents/carers.
- If appropriate and available, use a spare adrenaline device in accordance with the school's arrangements and training.
- Ensure the emergency services are given clear information about what has happened and what medication has been administered.
- Inform parents/carers as soon as practicable in accordance with the emergency plan.
- If the pupil is taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance, consistent with the medical policy.
- Record the incident and review the circumstances, including any near miss or delay in access to medication.

## 13. Medicines management

All medicines, including adrenaline devices, will be managed in line with the Supporting Pupils with Medical Conditions Policy and the pupil's IHP.

- Medicines accepted by the school must be in date, clearly labelled with the child's name, in the original dispensed container where applicable, and accompanied by administration, dosage and storage instructions.
- Medicines will be stored safely but must remain immediately accessible when required.
- Written parental consent will be obtained where medication is to be administered by staff or self-administered during school hours.
- Staff administering medication will have appropriate training and competency.
- Records of medication administered will be maintained and parents will be informed if their child has been unwell at school.

## 14. Visits, trips, sport and off-site activities

Pupils with allergy will be supported to participate in educational visits, residential trips, sport and other activities wherever this can be done safely. The school will not create unnecessary barriers to participation.

- A specific risk assessment will be completed where a pupil is at risk of anaphylaxis and is attending an off-site activity.
- The pupil's prescribed adrenaline device(s) will accompany them where required.
- Trained staff will be identified to support the pupil and administer adrenaline in an emergency.
- The risk assessment will consider food, accommodation, transport, activities, access to emergency services and the location/accessibility of medication.
- Any reasonable adjustments needed for safe participation will be agreed and documented.

## 15. Serious incidents and near misses

All serious allergic reactions, cases of anaphylaxis and relevant near misses will be recorded and reviewed. A near miss may include an allergen exposure that did not result in symptoms, a medication/access failure that could have caused harm, or another event showing that the policy or arrangements may not adequately control risk.

- Immediate safeguarding and medical actions will take priority.
- The incident/near miss will be recorded using the school's established reporting arrangements.
- Parents/carers will be informed as appropriate.
- The Inclusion Manager will review what happened, contributing factors and whether the IHP, risk assessment, staff training or wider controls need updating.
- Lessons learned will inform policy and practice.
- Where an incident is reported after the child has returned home, the school will record and investigate it in the same way.

## 16. Information sharing, confidentiality and data protection

Health information about pupils is sensitive and will be handled respectfully. The school will share information where it is necessary to keep a pupil safe and to implement their IHP and allergy arrangements, while avoiding unnecessary disclosure.

- Relevant information will be shared with staff who need it to fulfil their responsibilities.
- Supply, cover, catering and activity staff will receive sufficient information to keep pupils safe.
- Information will be shared with healthcare professionals and emergency services where necessary.
- Records will be kept securely and accessed only by authorised people.
- Pupils' views about confidentiality will be considered in an age-appropriate way.

## 17. Awareness of this policy

This policy will be published on the school website and made available in hard copy on request. All staff will be expected to understand the policy as part of annual allergy awareness training.

- Relevant information will be included in staff induction.
- The policy and key emergency arrangements will be signposted to supply and temporary staff.

- Age-appropriate allergy awareness may be promoted with pupils where this supports inclusion and safety.
- Where a pupil has a prescribed adrenaline device, discussion with the pupil and parents/carers will determine whether friends or peers should be taught how to seek adult help in an emergency.
- Pupil awareness activity will not replace staff training or emergency arrangements.

## 18. Monitoring, review and continuous improvement

The Inclusion Manager will monitor implementation of this policy and report significant issues to the Headteacher and Governing Body as appropriate.

- The policy will be reviewed at least annually.
- It will be reviewed sooner where a serious incident, near miss, change in a pupil's needs, change in legislation/guidance or other evidence indicates that an earlier review is necessary.
- Reviews will consider incidents and near misses and identify lessons for improvement.
- Training records, medication checks, IHP reviews and risk assessments will be monitored.
- The policy will be updated following relevant changes to the school's Supporting Pupils with Medical Conditions Policy.

## 19. Complaints

Parents/carers with a concern about their child's allergy support should discuss the concern with the Inclusion Manager in the first instance. If the matter cannot be resolved, it will be referred to the Headteacher and, where necessary, handled under the school's complaints procedure.

## 20. Links to other school policies

- Supporting Pupils with Medical Conditions Policy
- Accessibility Plan
- Complaints Policy
- Equality Information and Objectives
- First Aid Policy
- Health and Safety Policy
- Safeguarding Policy
- Special Educational Needs Information Report and Policy

## Appendix 1 – Allergy safety operational checklist

- ☐ Current list/record of pupils with known allergy is maintained.
- ☐ Known allergens, symptoms and emergency arrangements are recorded for each pupil where required.
- ☐ IHPs and Allergy Action Plans are current and accessible to relevant staff.
- ☐ Prescribed adrenaline devices are in date and immediately accessible.
- ☐ Spare adrenaline devices, where held, are stored in pairs, clearly labelled and accessible.
- ☐ Spare devices are located so that the five-minute access requirement is met.

- ☐ Relevant staff have completed annual allergy awareness/emergency response training.
- ☐ New and supply/cover staff receive relevant allergy information.
- ☐ Catering/food arrangements provide appropriate allergen information.
- ☐ Activity planning considers allergen exposure.
- ☐ Off-site visits include allergy-specific risk assessment where required.
- ☐ Emergency contacts and parent/carers information are current.
- ☐ Incidents and near misses are recorded and reviewed.
- ☐ Policy review is scheduled at least annually.

## Appendix 2 – Individual pupil allergy information: minimum fields

| Information            | Details to record                                                                          |
|------------------------|--------------------------------------------------------------------------------------------|
| <b>Pupil</b>           | Name, class/year group and relevant emergency contact details                              |
| <b>Allergy</b>         | Known allergen(s) and relevant diagnosis/information provided                              |
| <b>Symptoms</b>        | Known signs/symptoms and indicators of anaphylaxis                                         |
| <b>Medication</b>      | Prescribed adrenaline device(s), other relevant medication and storage/access arrangements |
| <b>Action Plan</b>     | Allergy Action Plan and/or Asthma Action Plan, where applicable                            |
| <b>IHP</b>             | Whether an IHP is in place; date approved/reviewed                                         |
| <b>Support</b>         | Named staff/support arrangements and contingency cover                                     |
| <b>Activities</b>      | Relevant adjustments for food, sport, trips, visits and activities                         |
| <b>Emergency</b>       | Emergency response, parent/carers contact and hospital arrangements                        |
| <b>Confidentiality</b> | Who needs to know and any agreed confidentiality considerations                            |

## Appendix 3 – Emergency response: staff prompt

This prompt does not replace a pupil's individual Allergy Action Plan/IHP or staff training.

- Suspect anaphylaxis: act immediately.
- Follow the pupil's Action Plan/IHP and administer adrenaline without unnecessary delay.
- Call 999 and state that anaphylaxis is suspected.
- Send for the second adrenaline device/spare emergency device where appropriate and trained to do so.
- Stay with the pupil and monitor them continuously.
- Inform the parent/carers as soon as practicable.
- Provide the ambulance service with details of symptoms and medication given.
- Record the incident and report it to the Inclusion Manager for review.