Allergy Safety Policy

1	Summary	Allergy Safety Policy			
2	Responsible person	B Wray			
3	Accountable SLT member	B Wray			
4	Applies to	☒All staff ☐Support staff ☐Teaching staff			
5	Who has overseen development of this policy	SLT			
6	Who has been consulted and recommended policy for approval	Staff			
7	Approved by and date	September 2026			
8	Version number	Version 1			
9	Available on	Every	☐Y ☐N	Trust website Academy website SharePoint	☐Y ☐N ☒Y ☐N ☒Y ☐N
10	Related documents (if applicable)	• Individual Healthcare Plans • Allergy Action Plans • Supporting Pupils with Medical Conditions Policy			
11	Disseminated to	☐Trustees/governors ☒All staff ☐Support staff ☐Teaching staff			
12	Date of implementation (when shared)	September 2026			
13	Consulted with recognised trade unions	☐Y ☒N			

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1. Purpose and commitment

New Pastures Primary School is committed to enabling pupils with allergies to attend safely, participate fully and be treated with dignity. We will take reasonable steps to reduce exposure to known allergens while maintaining robust arrangements to recognise and respond to allergic reactions, including anaphylaxis.

This policy applies throughout the school day and to breakfast and after-school provision, educational visits, residential visits, sporting events, performances and any activity organised by or on behalf of the school. It applies to pupils, staff, volunteers, agency and supply staff, caterers and visitors, as relevant.

Core principle
Allergic reactions cannot be made risk-free. Safety depends on an allergy-aware culture, reliable individual plans, rapid access to medication and a confident emergency response.

2. Legal and guidance framework

This policy has regard to:

- section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- the Department for Education's statutory guidance Allergy safety in schools (July 2026);
- Supporting pupils at school with medical conditions;
- the Human Medicines (Amendment) Regulations 2017 and current Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools;
- the Equality Act 2010, UK GDPR and the Data Protection Act 2018;
- the Early Years Foundation Stage statutory framework, including safer eating requirements; and
- relevant food-information, school-food, safeguarding and health-and-safety requirements.

The academy trust is responsible for ensuring that the school has, publishes, implements and keeps under review a dedicated allergy safety policy. The school will record any justified departure from statutory guidance.

3. Definitions and scope

An allergy is an immune-system reaction to a normally harmless substance. Allergens may include foods, insect venom, medicines, latex, animals and airborne or contact allergens. Anaphylaxis is a potentially fatal reaction affecting airway, breathing or circulation (ABC).

Asthma commonly co-exists with allergy and can increase risk. Coeliac disease and food intolerance are not allergies and do not cause anaphylaxis, but the school will manage them appropriately through its wider medical-conditions and food arrangements.

Any medically recognised sensitivity or trigger capable of causing significant harm will be risk assessed and supported, even where it does not fall within a standard allergy diagnosis.

4. Roles and responsibilities

4.1 Academy trust / governing body

ensure this policy is in place, published, resourced and reviewed at least annually;
include allergy-related risks on the school risk register and monitor implementation;
assure itself that staff training, emergency equipment, record keeping and incident learning are effective; and
receive reports on serious incidents and near misses, while protecting personal information.

4.2 Principal and named senior leader for allergy safety

lead implementation, allocate responsibilities and maintain oversight of compliance;
ensure identification, care planning, training, risk assessment and emergency arrangements operate consistently across the school;
ensure the catering provider and wraparound-care providers work to this policy;
ensure spare medication is obtained, stored, checked and replaced; and
lead or commission reviews following incidents or near misses and report learning to the trust/governing body.

4.3 Allergy coordinator / designated administrative lead

The coordinator (The Principal) will maintain the allergy register, collect documentation and consent, monitor medication expiry dates, support IHP reviews, maintain training records and coordinate information for staff. Clinical decisions remain with healthcare professionals.

4.4 All staff and volunteers

- complete required training and follow this policy, IHPs and current clinical action plans;
- know how to summon help and where prescribed and spare emergency medication is kept;
- consider allergen risks when planning food, craft, science, music, animal or off-site activities;
- never delay emergency treatment while seeking a particular member of staff; and
- report reactions, medication errors, procedural failures and near misses promptly.

4.5 Parents and carers

- tell the school promptly about known or suspected allergies and any change in diagnosis, treatment or risk;
- provide current clinical information, action plans, consent and correctly labelled, in-date medication as agreed;
- work with the school on the IHP and notify the school of reactions or near misses that become apparent after the pupil returns home; and
- follow reasonable school arrangements for food brought onto the premises.

4.6 Pupils

Pupils will be supported, in an age-appropriate way, to understand their allergy, avoid sharing food, recognise symptoms, seek help promptly and carry or access medication safely. A pupil will never be expected to manage an emergency alone.

5. Identifying allergy and maintaining records

- The school will request allergy and asthma information at admission, at the start of each academic year and whenever information changes, including through transition from another setting.
- A secure allergy register will identify the individual, known allergens, symptoms, medication, where medication is stored, whether an IHP/action plan is in place, and relevant emergency contacts.
- Staff and regular volunteers will be invited to disclose allergies where this is necessary for their safety. Visitors will be asked for relevant information where food is served or activity-specific risks arise.
- Relevant information will be made accessible to staff who need it, including teachers, lunchtime staff, catering staff, wraparound staff and trip leaders, using proportionate and respectful methods.
- Health information is special-category personal data. It will be shared only where there is a lawful basis and a genuine need to know, while ensuring emergency responders can access critical information without delay.

6. Individual Healthcare Plans and clinical action plans

A pupil will have an Individual Healthcare Plan (IHP) where the allergy has a functional impact, creates a risk of harm, and requires arrangements additional to or different from those generally available. This includes pupils requiring reasonable adjustments or medication, including emergency medication.

The IHP will be developed with the pupil and parent/carer, taking healthcare-professional advice at face value. It will identify triggers, signs and symptoms, preventive measures, medication and storage, consent, emergency actions, responsible staff, arrangements for meals, lessons, playtimes, clubs and visits, and support for wellbeing and inclusion.

A current Allergy Action Plan and, where relevant, Asthma Action Plan issued by a healthcare professional will be attached or clearly referenced. The IHP will not paraphrase clinical instructions in a way that could introduce error.

IHPs will be reviewed at least annually, before a planned transition, following a significant change in need, and after any relevant incident or near miss. Where clinical advice is not yet available, the school will not dismiss the concern; it will agree interim measures with the family and seek appropriate professional advice where needed.

7. Training and induction

All staff 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, agency, catering and wraparound staff and regular volunteers. New starters will be trained through induction before taking

unsupervised responsibility for pupils; supply and cover staff will receive essential safety information before deployment.

Training will enable staff to:

- understand allergy, asthma, anaphylaxis, common triggers and the distinction from coeliac disease and food intolerance;
- recognise mild-to-moderate reactions and ABC symptoms of anaphylaxis;
- locate and use the allergy register, IHPs and action plans appropriately;
- reduce exposure risks and protect pupil wellbeing;
- call 999, summon internal help and contact parents/carers;
- locate and administer prescribed and spare adrenaline devices and use an emergency asthma inhaler where appropriate; and
- record and report incidents and near misses.

The school will keep a training record showing the content, date, trainer or provider, attendees and renewal date. Practical device familiarisation will use trainer devices. An annual allergy emergency drill will be undertaken as good practice and learning recorded.

8. Reducing exposure to allergens

The school will take reasonable and proportionate steps based on known individual risks. It describes itself as allergy-aware, not allergen-free or nut-free: absolute exclusion cannot be guaranteed and may create false reassurance.

- Handwashing with soap and water will be encouraged before and after eating; food-contact surfaces and utensils will be cleaned effectively.
- Food will not be shared or exchanged. Staff will not use food as a reward unless risks have been checked and suitable alternatives are available.
- Parents will be asked not to send identified high-risk foods where a pupil-specific assessment shows this is a reasonable control. Any restriction will be clearly communicated and regularly reviewed.
- Ingredients and allergens will be checked before cooking, tasting, celebrations, fundraising, breakfast/after-school provision or curriculum activities. Unlabelled or unexpectedly substituted products will not be given to an affected pupil.
- Risk assessments will consider food, latex, animals, plants, craft materials, cleaning products, airborne allergens, insect stings and any pupil-specific triggers.
- Reasonable steps will be taken to support air quality, ventilation and known asthma/allergy triggers.
- Pupils with allergies will not be isolated or routinely seated separately. Controls will support safe participation alongside peers.

9. Food provision and mealtimes

The school will work with its catering provider to identify and manage allergens, comply with food-information and school-food requirements, and provide clear allergen information. Catering arrangements will include documented communication

with families, recipe and ingredient controls, management of substitutions, cross-contact controls, staff training and a clear escalation route when a safe meal cannot be confirmed.

At mealtimes, the school will use at least two robust identification checks appropriate to pupils' age and dignity, for example: the allergy register/photograph held at the serving point and a direct verbal or staff check. A change to the normal menu or product must trigger a fresh allergen check. Packed lunches and food brought from home must be clearly identifiable and stored safely.

EYFS safer-eating requirements will be followed, including obtaining dietary information before admission, sharing it with relevant staff, preparing food safely, supervising children while eating, and recording and reporting choking or food-related incidents as required.

10. Medication and emergency equipment

10.1 Prescribed medication

Pupils prescribed adrenaline must have rapid access to both prescribed devices at all times, including in classrooms, dining areas, playgrounds, sports areas, wraparound provision and on visits. Medication will be stored in accordance with the pupil's IHP and manufacturer instructions, be clearly labelled and remain immediately accessible. It must not be locked away where this would delay treatment.

Parents/carers remain responsible for providing in-date prescribed medication unless another arrangement is formally agreed. The school will monitor expiry dates and give reasonable reminders. Procedures will cover medication taken home for travel and returned to school.

10.2 Spare adrenaline auto-injectors

The school will stock spare adrenaline auto-injectors (AAIs) in age-appropriate doses, in pairs, as an emergency backup and not as a replacement for prescribed medication. For a primary school, the current DfE guidance indicates one pair of 150 microgram AAIs for children under six and one pair of 300 microgram AAIs for individuals aged six and over, with additional pairs where the site layout requires them.

Spare AAIs will be stored in clearly labelled emergency anaphylaxis kits at the Lower School Office and Upper School Office. A trained check will be recorded at least monthly and after any use, covering quantity, dose, expiry date, integrity and accessibility. Used or expired devices will be replaced promptly and disposed of safely through an appropriate route.

The site-specific response plan must demonstrate that a pair of appropriate devices can be brought to any pupil within five minutes. The named senior leader will test this through drills and whenever premises or routines change.

10.3 Use of spare AAIs

A spare AAI may be administered to any pupil, member of staff or other person where anaphylaxis is suspected, including where the person has no prescribed adrenaline device or is experiencing their first known reaction, or where their own device is unavailable, unusable or has misfired. Prior consent is not required in an emergency and checking consent must never delay treatment.

11. Emergency response to suspected anaphylaxis

Emergency rule
If in doubt, treat for anaphylaxis. Give adrenaline promptly and always call 999.

- Stay with the person. Do not allow them to stand, walk or go to the office; bring the medication and help to them.
- Lay them flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious, place in the recovery position. If pregnant, position on the left side.
- Administer adrenaline immediately in line with the current action plan/device instructions. Do not delay while waiting for a named first aider or parent.
- Call 999 and state ‘anaphylaxis’. Give the school address, exact location, symptoms and treatment given. Send someone to meet the ambulance.
- If there is no improvement after five minutes, give a second dose using another device.
- If the person stops breathing, begin CPR and follow the call handler’s instructions.
- Do not give an asthma reliever instead of adrenaline for anaphylaxis. It may be given after adrenaline if directed by the action plan and wheeze persists.
- Contact the parent/carer and the Principal as soon as emergency treatment is underway. Transfer the used device and relevant records to ambulance staff.
- The person must be assessed in hospital after adrenaline. The school will ensure appropriate supervision until handed to ambulance staff and will not send the pupil home.

A person experiencing any allergic reaction will be monitored continuously. For a non-anaphylaxis reaction, staff will follow the current action plan and observe for at least 60 minutes because symptoms may progress.

12. Educational visits, clubs and off-site activities

Allergy will not be used as a reason to exclude a pupil. The visit leader will review the IHP and action plan, complete a pupil-specific risk assessment where appropriate, confirm food and environmental controls, ensure both prescribed devices travel with the pupil, and identify staff able to respond. Medication must remain immediately accessible, not stored in inaccessible luggage.

Plans will consider journey time, access to emergency services, communication coverage, accommodation, catering, language needs, activity providers and out-of-

hours arrangements. Parents/carers and, where appropriate, healthcare professionals will be consulted early. A spare school AAI will be taken where permitted, proportionate and consistent with the risk assessment, without reducing on-site cover.

13. Wellbeing, inclusion and anti-bullying

The school recognises that allergy can cause anxiety, embarrassment, avoidance of food or activities, and fear of being different. Staff will listen to pupils, use discreet and respectful safety systems and agree reasonable adjustments. Allergic pupils will be included in meals, celebrations, curriculum activities and visits wherever this can be achieved safely.

Threatening a pupil with an allergen, deliberately exposing them, mocking their condition, tampering with medication or pressuring them to eat is serious behaviour and may be a safeguarding matter. It will be addressed under the behaviour and anti-bullying procedures, with parents informed and risk controls reviewed.

14. Incidents, near misses and learning

All allergic reactions, suspected reactions, medication administrations, errors, exposures and near misses will be recorded promptly. The record will include what happened, likely trigger, symptoms, location and time, actions and medication, responders, emergency/medical involvement, communications and immediate learning.

The school will inform parents/carers and the named senior leader, and report to the trust/governing body and external agencies where legally required. Food-safety concerns will be escalated to the caterer and relevant authority. Serious incidents will be managed alongside safeguarding, health-and-safety, RIDDOR, insurer and child-death processes where applicable.

Reviews will use a proportionate, no-blame learning approach. They will consider the pupil's and family's account, whether plans and controls were followed, availability and speed of medication, training and communication, and systemic factors. Actions will be assigned, dated and checked for completion. The policy, IHP, risk assessment, training or equipment will be amended where needed.

15. Communication, publication and complaints

This policy will be published on the school website and made available in hard copy on request. Allergy arrangements will be included in induction and relevant information for staff, families, pupils, volunteers, contractors, caterers and activity providers. Critical individual information will be communicated at handovers, staff changes and transitions.

Concerns should be raised promptly with the class teacher or allergy coordinator and may be escalated to the Principal. Formal complaints will be handled under the school/trust complaints procedure. Raising a concern will not disadvantage a pupil.

16. Monitoring and review

The named senior leader will review implementation at least termly, including the allergy register, IHP completion and currency, staff training, medication checks, catering controls, visits, incidents and near misses, emergency drill findings and pupil/family feedback. This policy will be formally reviewed at least annually and sooner after a serious incident, near miss, material operational change or updated legislation/guidance.

Appendix A: School implementation record

Complete this table before approval and review it termly. It records operational detail that may change without altering the policy principles.

Control	School arrangement
Named senior allergy lead	Mr B. Wray, Principal
Operational allergy coordinator	Mr B. Wray, Principal
Allergy register location	Lower School and Upper School offices
Prescribed medication locations	Lower School and Upper School offices
Spare 150 microgram AAI pair(s)	Lower School Office
Spare 300 microgram AAI pair(s)	Upper School Office
Emergency asthma inhaler(s)	Lower School and Upper School offices
Annual staff training	July 2026

Appendix B: Minimum contents of an emergency anaphylaxis kit

- a clearly labelled pair of in-date spare AAIs of the appropriate dose;
- device-specific instructions and a simple emergency response prompt;
- an emergency asthma reliever inhaler and compatible spacers, where the
- a check log and replacement/escalation details; and
- appropriate arrangements for safe handling of a used device.

The kit must be clearly marked, readily accessible, protected from extremes of temperature, and not locked away in a manner that delays access.

Appendix C: Associated documents

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy and emergency procedures
- Educational Visits Policy and risk-assessment procedures
- Food / catering and packed-lunch arrangements
- Behaviour and Anti-Bullying Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Data Protection Policy and privacy notices
- Complaints Policy
- Individual Healthcare Plan templates
- Allergy register, medication check log, training record and incident/near-miss form

Appendix D: Key references

- Department for Education, Allergy safety in schools: statutory guidance (July 2026)
  https://www.gov.uk/government/publications/allergy-safety-in-schools
- Department for Education, Allergy safety policy template (July 2026)
  https://assets.publishing.service.gov.uk/media/6a4b63d1045e1108aaa5eb84/Allergy_safety_policy_template.pdf
- Department for Education, Supporting pupils at school with medical conditions
  https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools
  https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
- BSACI / NHS resources, Allergy Action Plans
  https://www.spareadrenalineinschools.uk/