Allergy Safety Policy

September 2026

Approved by: Full Governing Body
Date approved: September 2026
Review date: Annually
Policy owner: Headteacher
Named Allergy Safety Lead: Claire Ried
Named Governor with oversight of allergy safety: L. Ashton

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1. Introduction

Sutton Green Primary School recognises that allergies can have a significant impact on children's health, safety, wellbeing, attendance and participation in school life.
Some allergic reactions can be life-threatening. Anaphylaxis is a medical emergency and requires immediate treatment with adrenaline.
The school is committed to providing a safe, inclusive environment in which pupils with allergies are supported to participate fully in school life while taking reasonable and proportionate steps to reduce the risk of allergic reactions.

This policy sets out the school's arrangements for allergy safety and should be read alongside the school's:

- *Administration of Medicines and Management of Medical/Dietary Needs Policy;*
- *First Aid Policy;*
- *Health and Safety Policy;*
- *Educational Visits Policy;*
- *Behaviour Policy;*
- *Anti-Bullying Policy;*
- *Safeguarding and Child Protection Policy;*
- *SEND Policy;*
- *Equality Policy;*
- *Risk Assessment procedures.*

The school's existing Administration of Medicines and Management of Medical/Dietary Needs Policy remains the principal document for the wider management, administration, storage and recording of medicines. This Allergy Safety Policy provides the specific whole-school framework for allergies and anaphylaxis.
The school's existing policy already requires parents to inform school of severe allergies, records pupils with medical and dietary needs, provides allergy information to catering staff and makes arrangements for food-related activities.

2. Legislative and statutory framework

This policy has been developed with regard to:

- *Children's Wellbeing and Schools Act 2026;*
- *Department for Education Allergy safety in schools: statutory guidance, published July 2026;*
- *Department for Education Allergy safety policy – template;*
- *Department for Education guidance on supporting pupils with medical conditions at school;*
- *Equality Act 2010;*

- *Health and Safety at Work etc. Act 1974;*
- *SEND Code of Practice;*
- *Early Years Foundation Stage statutory framework, where applicable;*
- *applicable food safety and allergen information legislation.*
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From September 2026, schools in England must comply with the new allergy safety duties and have an allergy safety policy which is reviewed at least annually, publicised to staff and pupils and published on the school's website.

The school will have regard to the DfE statutory guidance when implementing this policy.

3. Aims

The aims of this policy are to:

1. identify pupils and other members of the school community who have allergies;
2. ensure appropriate arrangements are in place to support pupils with allergies;
3. reduce the risk of exposure to known allergens;
4. ensure pupils with allergies are able to participate fully in education and school activities;
5. ensure staff have appropriate allergy awareness and emergency response training;
6. ensure prescribed adrenaline auto-injectors (AAIs) are accessible;
7. maintain appropriate spare AAIs for emergency use;
8. ensure staff know how to recognise and respond to anaphylaxis;
9. ensure appropriate Individual Healthcare Plans (IHPs) and Allergy Action Plans are in place where required;
10. support the emotional wellbeing of pupils with allergies;
11. record, investigate and learn from serious allergy incidents and near misses.

4. Definitions

Allergy
An allergy occurs when the body's immune system reacts to a substance which is normally harmless.
Allergen
A substance capable of causing an allergic reaction.
Allergic reaction
A reaction to an allergen which may range from mild symptoms to a severe, potentially life-threatening reaction.
Anaphylaxis
A severe and potentially life-threatening allergic reaction requiring immediate emergency treatment.
Adrenaline auto-injector (AAI)
A prescribed or emergency device used to administer adrenaline during anaphylaxis.
Individual Healthcare Plan (IHP)
A written document setting out how a pupil's medical condition, including an allergy where appropriate, will be supported in school.
Allergy Action Plan
A plan, normally completed with or provided by a healthcare professional, setting out how to recognise and respond to a pupil's allergic reaction.

5. Roles and responsibilities

5.1 Governing Body

The governing body will:

- ensure the school has a dedicated Allergy Safety Policy;
- ensure the policy is reviewed at least annually;
- ensure the policy is published on the school website;
- appoint a named governor with oversight of allergy safety;
- ensure the school has regard to the DfE statutory guidance;
- monitor the effectiveness of allergy safety arrangements;
- ensure appropriate resources are available for allergy safety;
- ensure serious incidents and significant near misses are appropriately considered;
- ensure appropriate staff training is provided.

5.2 Named Governor for Allergy Safety

The named governor will provide appropriate oversight of allergy safety and may:

- monitor implementation of this policy;
- receive relevant assurance from the Headteacher;
- consider training and incident information;
- ensure allergy safety remains appropriately represented within governance oversight.

The named governor will not take responsibility for individual clinical decisions.

5.3 Headteacher

The Headteacher has overall responsibility for implementation of this policy.

The Headteacher will ensure that:

- appropriate arrangements are established;
- staff are appropriately trained;
- allergy information is recorded and communicated;
- prescribed and spare AAIs are appropriately managed;
- appropriate risk assessments are completed;
- incidents and near misses are recorded and reviewed;
- the policy is reviewed annually;
- parents/carers are appropriately informed;
- relevant information is available to staff.

5.4 Named Allergy Safety Lead

The school will appoint a named senior leader as Allergy Safety Lead.

The Allergy Safety Lead will coordinate day-to-day implementation of this policy and will:

- maintain oversight of pupils with allergies;
- coordinate information gathering;
- oversee IHP and Allergy Action Plan arrangements;
- coordinate allergy awareness training;
- oversee AAI records and checks;
- coordinate emergency arrangements;
- monitor incidents and near misses;
- liaise with parents/carers and healthcare professionals where appropriate;
- contribute to annual policy review.

5.5 All school staff
All staff are expected to:

- understand this policy;
- complete required allergy awareness training;
- know how to identify pupils with allergies;
- understand how to access relevant allergy information;
- recognise the signs and symptoms of anaphylaxis;
- know where prescribed and spare AAIs are located;
- know how to respond to suspected anaphylaxis;
- follow IHPs and Allergy Action Plans;
- take reasonable steps to reduce exposure to known allergens;
- report incidents and near misses.

6. Identifying pupils with allergies

The school will seek information about allergies:

- on admission;
- when a pupil transfers from another school or setting;
- when parents/carers inform the school;
- when a new allergy is diagnosed;
- following a suspected allergic reaction;
- through relevant information provided by healthcare professionals.
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Where a pupil transfers from another school or setting, relevant medical and allergy information will be sought and considered as part of transition arrangements.

Parents/carers are expected to inform the school promptly if their child:

- is diagnosed with an allergy;
- develops a new allergy;
- has a change in the severity of an allergy;
- receives a new Allergy Action Plan;
- receives or changes prescribed medication;
- no longer requires prescribed medication.

7. Allergy records

The school will maintain an appropriate record of pupils with known allergies.
The record will include, where applicable:

- pupil's name and class;
- known allergen(s);
- relevant symptoms;
- whether the pupil is at risk of anaphylaxis;
- whether the pupil has an IHP;
- whether the pupil has an Allergy Action Plan;
- whether the pupil has a prescribed AAI;
- location of the prescribed AAI;
- date/expiry information for prescribed medication;
- relevant emergency arrangements.

The school will also maintain appropriate records relating to:

- spare AAIs;
- checks of spare AAIs;
- AAIs issued to pupils;
- allergy-related incidents;
- allergy-related near misses;
- staff allergy awareness training.

Information will be handled in accordance with the school's data protection arrangements.

8. Individual Healthcare Plans

Not every pupil with an allergy will necessarily require an IHP.
An IHP will be considered where the pupil's allergy has a functional impact, where the pupil is at risk of harm, and where they require arrangements which are additional to or different from those made generally for pupils.

Where an IHP is required, it will be developed with appropriate involvement from:

- the pupil, where appropriate;
- parents/carers;
- relevant school staff;
- healthcare professionals where appropriate.

The IHP will include, where relevant:

- details of the allergy;
- known allergens;
- symptoms;
- emergency arrangements;
- prescribed medication;
- AAI arrangements;
- avoidance measures;
- arrangements for food;
- curriculum activities;
- educational visits;
- reasonable adjustments;
- arrangements to support participation and wellbeing;
- arrangements for developing the pupil's independence.

The IHP will be reviewed at least annually and sooner where circumstances change.
A significant change to an Allergy Action Plan, diagnosis, medication or risk profile will prompt consideration of whether the IHP requires review.

9. Allergy Action Plans

Where a pupil has an Allergy Action Plan provided by a healthcare professional, the school will ensure that relevant staff know:

- where the plan is kept;
- what symptoms to look for;
- what medication should be administered;

- when adrenaline should be administered;
- when emergency services should be contacted.

The Allergy Action Plan will be reviewed when updated by the child's healthcare professional or when there is a significant change in the child's allergy management.

10. Reducing the risk of allergen exposure

The school will take reasonable and proportionate measures to reduce exposure to known allergens.
These may include:

- sharing relevant information with staff;
- appropriate cleaning;
- appropriate supervision;
- consideration of allergens during curriculum planning;
- appropriate food controls;
- catering arrangements;
- consideration of allergens during educational visits;
- appropriate management of animals and outdoor activities;
- consideration of contact and airborne allergens.

The school recognises that it cannot guarantee an entirely allergen-free environment.
The school's approach is to reduce foreseeable and avoidable risks while enabling pupils with allergies to participate fully in school life.

11. Food allergies and food provided by school

Where food is provided by the school or its catering provider:

- relevant allergen information will be obtained and maintained;
- catering staff will have access to appropriate information;
- food will be prepared and served in accordance with applicable allergen controls;
- cross-contact risks will be considered;
- individual dietary arrangements will be followed;
- staff will not make assumptions about whether food is safe for an individual pupil.

The school will work with its catering provider to ensure appropriate arrangements are in place.
The school's existing arrangements require special dietary information to be completed and shared with the kitchen/catering provider.

12. Food brought into school

The school recognises that food may be brought into school by:

- pupils;
- parents/carers;
- staff;
- visitors;
- external providers.

The school will take reasonable steps to reduce allergy risks arising from food brought into school.
The school currently operates a no-nut approach. Nuts and products containing nuts should not be brought into school in packed lunches or snacks. The school cannot guarantee that the premises are completely free from allergens. Parents/carers will be informed of relevant food restrictions and expectations.

13. Food-related curriculum activities

Where pupils undertake activities involving food, including:

- cooking;
- baking;
- tasting;
- food technology;
- celebrations;
- cultural activities;

Teachers will check relevant allergy information and make reasonable adjustments where necessary. The school will seek to ensure that pupils with allergies can participate safely rather than routinely excluding them from activities. The school's existing policy already requires teachers to check medical and dietary information before food-related activities.

14. Non-food allergens

Allergy safety arrangements will also consider:

- medicines;
- insect stings;
- latex;
- animals;
- animal dander;
- plants;
- pollen;
- craft materials;
- cleaning products;
- other identified contact or airborne allergens.

Risk assessments will be undertaken where an identified allergen presents a foreseeable risk.

15. Curriculum and school activities

Allergy safety will be considered when planning activities including:

- art and craft;
- science;
- music where relevant materials or instruments may present an identified risk;
- cooking;
- PE and sport;
- outdoor learning;
- Forest School;
- contact with animals;
- school performances;
- celebrations;
- practical activities.

Reasonable adjustments will be made where necessary. Pupils will not be routinely excluded from curriculum activities because of an allergy.

16. Prescribed adrenaline auto-injectors

Where a pupil has been prescribed an AAI:

- the prescribed AAI will be available and accessible;
- staff responsible for the pupil will know where it is located;
- the AAI will accompany the pupil during activities away from its normal location;
- the AAI will accompany the pupil on educational visits;
- expiry dates will be monitored;
- parents/carers will be contacted when replacement medication is required.

The school's existing medicines policy provides that EpiPens are kept in classrooms so that they are available to pupils and taken on day trips and residential visits. The school will ensure that arrangements provide immediate access consistent with the DfE statutory guidance.

17. Prescribed AAI arrangements when medication goes home

Where prescribed AAIs are sent home, the school will:

- ensure parents/carers understand that the medication remains their responsibility;
- remind parents/carers that medication must be kept in date;
- request replacement medication where required for school use;
- ensure the school retains appropriate records;
- ensure arrangements for school access to emergency medication remain safe.

The school may contact parents/carers where prescribed medication is missing, expired or otherwise unavailable.

18. Spare adrenaline auto-injectors

The school will maintain spare AAIs for emergency use in accordance with the DfE statutory guidance.

Spare AAIs may be used where:

- a pupil's prescribed AAI is not available;
- a prescribed AAI has already been used;
- a prescribed AAI fails to work;
- a pupil or other person experiences anaphylaxis and does not have a prescribed AAI.

Spare AAIs will be:

- stored in pairs;
- clearly identified;
- readily accessible;
- not locked away;
- checked regularly;
- replaced following use or expiry;
- disposed of safely following use in accordance with appropriate procedures.

The school will maintain sufficient spare AAI provision to ensure that pupils are not more than five minutes from access to adrenaline.

The school will determine the number and location of spare AAI kits based on the size and layout of the site and the need to ensure rapid access.

Sutton Green Primary School emergency AAI locations:

- Primary location: On the wall near the main entrance (See photo)

These locations will be reviewed following changes to the school site, pupil numbers, emergency response arrangements or experience from drills/incidents.

19. Storage and checking of spare AAIs

The Allergy Safety Lead or nominated member of staff will ensure that spare AAIs are checked regularly.
Checks will include:

- expiry date;
- physical condition;
- correct storage;
- accessibility;
- availability of two devices per kit;
- appropriate signage;
- availability of emergency instructions.

Records of checks will be maintained.
Any expired or used device will be replaced promptly.

20. Recognising anaphylaxis

Staff must be able to recognise symptoms of anaphylaxis.
Possible symptoms include:

- difficulty breathing;
- swelling of the tongue or throat;
- difficulty speaking or swallowing;
- wheezing;
- persistent cough;
- dizziness;
- collapse;
- pale or clammy appearance;
- sudden drowsiness or confusion;
- symptoms involving more than one body system;
- a rapid deterioration in a person with a known allergy.

Skin symptoms such as hives or flushing may occur but are not always present.
Staff must not wait for all symptoms to appear before treating suspected anaphylaxis.

21. Emergency response

If anaphylaxis is suspected:
1. Give adrenaline immediately
Use the pupil's prescribed AAI where available.
If the prescribed AAI is unavailable, use a suitable spare school AAI.

2. Call 999
State clearly:
"ANAPHYLAXIS – WE NEED AN AMBULANCE."
3. Keep the person safe
Do not allow the person to stand or walk.
Follow the individual's Allergy Action Plan where available.
4. Give a second dose if required
If there is no improvement after five minutes, a second AAI should be administered where available.
5. Continue to monitor
Follow emergency services' instructions until help arrives.
6. Contact parents/carers
Parents/carers will be contacted as soon as reasonably practicable.
7. Record and review
The incident will be recorded and reviewed in accordance with the school's serious incident and near-miss arrangements.
If in doubt, give adrenaline.
Adrenaline should not be delayed while waiting for an ambulance.

22. Allergy awareness training

The school will provide allergy awareness training for all staff.
Training will cover:

- what allergies are;
- common allergens;
- food allergies;
- food intolerance and coeliac disease;
- symptoms of allergic reactions;
- recognition of anaphylaxis;
- emergency response;
- use of prescribed AAIs;
- use of spare AAIs;
- location of emergency equipment;
- IHPs;
- Allergy Action Plans;
- reducing exposure to allergens;
- food-related risks;
- curriculum activities;
- educational visits;
- incident and near-miss reporting;
- pupil wellbeing and inclusion.

Training will be provided:

- to existing staff at least annually;
- as part of induction for new staff;
- to supply and agency staff where relevant;
- to staff taking responsibility for pupils with allergies before they undertake that responsibility;
- to relevant catering, breakfast club and after-school club staff;
- to relevant volunteers and other adults working with pupils.

The school will maintain records of completed allergy awareness training.
First aid training alone will not be treated as a substitute for allergy awareness training.

23. Staff who are absent or unavailable

The school will ensure that allergy safety arrangements remain effective when usual staff are absent.
This will include:

- appropriate briefing of supply staff;
- access to allergy information;
- clear information about emergency AAI locations;
- ensuring trained staff are available;
- appropriate cover arrangements;
- ensuring pupils are not left without appropriate supervision.

24. Educational visits and activities outside normal timetable

Pupils with allergies should be enabled to participate in educational visits wherever reasonably possible.
Before a visit, the school will consider:

- the pupil's allergy;
- known allergens at the destination;
- food arrangements;
- transport;
- accommodation;
- emergency medication;
- access to spare AAI provision;
- staff training;
- emergency response arrangements;
- access to emergency medical services.

Prescribed AAIs will accompany pupils. Appropriately trained staff will be present. Where necessary, additional risk assessments will be undertaken. For residential visits, the arrangements in the school's existing medicines policy will also apply, including ensuring relevant staff are informed of pupils' medical and dietary needs.

25. Supporting pupil wellbeing

The school recognises that allergies may affect a child's:

- confidence;
- emotional wellbeing;
- attendance;
- social participation;
- independence;
- sense of safety.

Staff will take a supportive and inclusive approach. Pupils will be supported to develop age-appropriate understanding and independence in managing their allergy. The school will avoid unnecessary restrictions where reasonable safety measures can enable participation.

26. Allergy-related bullying

Allergy-related bullying is unacceptable.
This includes:

- deliberately exposing someone to an allergen;
- threatening to expose someone to an allergen;
- deliberately bringing an allergen into contact with another pupil;
- mocking or ridiculing an allergy;
- deliberately interfering with another pupil's medication;
- deliberately withholding or hiding emergency medication;
- excluding a pupil because of an allergy.

Such behaviour will be dealt with under the school's Behaviour and Anti-Bullying Policies and, where appropriate, safeguarding procedures.

27. Staff and visitors with allergies

The school will take reasonable steps to support staff members and regular visitors who disclose an allergy where this is necessary for their health and safety. Relevant workplace risk assessments will be undertaken where appropriate. The school will respect confidentiality and only share personal information where necessary and lawful.

28. Serious incidents and near misses

The school will record and learn from serious allergy-related incidents and near misses.
A near miss may include:

- an allergen being accidentally provided;
- incorrect food being served;
- an allergen being present where it should not have been;
- an AAI being unavailable;
- an emergency kit being inaccessible;
- allergy information not being communicated;
- a failure in catering arrangements;
- a failure to follow an IHP or Allergy Action Plan.

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

1. ensure immediate safety;
2. provide appropriate medical assistance;
3. inform parents/carers;
4. record the incident;
5. inform the Headteacher/appropriate senior leader;
6. consider whether external reporting is required;
7. investigate what happened;
8. identify lessons learned;
9. review relevant IHPs and Allergy Action Plans;
10. review risk assessments and procedures;
11. implement improvements where necessary.

Parents/carers will be encouraged to report incidents that become apparent after the child has left school so that the school can consider whether its arrangements require review.

29. Confidentiality and information sharing

The school will balance confidentiality with the need to keep pupils safe.
Relevant allergy information will be shared with staff who require it to fulfil their responsibilities.
This may include:

- class teachers;
- teaching assistants;
- lunchtime staff;
- first aid staff;
- catering staff;
- breakfast club staff;
- after-school club staff;
- educational visit staff;
- other adults supervising the pupil.

Information will be stored and shared in accordance with UK GDPR and the school's data protection arrangements.

30. Communication with parents/carers

The school will communicate its allergy safety arrangements to parents/carers.
Parents/carers will be informed:

- when their child joins the school;
- when their child is identified as having an allergy;
- when significant allergy arrangements change;
- following significant allergy incidents where relevant;
- about the school's expectations concerning medication;
- about the need to provide replacement medication before expiry.

Parents/carers will be encouraged to provide up-to-date medical and emergency information.

31. Pupil awareness

The school will promote age-appropriate awareness of allergies and anaphylaxis.
Pupils will be taught, where appropriate:

- that allergies can be serious;
- that pupils may have different medical needs;
- not to share food where this could create risk;
- not to interfere with another person's medication;
- how to seek adult help if someone becomes unwell;
- how to support inclusion.

Pupils will not be expected to take responsibility for another child's medical care.

32. Monitoring and review

The Allergy Safety Lead will monitor:

- allergy records;
- IHPs;
- Allergy Action Plans;
- prescribed AAIs;
- spare AAIs;

- staff training;
- incidents;
- near misses;
- catering arrangements;
- educational visits;
- curriculum activities;
- wellbeing concerns;
- allergy-related bullying.

The policy will be reviewed at least annually.
It will also be reviewed following:

- a serious allergy incident;
- anaphylaxis;
- a significant near miss;
- significant changes in statutory guidance;
- changes to school provision;
- significant changes to the school site;
- concerns identified through monitoring.

33. Publication

This policy will:

- be made available to staff;
- be publicised to pupils;
- be brought to parents/carers' attention;
- be available on request in hard copy;
- be published on the school website.

The policy will be reviewed at least annually.

Appendix 1 – Allergy Safety Annual Checklist

The Allergy Safety Lead will check:

Leadership

☐ Named Allergy Safety Lead
☐ Named governor with oversight
☐ Policy reviewed annually
☐ Policy published on website

Pupil information

☐ Current allergy register
☐ Allergens recorded
☐ AAI information recorded
☐ IHPs identified
☐ Allergy Action Plans available
☐ Information obtained during transition

Medication

☐ Prescribed AAIs available
☐ Prescribed AAIs in date
☐ Spare AAIs available
☐ Spare AAIs stored in pairs
☐ Spare AAIs accessible
☐ Emergency kits clearly identified
☐ Checks recorded
☐ Used/expired devices replaced

Training

☐ Annual allergy awareness training
☐ New staff trained
☐ Supply/agency staff arrangements
☐ Catering staff trained
☐ Breakfast/after-school staff trained
☐ Relevant volunteers briefed

Risk management

☐ Food provision
☐ Food brought into school
☐ Curriculum activities
☐ PE/sport
☐ Animals/outdoor activities
☐ Educational visits
☐ Residential visits
☐ Emergency access within five minutes

Incidents

☐ Serious incidents recorded
☐ Near misses recorded
☐ Parents informed appropriately
☐ Lessons learned
☐ Risk assessments reviewed
☐ IHPs reviewed following significant incidents

Inclusion

☐ Pupil wellbeing considered
☐ Allergy-related bullying monitored
☐ Reasonable adjustments considered
☐ Participation in curriculum maintained

Appendix 2 – Emergency Anaphylaxis Procedure

Recognise the signs of anaphylaxis

A (AIRWAYS)
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B (BREATHING)
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C (CIRCULATION)
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**