ALLERGY SAFETY POLICY

St George's CE Primary School

September 2026

Person responsible for policy and implementation	Executive Head / named Allergy Lead (Lizzie Peters)
Approval	Governing Body
Review frequency	Annually, and following any allergy incident, near miss or change in statutory guidance
Date approved	September 2026
Next review	September 2027
Linked policies	Supporting Pupils with Medical Conditions; Health and Safety; Safeguarding/Child Protection; Educational Visits; Behaviour/Positive Relationships; Anti-Bullying; Attendance; First Aid

This policy has been adapted from the Anaphylaxis UK Allergy Safety Model Policy (July 2026), produced to support the Allergy Safety in Schools statutory guidance.

1. Purpose and Core Principles

St George's CE Primary School is committed to providing a safe, inclusive and welcoming environment for pupils, staff and visitors with allergies. We recognise that allergic reactions can be serious and that anaphylaxis is a medical emergency requiring immediate action.

The purpose of this policy is to minimise the risk of exposure to known allergens during the school day and at school-related activities, and to ensure that staff are prepared to recognise and respond appropriately to allergic reactions.

Our approach is allergy-aware rather than based on blanket allergen bans. Risk is managed through individual healthcare planning, communication, appropriate food and environmental controls, staff training, accessible medication and robust emergency procedures.

2. Understanding Allergy and Anaphylaxis

An allergy is an abnormal immune response to a substance (an allergen). Common causes of serious allergic reactions include foods such as peanuts, tree nuts, milk, egg, wheat, fish, shellfish and sesame; insect stings; medicines; and latex.

Anaphylaxis is a severe, potentially life-threatening allergic reaction. Symptoms can develop rapidly and may occur without a skin rash. Any pupil with a known allergy who suddenly develops breathing difficulty must be considered at risk of anaphylaxis.

Signs and symptoms

Mild to moderate symptoms may include hives or a raised red rash, tingling or itching in the mouth, swelling of the lips, face or eyes, stomach pain or vomiting, mild throat tightness, or a sudden change in behaviour.

More serious symptoms can be remembered as ABC:

- AIRWAY – swelling of the throat, tongue or upper airway; throat tightness; hoarse voice; difficulty swallowing.
- BREATHING – sudden wheeze, difficulty breathing, noisy breathing or persistent cough.
- CIRCULATION – dizziness, faintness, sudden sleepiness, confusion, pale or clammy skin, collapse or loss of consciousness.

3. Emergency Treatment of Suspected Anaphylaxis

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Staff must not wait for a parent or for emergency services to arrive before giving adrenaline.

- Keep the pupil where they are, call for help and do not leave them unattended.
- Lie the pupil flat with legs raised. If they are struggling to breathe they may be propped up, but for as short a time as possible.
- Administer an adrenaline device immediately, following the instructions on the device, and note the time it was given.
- Call 999 and clearly state 'ANAPHYLAXIS'.
- If there is no improvement after 5 minutes, administer a second adrenaline device.
- If there are no signs of life, commence CPR.
- Contact the pupil's parent/carer as soon as possible.
- Do not allow the pupil to stand or walk, even if they appear to have recovered.
- The pupil must be taken to hospital for observation following anaphylaxis.

Where a pupil has both a serious allergy and asthma and there is doubt whether symptoms are anaphylaxis or an asthma attack, adrenaline should be administered first.

4. Minimising Risk and Exposure to Allergens

Allergy safety will be considered within whole-school and activity-specific risk assessments. The school will take proportionate steps to reduce exposure while maintaining inclusion.

- Known allergies will be identified and recorded, with relevant information shared appropriately with staff and catering providers.
- Curriculum activities involving food or other allergens will be risk assessed and adapted where necessary.
- Trips, residential visits, sporting events and off-site activities will include allergy-specific risk assessment and emergency arrangements.
- Food brought into school by pupils, parents, staff or visitors will be managed carefully where it could create a known risk.
- Reasonable measures will be used to manage airborne or contact allergens where these are medically relevant.
- Non-food allergens, including latex and animal allergens, will be considered. Where Hero, the school dog, is present, individual allergy needs will be risk assessed and hygiene/cleaning controls put in place as required.
- Good hand hygiene and cleaning routines will be promoted.
- Pupils will be taught not to share food, drinks, utensils or food containers.
- Celebrations, rewards and curriculum events involving food will be planned inclusively.

5. Food Provision and Catering

The school will work closely with its catering provider to manage food allergy safely and to meet applicable food allergen requirements.

- The school will provide the catering team with up-to-date information about pupils with known food allergies.
- Catering staff will have clear procedures for identifying pupils with allergies and for checking that the correct meal is served to the correct pupil.
- Allergen information will be available for food supplied by the school/caterer.
- Food used within curriculum activities will be appropriately labelled or checked before use.
- Staff preparing or serving food to pupils will understand allergen labels and cross-contamination risks.
- Parents/carers will be consulted where food is being provided outside normal catering arrangements and a known allergy requires additional planning.
- Breakfast clubs, after-school provision and third-party providers operating on the school site will be made aware of relevant allergy arrangements.

6. Medication and Adrenaline Devices

Pupils prescribed adrenaline devices should have access to two in-date devices at school. Medication must be readily accessible and stored in accordance with the manufacturer's instructions. It must not be locked away in a way that causes delay in an emergency.

St George's CE Primary School will maintain appropriate spare adrenaline devices for emergency use in line with current legislation and guidance. Spare devices do not replace a pupil's own prescribed devices.

The school's named allergy/medical lead will ensure that spare devices are checked regularly, remain in date and are replaced before expiry. Used devices will be handed to paramedics or disposed of safely in accordance with local arrangements.

A pupil's own prescribed adrenaline device should normally be used first. A school spare may be used where appropriate, including where the pupil's device is unavailable or has misfired, or in an emergency involving a person without their own prescribed device where use is permitted.

7. Individual Healthcare Plans and Allergy Action Plans

Pupils whose allergy requires active management will have an Individual Healthcare Plan (IHP), developed with parents/carers and, where appropriate, the pupil and relevant health professionals.

Where a clinical Allergy Action Plan or asthma plan has been provided, it will form part of the pupil's IHP. Plans will identify the pupil, their allergens, symptoms, medication, emergency actions, risk-reduction measures and contact details.

IHPs will be reviewed at least annually and sooner following an allergic reaction, near miss, significant change in medical advice, medication or school circumstances. Relevant plans will be brought to the attention of supply and cover staff and shared during transition.

8. Identification and Information Sharing

Medical and allergy information will be collected from parents/carers on admission and updated when changes are reported. Parents/carers are responsible for providing accurate information and ensuring prescribed medication supplied to school is in date.

Relevant health information will be shared securely and proportionately with staff who need it to keep the pupil safe, including class staff, support staff, lunchtime staff, supply/cover staff, catering staff and trip leaders. The school's management information and medical-record systems will be used in accordance with data-protection requirements.

During transition, allergy information and relevant care plans will be shared with the receiving class, school or setting as appropriate.

9. Staff Training and Emergency Preparedness

All staff who may have responsibility for pupils, including teaching staff, support staff, lunchtime/welfare staff and staff involved in wraparound provision, will receive allergy awareness and emergency-response training. Allergy safety will also be included in induction arrangements for new, temporary and relevant visiting staff.

Training will include recognition of allergic reactions and anaphylaxis, use of adrenaline devices, location of emergency medication, risk reduction, the school's procedures, individual plans and reporting of incidents and near misses.

Staff will have opportunities to practise with trainer adrenaline devices. The school will periodically rehearse its emergency response to anaphylaxis and use learning from practice exercises to improve procedures.

10. Roles and Responsibilities

Governing Body

- Ensure that the school has an effective, published and regularly reviewed allergy safety policy.
- Monitor implementation and seek assurance that appropriate arrangements are in place.
- Ensure allergy risks are considered within the school's wider health and safety arrangements.

Head of School / Named Allergy Lead

- Lead implementation and review of this policy.

- Maintain systems for identifying pupils and staff with allergies and ensuring relevant information is communicated.
- Ensure IHPs and Allergy Action Plans are in place where required.
- Ensure appropriate emergency medication arrangements and checks are maintained.
- Coordinate training and induction.
- Work with parents/carers, health professionals, catering staff, safeguarding leads and governors.
- Ensure incidents and near misses are reviewed and lessons acted upon.

All Staff

- Know and follow this policy and relevant individual plans.
- Recognise signs of allergic reactions and respond immediately in an emergency.
- Make reasonable curriculum adaptations to reduce allergen exposure.
- Complete appropriate risk assessments for activities, trips and visits.
- Report allergic reactions, medication errors and near misses promptly.
- Support inclusion and challenge allergy-related stigma or bullying.

Parents and Carers

- Provide accurate and up-to-date information about their child's allergy and management.
- Provide requested medical documentation and contribute to IHPs.
- Inform school of reactions occurring outside school and changes in diagnosis, treatment or medication.
- Ensure prescribed medication supplied for their child is in date and replaced when necessary.
- Work with the school to support safe inclusion.

Pupils

- Where age and understanding allow, learn about their allergy and how to reduce risk.
- Tell an adult immediately if they feel unwell or believe they have been exposed to an allergen.
- Avoid sharing or swapping food, drinks, utensils or containers.
- Take increasing responsibility for medication where this is agreed in their IHP.

11. School Trips, Residentials and External Visits

Pupils with allergies will be fully included in trips, residential visits, sporting events and extracurricular activities wherever reasonably possible. Allergy-specific risks will be considered as part of the visit risk assessment.

- The trip leader will check that required medication is present before departure.
- Emergency medication will remain readily accessible throughout the visit and during transport.
- Food provision and potential allergen exposure will be checked in advance.
- Staff will know the pupil's IHP/Allergy Action Plan and emergency procedure.
- The need to take school spare adrenaline devices will be considered as part of the risk assessment while ensuring suitable emergency cover remains in school.
- Host venues/providers will be informed of relevant allergy requirements where necessary.

12. Incidents and Near Misses

All allergic reactions and allergy-related near misses will be recorded promptly using the school's established incident/medical recording procedures. A near miss may include accidental exposure without a reaction, a labelling error or a failure in agreed controls.

Incidents will be reviewed in a learning-focused manner to identify what happened, whether procedures were followed and what action is needed to reduce recurrence. Parents/carers and, where appropriate, the pupil will be involved. The pupil's IHP and relevant risk assessments will be updated where necessary.

Where an incident raises a safeguarding concern, the school's safeguarding and child protection procedures will be followed. Where reporting to an external authority is legally required, the school will make the appropriate notification.

13. Wellbeing, Inclusion and Anti-Bullying

The school recognises that living with allergy can affect a pupil's wellbeing and sense of safety. Allergy management will therefore be approached in a way that promotes inclusion, dignity and participation.

- Allergy awareness will be promoted appropriately through the curriculum, assemblies and school communications.
- School celebrations and communal events will be planned with inclusion in mind.
- Allergy-related teasing, bullying, deliberate exposure or stigmatisation will be treated seriously and addressed through the school's behaviour, anti-bullying and safeguarding procedures.
- Pupils will not be unnecessarily excluded from school activities because of allergy.
- Reasonable adjustments will be considered where allergy amounts to a disability under the Equality Act 2010.

14. Safeguarding

A safeguarding referral may be required where concerns indicate that a pupil is being placed at increased risk because essential medical information or medication is repeatedly not provided, or where a pupil is deliberately exposed to a known allergen. Staff must report such concerns to the Designated Safeguarding Lead in accordance with the school's Child Protection Policy.

15. Unacceptable Practice

The school considers the following practices unacceptable:

- Preventing a pupil from readily accessing medication that they may need.
- Assuming all pupils with the same allergy require identical support.
- Ignoring the views of the pupil, parent/carer or relevant healthcare professionals.
- Assuming a pupil has no allergy simply because a formal diagnosis is still being investigated.
- Sending a pupil who may be experiencing anaphylaxis to the office or medical area; emergency help and medication must be brought to them.
- Requiring a parent/carer to attend school routinely to administer medication that trained staff can appropriately administer.
- Creating unnecessary barriers to participation in school life, trips or visits.
- Penalising a pupil through attendance rewards where absence is directly related to management of a medical condition.

16. Policy Review and Publication

This policy will be published on the school website and reviewed at least annually. It will also be reviewed following an allergic reaction or significant near miss, changes to statutory guidance, changes in school arrangements, or where monitoring identifies that procedures need strengthening.

17. Statutory and Guidance Framework

This policy is informed by the Allergy Safety in Schools statutory guidance (July 2026) and the statutory duties identified within the Anaphylaxis UK model policy, including duties arising from the Children's Wellbeing and Schools Act 2026, Children Act 1989, Education Act 2002, Health and Safety at Work etc. Act 1974, Equality Act 2010, the SEND Code of Practice and the Early Years Foundation Stage statutory framework.

It should be read alongside current government guidance on supporting pupils with medical conditions, the use of adrenaline auto-injectors in schools, school food allergen management and Keeping Children Safe in Education.

Appendix 1 – Emergency Anaphylaxis Quick Action

SUSPECT ANAPHYLAXIS? GIVE ADRENALINE WITHOUT DELAY.

- Keep the pupil where they are and call for help.
- Lie flat with legs raised; if breathing is difficult, prop up briefly.
- Give adrenaline immediately and note the time.
- Call 999 and say 'ANAPHYLAXIS'.
- Give a second adrenaline device after 5 minutes if there is no improvement.
- Start CPR if there are no signs of life.
- Contact parent/carer.
- Do not allow the pupil to stand or walk.
- Hospital assessment is required even if the pupil appears to recover.

Appendix 2 – School Implementation Checklist

☐ Named Allergy Lead identified and communicated to staff.

☐ Register of pupils/staff with allergies maintained and updated.

☐ IHPs and clinical Allergy Action Plans available for relevant pupils.

☐ Two in-date prescribed adrenaline devices available for pupils where prescribed.

☐ School spare adrenaline devices held in appropriate doses and accessible locations.

☐ Monthly checks of spare adrenaline devices recorded.

☐ All staff annual allergy/anaphylaxis training completed.

☐ New, supply and temporary staff receive appropriate information/induction.

☐ Catering provider has current allergy information and identification/checking procedures.

☐ Allergy risks included in curriculum, trip, residential and event risk assessments.

☐ Emergency response practice undertaken and reviewed.

☐ All incidents and near misses recorded, reviewed and acted upon.