HALE CE PRIMARY SCHOOL

Allergy Management Policy

Preventing avoidable exposure and responding safely to allergic reactions

Policy owner	Headteacher
Headteacher	Mrs Emma Fenton
Nominated allergy lead	To be confirmed at approval
Approval body	Governing Board
Approval date	September 2026
Review date	September 2027

Be the Light

Matthew 5 14 to 16

1 Purpose and scope

Hale CE Primary School is committed to safeguarding pupils and adults with allergies while ensuring that pupils can participate fully in school life. Allergic reactions can be unpredictable and anaphylaxis is a medical emergency. The school will reduce avoidable risk, make prescribed medication readily accessible and ensure staff know how to respond.

This policy applies during the school day and to school meals, packed lunches, curriculum activities, Forest School, visits, residentials, sports, breakfast provision and Lighthouse Explorers after-school club. It should be read with the Supporting Pupils with Medical Conditions Policy, First Aid Policy, Health and Safety Policy, Educational Visits Policy and each individual healthcare or allergy action plan.

2 Aims

- Identify individuals with allergies and share essential information safely.
- Reduce avoidable exposure to known allergens through proportionate controls.
- Ensure prompt access to prescribed adrenaline auto-injectors and other medication.
- Train staff to recognise and respond to allergic reactions and anaphylaxis.
- Support inclusion, wellbeing, attendance and participation.
- Communicate effectively with families, healthcare professionals, caterers and other providers.
- Record medication checks, incidents and lessons learned.

3 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.
- Department for Education statutory guidance Allergy safety in schools, published in July 2026.
- Department for Education statutory guidance Supporting pupils at school with medical conditions.
- Department of Health guidance on the use of adrenaline auto-injectors in schools.
- The Human Medicines Regulations 2012, as amended, which permit schools to obtain and use spare adrenaline auto-injectors in specified circumstances.
- The Equality Act 2010, including reasonable-adjustment duties.
- Food information and allergen requirements applicable to the school and its catering provider.

The school will follow current statutory and clinical guidance and the individual instructions supplied by a qualified healthcare professional. Hale CE's arrangements reflect the strengthened allergy-safety duties commonly associated with Benedict's Law, including a published policy, staff training, individual planning, accessible emergency medication and learning from incidents and near misses.

4 Roles and responsibilities

The Governing Board

- Ensure suitable arrangements, resources and insurance are in place.
- Review the policy and monitor implementation without compromising confidentiality.
- Ensure pupils with medical conditions are supported to access education and activities.

The Headteacher

- Implement this policy and appoint a nominated allergy lead.
- Ensure sufficient trained staff are available, including for visits and clubs.
- Ensure healthcare plans, risk controls and emergency arrangements are maintained.
- Ensure the school's Kitt Medical emergency anaphylaxis equipment is accessible, checked and supported by appropriate staff training.
- Review significant incidents and report appropriately to governors.

The nominated allergy lead

- Maintain the allergy register, healthcare plans and consent records.
- Coordinate training and essential information for relevant staff.
- Monitor prescribed and spare medication, storage and expiry checks.

- Liaise with families, staff, caterers and health professionals.
- Review incidents and near misses with senior leaders.

All staff

- Know the allergies, plans and medication arrangements for pupils in their care.
- Follow risk controls and never knowingly give a pupil food that has not been confirmed as safe.
- Respond immediately to symptoms and summon help.
- Ensure medication accompanies pupils during activities and evacuations.
- Record and report medication use, reactions, concerns and near misses promptly.

Parents and carers

- Tell the school about allergies and any change in diagnosis, treatment or emergency contacts.
- Provide current medical information, an allergy action plan and prescribed medication in its original labelled packaging.
- Replace medication before expiry and collect discontinued or expired items.
- Discuss food, visits and activities with the school when individual planning is needed.

Pupils

Pupils will be involved according to age, maturity and need. They will be encouraged to recognise symptoms, avoid known allergens, tell an adult immediately, follow safe routines and contribute to their plan. Responsibility for safety remains with the adults supervising them.

5 Identification, records and information sharing

The school will obtain allergy information at admission and through annual updates, parent communication and healthcare advice. A central register will record the allergen, usual symptoms, risk of anaphylaxis, prescribed medication, its location, emergency contacts, consent for the school spare auto-injector and relevant plan dates.

Essential information will be shared on a need-to-know basis with class staff, teaching assistants, midday supervisors, office staff, first aiders, catering staff, sports coaches, supply staff, visit leaders and wraparound providers. Visual alerts may be used where proportionate. Information will be handled confidentially under the school's data-protection arrangements.

6 Individual healthcare plans and risk assessment

A pupil at risk of a reaction requiring medication should have a current allergy action plan from their healthcare professional. An individual healthcare plan will be developed when coordinated or detailed arrangements are needed. Plans will include allergens, symptoms, medication and doses, the location of medication, emergency action, contacts, pupil independence, adjustments and arrangements for activities or visits.

Plans and individual risk assessments will be reviewed at least annually and sooner following a reaction, hospital attendance, a change in medical advice or a significant change in school arrangements.

7 Reducing exposure to allergens

The school cannot guarantee an allergen-free environment. It will use reasonable, proportionate measures based on individual risk assessment, including handwashing, cleaning, supervision at mealtimes, safe storage, checking ingredients and non-food materials, avoiding food sharing and planning alternatives for cooking, science, art, sensory play and celebrations.

Nut-free school arrangements

Hale CE Primary School is a nut-free school because pupils may be at risk from nuts, including severe reactions to small amounts or airborne particles. Nuts and products containing nuts must not be brought into school in packed lunches, snacks or treats. This includes, for example, peanut butter, Nutella and other nut spreads, nut chocolate bars, hazelnut pastries or biscuits, cereal bars containing nuts and loose nuts. If an item is identified, it will be kept away from the pupil and sent home. The child will be offered a safe alternative where available.

The nut-free rule reduces risk but cannot guarantee that the site is completely free from traces of nuts. Families remain responsible for checking labels, and school staff will apply individual plans and emergency arrangements.

8 Food and catering

- The catering provider must meet applicable allergen-information and food-safety requirements.
- Relevant catering and midday staff will receive necessary pupil information and know how to summon emergency help.
- Menus or alternatives will be agreed when required by the pupil's plan and risk assessment.
- Food must not be substituted without checking that it is safe for the pupil.
- Ingredient information and packaging will be retained or made available for food used in school activities where practicable.
- Food sharing will be discouraged and pupils will be supervised according to need.

For parties, fundraising, gifts or food brought in by others, staff will follow school rules and individual risk assessments. Homemade or unlabelled food will not be given to a pupil with an allergy unless it has been explicitly agreed as safe under their plan.

9 Classroom and wider activities

Before cooking, baking, food tasting, science, art, sensory play, Forest School, themed days or celebrations, staff will review allergy information, ingredients and cross-contact risks. Suitable alternatives and reasonable adjustments will be planned so pupils can take part safely. Food will not be used as a reward where this creates avoidable risk.

10 Visits, sport and wraparound care

Allergy management forms part of risk assessment for visits, residentials, fixtures, clubs and wraparound care. The leader will review plans, liaise with venues and families where necessary, ensure the correct medication travels with the pupil, brief supervising adults and confirm how emergency help will be obtained. Medication must remain immediately accessible and must not be left on transport or in inaccessible luggage.

Lighthouse Explorers and external activity providers operating on behalf of the school must know relevant allergy information, medication locations and emergency procedures. A suitably trained adult must be available.

11 Medication, storage and checks

- Prescribed adrenaline auto-injectors and other emergency medication will be clearly labelled, readily accessible and stored in accordance with the manufacturer's instructions and the pupil's plan. They will not be locked away in a way that delays access.
- Where provided, pupils should have two prescribed adrenaline auto-injectors available in school.
- Medication will accompany the pupil to PE, outdoor learning, visits, clubs and emergency evacuations. A pupil must never be sent to collect it alone.
- The school will check medication and central emergency equipment regularly and after use. Parents remain responsible for supplying replacements.
- Expired or discontinued medicines will be returned to parents for safe disposal.

Kitt Medical emergency anaphylaxis equipment

Hale CE Primary School has Kitt Medical emergency anaphylaxis equipment containing spare adrenaline auto-injectors and clear emergency instructions. The Kitt is kept in a clearly identified, readily accessible central location. Its location is included in staff induction, training and emergency information, and relevant staff must be able to access it without delay.

The nominated allergy lead will use the Kitt Medical monitoring arrangements to complete and record regular checks, monitor expiry dates and report any use promptly so that replacement devices can be supplied. The school will retain the packaging and follow the device leaflet, Kitt Medical instructions and current national guidance. The Kitt supplements rather than replaces each pupil's own prescribed devices and individual healthcare plan.

Spare adrenaline devices will be administered in accordance with current statutory guidance, the emergency instructions and any relevant individual plan. Staff must not delay calling 999 or giving appropriate

emergency treatment while trying to locate a pupil's own device. Every use will be recorded, reported to the Headteacher, shared with parents or carers and reviewed as an incident.

12 Recognising an allergic reaction

Mild or moderate symptoms can include itching, hives, flushing, swelling of the lips, face or eyes, tingling mouth, abdominal pain, nausea or vomiting. Anaphylaxis may involve difficulty or noisy breathing, wheeze, persistent cough, throat or tongue swelling, difficulty swallowing, a hoarse voice, dizziness, confusion, collapse, pale or floppy appearance, or a sudden severe change. Skin symptoms may be absent.

If anaphylaxis is suspected, staff must not wait for every symptom or delay treatment while seeking confirmation.

13 Emergency response to suspected anaphylaxis

1. Give the pupil's prescribed adrenaline auto-injector immediately into the outer mid-thigh, through clothing if necessary, following the device instructions and the pupil's plan. If their device is unavailable or fails, use an authorised school spare device where the conditions above are met.
2. Call 999 immediately and say "anaphylaxis". Give the school location and follow the call handler's instructions. Send someone to meet the ambulance and bring any second auto-injector.
3. Keep the pupil lying flat with legs raised. If breathing is difficult, allow them to sit with legs extended. If unconscious, place them in the recovery position. Do not allow them to stand or walk, even if they appear better.
4. If there is no improvement after five minutes, give a second adrenaline auto-injector if available and appropriate under the plan or emergency guidance.
5. Monitor continuously. If the pupil is not breathing normally, begin CPR and use the defibrillator according to training and emergency-service instructions.
6. Contact parents or carers. The pupil must go to hospital by ambulance after adrenaline is given. A member of staff will accompany them if a parent or carer has not arrived.

Antihistamines must not delay adrenaline when anaphylaxis is suspected. Asthma inhalers may be used if prescribed, but they do not replace adrenaline for anaphylaxis.

14 Recording, review and learning

The school will record allergic reactions, medication administration, emergency calls, hospital attendance, near misses and significant concerns. Records will include symptoms, timings, devices and doses, staff involved, contacts and outcome. Parents or carers will be informed.

After a significant incident, senior leaders will review the response, healthcare plan, risk controls, medication access, training and communication. Relevant safeguarding, health and safety and statutory reporting routes will be followed. Lessons will be shared with staff who need them.

15 Inclusion, wellbeing and attendance

Pupils with allergies will not be routinely excluded from meals, curriculum activities, trips, sport, clubs or residentials. The school will make reasonable adjustments and address teasing, food-related bullying, stigma or unsafe behaviour promptly. Allergy-related anxiety and absence will be supported sensitively with the family and relevant professionals.

16 Complaints, monitoring and review

Concerns should normally be raised promptly with the Headteacher. Formal complaints will follow the school's Complaints Policy, including the stated route for a complaint about the Headteacher.

The Headteacher will monitor the register, healthcare plans, training, medication checks and incidents. The Governing Board will review this policy annually and sooner if guidance, school arrangements or pupil needs change, or if an incident identifies a need for revision.

Appendix A Emergency anaphylaxis procedure

If anaphylaxis is suspected, act immediately. Follow the pupil's current allergy action plan where it gives specific instructions.

Step	Action	What to do
1	Give adrenaline	Use the prescribed auto-injector immediately in the outer mid-thigh. Note the time.
2	Call 999	Say "anaphylaxis". Give the location and follow instructions.
3	Position safely	Lie flat with legs raised. If breathing is difficult, sit with legs extended. Do not stand or walk.
4	Second dose	If no improvement after five minutes, give a second auto-injector if available and appropriate.
5	Hospital and record	Monitor continuously, contact parents and ensure transfer to hospital by ambulance. Record all action.

Do not delay adrenaline. Do not leave the pupil alone. Antihistamine or an inhaler does not replace adrenaline for anaphylaxis.

Appendix B Allergy incident and medication record

Pupil name		Class	
Date		Time	
Location or activity		Staff member	

Suspected allergen and symptoms

Medication or device used, dose and time

Emergency action, contacts and outcome

Parent or carer informed including time and method

Follow-up required or completed

Completed by	Signature	Date

Appendix C Medication and central kit check

Complete at least monthly and after any use. Follow the manufacturer's storage instructions and arrange replacement promptly.

Check	Yes or no	Action needed or completed
Pupil medication present, labelled and in date		
Two prescribed auto-injectors available where provided		
Devices undamaged and stored correctly		
Correct dose recorded for each eligible pupil		
Spare devices in date and ready for use		
Eligible-pupil register and consent current		
Emergency instructions and record forms available		
Central kit stored in the agreed accessible location		

Date	Checked by	Signature	Next check due

Appendix D Parent consent for school spare adrenaline auto-injector

The school spare device is a backup. It does not replace the pupil's own prescribed medication.

Pupil name	
Class	
Allergen or diagnosis	
Prescribed device and dose	
Important emergency information	

I confirm that the pupil named above is at risk of anaphylaxis and has been prescribed an adrenaline auto-injector. I consent to the school's spare device being used in accordance with this policy if the pupil shows signs of anaphylaxis and their own device is unavailable or does not work. I will provide current medical information and prescribed medication.

Parent or carer name	
Signature	
Date	
Emergency contact number	