BARKISLAND CE (VA) PRIMARY SCHOOL

Allergy Safety Policy

1. Purpose and statutory framework

Barkisland CE (VA) Primary School is committed to providing a safe, inclusive environment for all pupils, staff and visitors, including those with allergies. Allergies can have a significant impact on a child's health, wellbeing and ability to learn. A severe allergic reaction (anaphylaxis) is a medical emergency requiring immediate action.

This policy sets out the school's arrangements for managing allergies, including pupils at risk of anaphylaxis. It should be read alongside the school's Supporting Children with Medical Conditions Policy.

This policy has been developed with 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, including section 100A requiring schools to have, review, publicise and publish an allergy safety policy, and the Department for Education's Allergy safety in schools statutory guidance (July 2026).

The policy will be made known within school, brought to the attention of pupils, parents/carers and people who work at the school at least annually, and published on the school website.

2. Responsibilities

Governing Body

- Ensure that appropriate arrangements are in place to support pupils with allergies and that this policy is implemented.
- Review the school's allergy safety policy at least annually and ensure that it is published and publicised as required.
- Provide appropriate oversight of allergy safety and seek assurance that training, emergency arrangements and record keeping are effective.

Headteacher and Allergy Lead

The Headteacher will appoint a member of staff as the school's Allergy Lead. The Allergy Lead, with the support of SLT, will coordinate allergy safety arrangements, including:

- maintaining an up-to-date allergy register;
- coordinating Individual Healthcare Plans (IHPs) and Allergy Action Plans where required;
- ensuring relevant information is shared appropriately with staff;
- overseeing staff allergy-awareness training and records of training;
- checking that prescribed and school spare adrenaline auto-injectors (AAIs) are accessible, appropriately stored and in date;
- reviewing allergic reactions, use of emergency medication and significant near misses and identifying any lessons or changes required;
- supporting implementation and annual review of this policy.

All staff

All staff are responsible for following this policy, completing required allergy-awareness training, understanding the allergy risks relevant to their role, recognising the signs of allergic reactions and anaphylaxis, and responding promptly in an emergency.

Parents and carers

Parents/carers are responsible for informing school of diagnosed or suspected allergies and changes to their child's condition; providing up-to-date medical information and plans; supplying prescribed medication as agreed with school; and ensuring prescribed medication is replaced before expiry.

3. Identifying and supporting pupils with allergies

The school will maintain an up-to-date register of pupils with known allergies. Information will be gathered on admission and updated whenever the school is informed of a new diagnosis or change.

Where a pupil's allergy requires additional support or presents a significant risk, an Individual Healthcare Plan (IHP) will be developed in partnership with parents/carers and, where appropriate, healthcare professionals and the pupil. A recognised Allergy Action Plan may form part of, or sit alongside, the IHP.

Allergy-related plans will be reviewed at least annually and sooner when the pupil's needs, treatment or medication change or following a significant incident.

Plans will include, as appropriate:

- known allergens and triggers;
- usual signs and symptoms;
- risk-reduction and reasonable-adjustment measures;
- medication, dosage and where it is kept;
- whether and how the pupil may self-manage medication;
- what constitutes an emergency and the action staff must take;
- arrangements for food, curriculum activities, PE, clubs and educational visits;
- parent/carer and relevant healthcare contact information.

4. Definitions

An allergy occurs when the body's immune system reacts to a normally harmless substance (an allergen). Reactions may range from mild symptoms, such as itching, rash, swelling or stomach discomfort, to anaphylaxis.

Anaphylaxis is a serious, potentially life-threatening allergic reaction that can affect the airway, breathing and/or circulation. It requires immediate treatment with adrenaline when indicated and urgent emergency medical assistance.

Common allergens include foods such as peanuts, tree nuts, milk, eggs, wheat, fish, shellfish, sesame and soya, as well as insect stings, medicines, contact allergens and airborne allergens. This list is not exhaustive.

5. Reducing the risk of allergen exposure

The school will take reasonable and proportionate steps to minimise pupils' exposure to their known allergens while recognising that it is not possible to guarantee an entirely allergen-free environment.

Barkisland CE (VA) Primary School operates an allergy-aware approach. The school does not knowingly use or provide nuts or nut-containing products and asks pupils, parents/carers, staff and visitors not to bring nuts or nut-containing products into school. However, the school cannot guarantee a completely nut-free environment.

Risk-reduction measures include:

- considering known allergens when planning classroom activities, cooking, science, art and craft lessons;
- working with catering providers to manage identified dietary requirements and allergen information;
- promoting good hand hygiene and appropriate cleaning of eating and food-preparation surfaces;
- undertaking individual risk assessments where required;
- considering allergy risks when planning educational visits, sporting events, clubs, celebrations, fundraising and enrichment activities;
- reducing the risk of cross-contact and ensuring suitable alternatives or reasonable adjustments are made so pupils are included.

6. Staff training and awareness

All staff who work at the school will receive allergy-awareness and emergency-response training at least annually. Training may be delivered by an appropriately qualified professional or through an appropriate whole-school refresher using up-to-date training materials and resources. Where appropriate, professional training will be supplemented by annual in-school refresher training. Additional training will be provided where a pupil's individual needs require it or where there are changes to guidance, procedures or adrenaline devices.

Training will include:

- understanding allergies and common allergen risks;
- recognising allergic reactions and anaphylaxis;
- understanding individual IHPs and Allergy Action Plans;
- emergency procedures and calling 999;
- administration of adrenaline using AAIs;
- reducing the risk of allergen exposure and cross-contact;
- recording and reporting allergic incidents and significant near misses.

All staff are trained in paediatric first aid, with training renewed every three years. This includes recognising and responding to anaphylaxis and administering adrenaline auto-injectors, including EpiPens. Staff are familiar with pupils' individual allergy action plans and know where emergency medication is stored. The school maintains records of staff training and renewal dates.

A record will be maintained of allergy training completed, including the date, content and staff attendance. Annual refresher training will include practical familiarisation with the type(s) of adrenaline auto-injector trainer device used by the school and a reminder of where prescribed and school spare AAIs are located.

Supply, temporary and visiting staff will be given relevant information about pupils with allergies, emergency arrangements and the location of emergency medication as appropriate to their role.

7. Medicines, prescribed AAIs and school spare AAIs

Medication required immediately in an emergency must be stored safely but remain readily accessible. It must not be kept in a location that would cause avoidable delay in an emergency.

Where a pupil is prescribed AAIs, the school expects two prescribed devices to be available in school in accordance with the pupil's medical arrangements. Barkisland's usual arrangement is for one to be kept in the pupil's classroom and one in the school office, unless an individual plan specifies otherwise.

AAIs and associated medication will be stored in clearly identified containers. Containers and/or devices will be labelled so that staff can readily identify the pupil and the relevant medication/device and strength where applicable.

The school will also maintain spare adrenaline auto-injector devices (AAIs) for emergency use in accordance with current Department for Education requirements and guidance. School spare AAIs are additional to, and do not replace, a pupil's own prescribed devices. They are available as emergency back-up where a pupil's own prescribed device is unavailable or cannot be used promptly. In an exceptional, unforeseen emergency, a school spare AAI may also be used where a pupil who is not previously known to be at risk develops symptoms strongly suggestive of anaphylaxis, in accordance with current emergency guidance and staff training.

The school's emergency AAIs are kept in the school office in a clearly identified, readily accessible location. Each spare AAI is kept in a clear plastic wallet labelled with its adrenaline dose and the names of pupils known to be at risk of anaphylaxis who have been prescribed the same dose. Staff will use the pupil's own prescribed device first where available. The list does not prevent use of an appropriate spare AAI to save the life of a pupil presenting with anaphylaxis for the first time, as set out below.

Consent for use of school spare adrenaline devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy.

The Regulations do not require prior consent for a spare adrenaline device to be used in an emergency. As good practice, the school will seek advance consent from parents/carers or the young person for use of a school spare device and record this in the pupil's Individual Healthcare Plan or Allergy Action Plan where applicable. In an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given. Staff must not delay treatment to check consent.

The school will maintain appropriate records identifying the spare devices held, their strength, location and expiry dates, and the arrangements governing their emergency use. Devices will be checked regularly and replaced following use or before expiry.

Parents/carers remain responsible for ensuring that prescribed medication supplied for their child is in date and replaced when required. School checks provide an additional safeguard.

Emergency asthma inhalers. The school also holds an emergency asthma reliever inhaler in the school office. We request written consent annually from parents/carers for its use. It may be used for a pupil who has been prescribed a reliever inhaler when their own inhaler is unavailable, broken or empty. The emergency inhaler does not replace a pupil's prescribed inhaler. These arrangements are also set out in the Supporting Children with Medical Needs Policy.

8. Emergency response to suspected anaphylaxis

Anaphylaxis is a medical emergency. Any member of staff who suspects that a pupil is experiencing anaphylaxis must act immediately and must not delay emergency treatment while waiting for a parent/carer to attend.

Staff will:

- follow the pupil's Allergy Action Plan/IHP where one is available;

- place the pupil flat with legs raised, in accordance with current training and any clinical advice for their condition; bring the adrenaline device to the pupil rather than moving the pupil to the device;
- administer adrenaline as soon as possible, within five minutes; **do not wait to contact the emergency services before giving it;**
- use the pupil's own prescribed adrenaline device first, if available; if the pupil has no prescribed device, or their device is unavailable or misfires, use a school spare device;
- immediately call 999, request an ambulance and state that anaphylaxis is suspected;
- give a second dose if required in accordance with current emergency guidance and the pupil's plan, and monitor the pupil while awaiting the ambulance;
- contact parents/carers as soon as possible without delaying treatment; and
- ensure the pupil is assessed by emergency medical professionals following administration of adrenaline.

If a pupil who is not previously known to have an allergy or to be at risk of anaphylaxis develops symptoms strongly suggestive of anaphylaxis, staff will treat this as a medical emergency and follow the steps above. A school spare AAI may be administered in this exceptional, unforeseen situation. Emergency treatment must not be delayed while attempting to contact parents/carers; they will be contacted as soon as possible.

9. Educational visits, PE and off-site activities

Pupils with allergies will be included in educational visits, PE, sporting events and other school activities wherever reasonably possible. Appropriate risk assessment and reasonable adjustments will be made.

Visit leaders will ensure that relevant allergy information and emergency plans are available, required medication accompanies the pupil and staff know how to respond in an emergency. Where a pupil has two prescribed AAIs, **both** will accompany the pupil on an external educational visit unless their individual medical plan specifies otherwise.

Allergy risks will be considered when arranging transport, accommodation, food, activities and emergency access during off-site visits.

10. Lessons and curriculum activities

Classroom staff will be aware of pupils with allergies and will adapt lessons and activities where necessary to reduce risk. Ingredients and materials used in food technology/cooking, science, art, craft and other practical activities will be checked against known allergy information where relevant.

No pupil should be excluded from a lesson or activity solely because of their allergy where a reasonable adjustment can enable safe participation.

11. School meals, snacks, treats and food brought into school

The school and its catering arrangements will comply with applicable allergen-information requirements. Known dietary needs will be communicated to relevant catering staff and managed in accordance with the pupil's individual arrangements.

Food provided by school will be prepared, labelled, handled and stored with appropriate regard to allergen risks and cross-contact.

Staff will take reasonable steps to manage risks arising from food brought from home, including packed lunches, snacks, birthday treats, food donations and fundraising activities. Parents/carers will be reminded of the school's allergy-aware approach on a regular basis.

Pupils are not permitted to share or swap food.

12. Wellbeing, inclusion and bullying

The school recognises that living with allergies can affect a pupil's wellbeing and may cause anxiety for pupils and families.

The school will promote an inclusive culture in which pupils understand allergies in an age-appropriate way and treat others with kindness and respect. Bullying, teasing or deliberate exposure to an allergen will not be tolerated and will be addressed through the school's Behaviour and Anti-Bullying Policies.

13. Recording incidents and learning from near misses

All significant allergic reactions, administration of emergency adrenaline and significant allergy-related near misses will be recorded and reported through the school's agreed procedures.

The Allergy Lead will review incidents and significant near misses to identify lessons learned and whether changes are required to an individual plan, risk assessment, staff training, medication arrangements, catering procedures or wider school practice. Parents/carers will be informed as appropriate.

14. Information sharing and confidentiality

Relevant allergy information will be shared with staff and other adults who need it to keep pupils safe, including supply staff, lunchtime staff, catering staff and visit leaders as appropriate.

Information will be handled in accordance with UK data-protection requirements and the school's Data Protection Policy. The need to maintain confidentiality will be balanced with the need to ensure that staff who are responsible for a pupil's safety have the information required to act effectively.

15. Monitoring, publication and review

The Governing Body will ensure that this policy is reviewed at least annually, and sooner following relevant legislative or statutory-guidance changes, a significant incident or near miss, or where school practice indicates that changes are required.

The policy will be published on the school website and publicised in accordance with statutory requirements. At least annually, the school will take steps to bring it to the attention of pupils, parents/carers and all people who work at the school.

The Headteacher and Allergy Lead will monitor implementation, including the allergy register, staff training, emergency medication arrangements, individual plans and incident/near-miss learning.

Linked policies and guidance

- Supporting Children with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Educational Visits Policy
- Behaviour Policy
- Anti-Bullying Policy

- Data Protection Policy
- Department for Education: Allergy safety in schools - statutory guidance (July 2026)
- Department for Education: Supporting pupils with medical conditions at school - statutory guidance

Allergy lead: Mrs Jessica Stott

Approved by Governors:

Review date: