

# Banks Road Primary School



## Allergy Safety policy

Provenance/ Author	Person (s) Responsible	Version	Reviewers	Effective Date	Recommended Review Date	Distribution
The Key	Headteacher	V1	Governors	September 2026	September 2027	All Staff

# 1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

# 2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

# 3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

## 3.1 Allergy lead

The nominated allergy lead is Nicola McGee.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils with allergies have an allergy action plan completed by a medical professional
  - All staff receive an appropriate level of allergy training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

## 3.2 School Health

The school nurse is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

## 3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

### 3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

### 3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

### 3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

## 4. Allergy Safety Roles & Responsibilities

To align with strengthened accountability expectations set out in the Department for Education's consultation on supporting pupils with medical conditions and allergy, the following roles and responsibilities apply in addition to those outlined in Section 3.

### 4.1 Governing Board

The governing board is responsible for:

- **Approving, publishing, and annually reviewing** the school's Allergy Safety Policy (reflecting the strengthened requirement for consistent oversight and governance).
- Ensuring the policy complies with statutory guidance and updated national expectations.

- Receiving **termly reports** on allergy incidents and near misses and ensuring actions are followed through.
- Ensuring the school has appropriate resources to meet allergy-related responsibilities, including staffing, training, equipment and emergency medication.

## 4.2 Allergy Lead

The Allergy Lead (a designated senior leader) is responsible for:

- **Monitoring all allergy incidents and near misses**, analysing trends, and reporting findings to SLT and governors.
- **Leading updates to the Allergy Safety Policy** following learning from incidents, near misses or changes in DfE guidance.
- **Coordinating whole-school implementation** of allergy safety procedures, including risk assessments, training, record-keeping and individual planning.
- Ensuring IHPs and allergy action plans are completed, up to date and accessible.
- Ensuring spare AAIs are in date, stored correctly and available within 5 minutes across the site (in line with strengthened emergency expectations).
- Ensuring all staff understand their responsibilities in relation to allergy management.

These responsibilities reflect the DfE's push for clearer accountability and leadership oversight.

## 4.3 Teaching Assistants (TAs) and Support Staff

The DfE consultation highlights concern about untrained staff providing complex medical care and emphasises the need for proper support and training for staff with medical responsibilities.

Therefore, the school expects TAs and support staff to:

- Complete **mandatory annual allergy awareness training** and AAI administration training.
- Follow each pupil's IHP and allergy action plan accurately.
- Know the location of all AAIs and be able to access them within 5 minutes.
- Support safe practice in classrooms, dining areas and during transitions.
- Participate in drills and emergency practice scenarios.
- Immediately report concerns, near misses or unsafe practice to the Allergy Lead.
- Ensure pupils with allergies are included in all activities with appropriate adjustments.

These expectations ensure appropriate competency and support, aligning with national concerns about untrained staff delivering medical tasks.

## 4.4 Teaching Staff

Teachers must:

- Ensure they are aware of any pupils with allergies in their class or group.
- Implement risk-reduction measures in lesson planning (e.g., food tech, science, art).
- Supervise environments where allergens may be present, preventing cross-contamination.
- Ensure safe practice during educational visits and off-site activities.
- Follow emergency procedures immediately in the event of a reaction.

## 4.5 Senior Leadership Team (SLT)

SLT is responsible for:

- Ensuring the Allergy Lead has capacity and authority to fulfil the role.
- Ensuring staff training compliance is monitored and addressed.
- Responding promptly to incident reports and ensuring follow-up actions are implemented.

## 4.6 Pupils

(For age-appropriate pupils)

- Understand (in an age-appropriate way) their allergens and how to keep themselves safe.
- Follow school rules around food consumption.
- Inform staff if they feel unwell or believe they have been exposed to an allergen.

## 4.7 Parents/Carers

Parents/carers must:

- Provide accurate, up-to-date medical information.
- Supply in-date AAls and other prescribed medication.
- Notify the school of changes in condition or treatment.
- Work with the school to develop and review IHPs.

# 5. Individual Healthcare Plans (IHPs)

In line with proposed updates to DfE statutory guidance strengthening the use and consistency of Individual Healthcare Plans (IHPs) for pupils with medical conditions and allergies, our school requires an IHP for **all pupils with diagnosed allergies**, regardless of whether they have been prescribed an Adrenaline Auto-Injector (AAI).

## 5.1 Purpose of the IHP

The IHP ensures that:

- the pupil's allergy is clearly understood by all relevant staff
- personalised risk management arrangements are in place
- emergency procedures reflect the pupil's clinical needs
- staff can act quickly and confidently in an allergic reaction

## 5.2 Content of the IHP

Each IHP must include:

1. **Details of the pupil's allergens**
  - including food, environmental, insect or contact triggers
2. **Description of what constitutes a mild, moderate and severe reaction for the pupil**
  - Symptoms must follow medical guidance and be individualised  
(This strengthens the clarity required in emergency planning as signalled in the consultation.)

3. **Personalised risk-reduction measures**, including:
  - classroom-based controls
  - dining and breaktime precautions
  - measures related to clubs, trips and off-site visits
  - environmental controls (e.g., pets, materials, practical activities)
4. **Medication requirements**, including:
  - prescribed medication
  - where medication is stored
  - whether the pupil carries their own AAI (if appropriate)
5. **Consent for the use of spare AAI**
  - Parents/carers must confirm in writing whether staff may administer a **school spare AAI** if the pupil's own device is unavailable or not functioning  
(This aligns with strengthened DfE requirements around emergency adrenaline use.)
6. **Individualised emergency response instructions**, covering:
  - steps to take in mild/moderate reactions
  - criteria for administering an AAI
  - when to call emergency services
  - escalation instructions if the pupil does not respond to treatment
  - who to contact and in what order
7. **Responsibilities of staff**, including:
  - who checks medication expiry dates
  - who ensures the IHP is communicated to relevant staff
  - who leads response during an incident
8. **Pupil responsibilities (age-appropriate)**
  - awareness of allergens
  - safety behaviours (e.g., not sharing food)

### 5.3 Development and approval of IHPs

- IHPs must be developed in collaboration with:
  - parents/carers
  - healthcare professionals
  - the pupil (where appropriate)
  - the allergy lead
- The IHP must be signed by the parent/carer and the allergy lead before implementation.

### 5.4 Review cycle

To meet strengthened expectations for consistency and oversight in IHP management:

- **IHPs must be reviewed at least annually.**
- They must also be reviewed:
  - following any allergic reaction
  - after a “near miss”

- if the pupil's medical condition changes
- if new risks arise (e.g., curriculum changes, new clubs, new allergens on site)

## 5.5 Accessibility

- A copy of each IHP must be stored:
  - in the central medical records
  - in an accessible location for staff (e.g., medical room, staff shared drive)
- All staff working directly with the pupil must be familiar with the IHP.

## 6. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

## 7. Managing risk

### 7.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

### 7.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

### 7.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts

- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

## 7.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

## 7.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

## 7.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their trusted adult (teacher, teaching assistant)

## 7.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips

# 8. Recording, Reporting and Reviewing Incidents and Near Misses

## 8.1 Definitions

- **Allergic reaction (mild, moderate or severe)**  
Any reaction involving symptoms such as itching, rash, hives, swelling, vomiting, breathing difficulty or anaphylaxis.
- **Serious incident**  
Any allergic reaction requiring the administration of medication (antihistamine, inhaler or AAI), emergency services involvement, or hospital attendance.
- **Near miss**  
An event that *could* have caused an allergic reaction but did not, due to chance or timely intervention (e.g., food mix-up, incorrect ingredient labelling, cross-contamination identified before consumption). These "near misses" must be recorded to support school learning, as emphasised in the 2026 DfE consultation.

## 8.2 Logging incidents and near misses

- All allergic reactions (mild, moderate or severe) must be recorded using the school's **Allergy Incident Form** on the same day.
- All "near misses" must be logged using the **Near Miss Report Form**, even if no reaction occurred.
- Records must include:
  - date and time
  - pupil(s) involved
  - allergen involved or suspected
  - description of the event
  - actions taken
  - whether medication was used
  - names of staff involved
  - any environmental or procedural factors

## 8.3 Immediate reporting

- Serious incidents must be reported **immediately** to:
  - the Allergy Lead
  - the Senior Leadership Team (SLT)
- Parents/carers must be informed **on the same day** for all incidents and near misses.
- If emergency services are involved, the headteacher must be notified as soon as possible.

## 8.4 Governance reporting

- A summary of allergy-related incidents and near misses will be provided to the **governing board** at least **termly**, reflecting the DfE's emphasis on strengthened oversight and learning from incidents.
- The governing board will review:
  - frequency and types of incidents
  - recurring patterns
  - whether further controls or staff training are needed

## 8.5 Review and learning

- The Allergy Lead will:
  - analyse patterns each term
  - identify root causes
  - recommend changes to procedures, environment or staff training
- Any updated practices will be communicated to all staff and incorporated into the annual policy review.
- The allergy policy will be updated **promptly following any significant incident** to improve future risk reduction.

## 8.6 Storage of records

- All records will be stored securely in line with the school's data protection policy.
- Incident and near miss logs must be retained for a minimum of **three years**.

## 9. Training

➤ In line with emerging DfE requirements for compulsory allergy awareness training for all staff and strengthened competency in the use of adrenaline devices, our school will ensure that all staff are equipped to keep pupils with allergies safe.

### 9.1 Mandatory training for all staff

➤ All staff, including teachers, teaching assistants, support staff, lunchtime supervisors, office staff, and volunteers, must complete **annual compulsory allergy awareness training**. This requirement includes staff who do not routinely work with pupils with allergies, reflecting the DfE's expectation that educators must be confident in responding to emergencies.

### 9.2 Training content

➤ Training will cover the following core areas:

1. **Recognising allergic reactions**, including:
  - mild and moderate symptoms
  - signs of anaphylaxis  
(Strengthened recognition training aligns with new national standardisation expectations.)
2. **Administering Adrenaline Auto-Injectors (AAIs)**
  - how to safely use the brand(s) held in school
  - correct dosage
  - what to do after administration  
(The DfE has explicitly stated that schools must have life-saving allergy pens and staff trained to use them.)
3. **Cross-contamination prevention**, including:
  - food handling
  - classroom materials
  - cleaning routines
  - high-risk environments (e.g., dining hall, shared spaces)
4. **Understanding the school's allergy risk controls**, including:
  - risk assessments
  - safe food procedures
  - off-site activity controls
  - pupil IHP requirements
5. **Emergency procedures**, including:
  - the school's allergy response flowchart
  - when to call emergency services
  - individual pupil emergency protocols

### 9.3 Frequency of training

- **Full allergy awareness training will take place at least annually for all staff.**  
This reflects the DfE's intention to standardise allergy safety practice through compulsory recurring training.
- New staff must complete training **as part of their induction.**
- Supply staff must receive a **short induction briefing** covering:
  - pupil allergies
  - where AAls are located
  - immediate emergency actions

## 9.4 Refresher training following incidents or near misses

- To align with strengthened expectations around learning from incidents, refresher training will be delivered:
  - after any **serious allergic reaction**
  - after any **near miss** involving allergens
  - when new risks are identified
  - when new AAls are introduced (e.g., change of brand)

➤ Refresher training will be targeted to the staff involved but may be extended school-wide if needed.

## 9.5 Training records

- The Allergy Lead will maintain a **training register** documenting attendance and competencies.
- The governing board will review training compliance termly.

# 10. Procedures for handling an allergic reaction

## 10.1 Register of pupils with AAls

- The school maintains a register of pupils who have been prescribed AAls or where a doctor has provided a written plan recommending AAls to be used in the event of anaphylaxis. The register includes:
  - Known allergens and risk factors for anaphylaxis
  - Whether a pupil has been prescribed AAl(s) (and if so, what type and dose)
  - Where a pupil has been prescribed an AAl, whether parental consent has been given for use of the spare AAl, which may be different to the personal AAl prescribed for the pupil
  - A photograph of each pupil to allow a visual check to be made
- The register is kept in an easily accessible location and can be checked quickly by any member of staff as part of initiating an emergency response

## 10.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAls to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
  - If an AAl needs to be administered, a member of staff will use the pupil's own AAl, or if it is not available, a school one

- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.
- A school AAI device will be used instead of the pupil's own AAI device if:
  - Medical authorisation and written parental consent have been provided, or
  - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

## 11. Adrenaline auto-injectors (AAIs)

### 11.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- The AAIs will be sourced from a local pharmacy.
- Two AAIs are required on site as spares.
- Brand TBC
- The dosage as per manufacturers guidance.

### 11.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

### 11.3 Maintenance (of spare AAIs)

**Nicola McGee and Danielle Talavera** are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

### 11.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

### 11.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- Spare AAIs for emergency use will be taken on school trips and off-site events by a qualified first aider.

## 11.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls
- Instructions for the use of AAls
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAls have been administered

## 11.7 Mandatory stocking of spare AAls

- Following emerging DfE expectations that schools must hold life-saving allergy pens for emergency use, the school will:
  - Maintain **at least one spare AAI** on site at all times.
  - Consider the number, size and layout of the school when determining whether additional spare AAls are required.
  - Ensure spare AAls are stored separately from pupils' personal devices and clearly labelled as "School Emergency AAI".

## 11.8 Accessibility and response time

- To ensure rapid emergency response, spare AAls must:
  - Be accessible **within 5 minutes from any location on the school site**. (This strengthens and formalises your existing accessibility statement.)
  - Never be locked away.
  - Be stored in central, clearly signposted locations—typically:
    - medical room
    - dining hall
    - main playground entry point
- Staff must know *exactly* where AAls are stored at all times.

## 11.9 Brand consistency and device familiarity

- To reduce administration errors and support easier staff training, the school will:
  - Purchase **one brand** of spare AAI where possible, ensuring training aligns with that device's operation. (This reflects DfE emphasis on standardised safe practice.)
  - Review brands annually to ensure availability and suitability.

## 11.10 Recording and reviewing all AAI administrations

Each time **any AAI is administered** (pupil's own or school spare), staff must complete an **AAI Administration Record** including:

- date, time and location of administration
- the device used (pupil's own or school spare)
- batch number and expiry date
- symptoms observed
- who administered the AAI
- whether emergency services were called
- whether a second dose was required

➤ This record must be:

- shared with parents/carers the same day
- logged centrally
- reviewed by the Allergy Lead and SLT
- reported termly to governors, supporting strengthened oversight

### 11.11 Emergency preparedness: training drills and simulations

In line with strengthened expectations that schools standardise emergency response for allergy management, the school will:

- Conduct **termly AAI emergency response drills** for staff (practical walk-throughs, not live administration)
- Use drills to ensure:
  - 5-minute access standards are met
  - staff know their roles during emergencies
  - AAI storage points are effective
  - communication pathways remain efficient
- Adapt procedures after any drill that identifies delays or confusion.

### 11.12 AAI on off-site visits and school trips

To ensure safety beyond the school site, the following applies on all trips, events and off-site activities:

➤ **Who carries the AAI**

- The pupil's own AAI must **always** travel with them.
- A designated trained staff member is responsible for carrying the **school spare AAI**, stored in a grab-bag.

➤ **How spares are transported**

- Spare AAI must:
  - be kept in an accessible, insulated pouch
  - remain within reach of staff at all times
  - never be left on the bus or in locked rooms
  - travel on a staff member's person when outdoors

### **Communication protocols**

➤ Before leaving school, the trip leader must ensure:

- all staff know:
  - which pupils have allergies
  - symptoms of anaphylaxis
  - the emergency plan
  - who carries each AAI
- mobile phones are fully charged
- emergency services location details are known
- parents/carers are informed if risks differ from the school environment

➤ On return to school, any incidents or near misses must be reported and logged immediately.

## **12. Training**

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Training will be carried out annually by the allergy lead.

## **13. Links to other policies**

This policy links to the following policies and procedures:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy (updated to meet 2026 DfE guidance)
- School Food Policy