

# Allergy safety policy



St Andrew's Benn C of E (VA)  
Primary School

Staff Lead:

Agreed by Governors

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## Contents

|                                                                                                   |    |
|---------------------------------------------------------------------------------------------------|----|
| Introduction.....                                                                                 | 3  |
| 1. Policy Principles .....                                                                        | 3  |
| 2. Legislation and guidance .....                                                                 | 3  |
| 3. Roles and responsibilities .....                                                               | 3  |
| 4. Identifying individuals at risk .....                                                          | 5  |
| 5. Assessing & Minimising Risk .....                                                              | 6  |
| 6. Catering Staff .....                                                                           | 6  |
| 7. Adrenaline auto-injectors (AAls) .....                                                         | 7  |
| 9. Emergency Treatment & Management of Anaphylaxis .....                                          | 8  |
| What to look for: .....                                                                           | 8  |
| What does adrenaline do? .....                                                                    | 9  |
| As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action: ..... | 9  |
| 10. Serious incidents and 'near misses' .....                                                     | 10 |
| 10. Information sharing .....                                                                     | 10 |
| Appendix 1: Individual Healthcare plan .....                                                      | 11 |

## Introduction

St Andrew's Benn C of E (VA) Primary School recognised that allergies can present significant health risks and is committed to taking reasonable and proportionate steps to minimise those risks while ensuring that all pupils experience a safe, inclusive and supportive environment and are able to participate fully in school life.

## 1. Policy Principles

At St Andrew's Benn C of E (VA) Primary School:

- Allergy safety is a whole-school responsibility.
- The school will take reasonable steps to reduce exposure to known allergens.
- The school cannot guarantee an allergen-free environment.
- Pupils with allergies will be fully included in school life through careful planning and reasonable adjustments.
- Emergency medication must be readily accessible.
- In suspected cases of anaphylaxis, adrenaline must be administered without delay and emergency services contacted immediately.
- Planning will involve pupils, parents/carers, staff and healthcare professionals where appropriate.
- Incidents and near misses will be reviewed to improve practice and reduce future risk.

## 2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety 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

### 3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
  - Arrangements to reduce the risk of individuals coming into contact with their known allergens
  - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

### 3.2 Headteacher and Allergy safety lead

The nominated allergy safety lead is M Banks. The Headteacher retains overall responsibility. They will:

- Lead the implementation of this policy.
- Ensure arrangements are in place to identify pupils with allergies and keep records up to date.
- Coordinate annual staff training, induction and awareness for all relevant staff.
- Ensure Individual Healthcare Plans (IHPs), risk assessments and emergency arrangements are completed and reviewed regularly.
- Ensure prescribed and spare Adrenaline Auto-Injectors (AAIs) are accessible, in date and stored appropriately.
- Ensure allergy incidents and near misses are recorded, reported and communicated to parents/carers and the Headteacher as appropriate.
- Review allergy procedures at least annually and implement any lessons learned following incidents or near misses.

### 3.3 Lead First Aiders

**K Goodman** and **S King** are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that office request replacement AAIs when expiry dates approach

### 3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

### 3.6 Parents/carers

**Parents/carers are responsible for providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis**

- Being aware of our school's allergy safety policy
- 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
- Following the school's guidance on food brought in to be shared

### 3.7 Pupils

Pupils will be involved in planning in a way that is appropriate to their age and understanding. They should avoid known allergens, not share food or medication, and seek adult help if concerned. Staff must not rely on a pupil being able to recognise or communicate symptoms, particularly where the pupil is young or has communication needs.

## 4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

### 4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either **phone call to the school 01788 574697** or an email to the **school office: admin3591@welearn365.com** if your child's medical needs change during the school year.

### 4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

### 4.3 Individual healthcare plans (IHP) & Action Plans

An IHP will be co-produced where an allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from those ordinarily available. The plan will be developed with parents/carers, the pupil where appropriate, relevant staff and healthcare professionals as needed.

An Allergy Action Plan or Asthma Action Plan is issued by a healthcare professional. It does not replace the school's IHP. Where provided, it must be attached or clearly linked to the IHP. The IHP will be reviewed whenever a new Action Plan is received, needs or medication change, or following a relevant incident or near miss.

- Known allergens, symptoms and likely presentation
- Day-to-day risk reduction and reasonable adjustments
- Food, curriculum, social-time and environmental arrangements
- Medication, consent, location, rapid access and expiry checks
- Emergency response, including the use of prescribed or spare devices
- Arrangements for PE, clubs, trips, residential and transport
- The pupil's ability to self-manage and the support required
- Impact on learning, attendance and emotional wellbeing

## 4.5 Register of pupils with known allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAIs (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made

The register is shared with staff but not accessible to children or parents.

A copy is kept in the office and in the First Aid drawer in the office and can be checked quickly by any member of staff as part of initiating an emergency response.

## 5. Assessing & Minimising Risk

The school will use its allergy register, IHPs and proportionate risk assessment to minimise exposure to known allergens.

Controls will reflect the person, allergen, activity and setting rather than relying on blanket rules.

Food brought in or provided by school will be managed to reduce cross-contact and accidental sharing.

Staff will formally consider allergy risks when planning practical, creative, scientific, musical, cooking, gardening or animal-related activity and when selecting materials or rewards.

Where a known allergy involves airborne or contact exposure, the IHP or risk assessment will identify reasonable site, timetable, ventilation, cleaning, activity or supervision adjustments.

Before special events, fundraising, celebrations and external providers, the organiser will identify allergy risks and agree suitable controls or alternatives.

Blanket "nut-free" or "allergen-free" claims will not be made because absolute absence cannot be guaranteed. School may restrict particular items where a specific, evidenced risk assessment supports this.

## 6. Catering Staff

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

The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers

Where changes are made to school menus, we will make sure these comply with legislation, and 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)

Where food is provided by the school, staff will understand how to read labels for food allergens  
Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination  
Food brought from home should be clearly labelled where this supports safety. Food will not be shared.

## **7. Adrenaline auto-injectors (AAls)**

### **7.1 Prescribed AAls**

Prescribed AAls will be supplied by parents/carers and stored in accordance with the prescription and healthcare professional's Allergy Action Plan.

Pupils prescribed AAls will normally have two devices available at all times.

Medication will be clearly labelled with the pupil's name and accompanied by the current Allergy Action Plan and any other relevant healthcare information.

A copy of the pupil's Allergy Action Plan will be kept alongside their medication to provide clear instructions on recognising symptoms and administering medication in an emergency.

Where a pupil does not carry their own AAls, the devices and associated documentation will be stored in the classroom teacher's designated red medical bag, which is kept in the teacher's cupboard and remains readily accessible at all times.

Medication must remain immediately accessible and must never be locked away.

Arrangements for access to medication before school, after school, during transport and on educational visits will be recorded within the Individual Healthcare Plan (IHP).

On educational visits and off-site activities, the pupil's AAls, Allergy Action Plan and associated medical information must be carried in the designated red medical bag and remain with the responsible member of staff at all times.

### **7.2 Spare AAls and inhalers**

St Andrew's Benn C of E Academy will maintain a supply of spare AAls in accordance with current statutory guidance.

Spare AAls are intended to support emergency treatment where:

- a pupil's prescribed device is unavailable;
- a prescribed device has been used, damaged or misfired;
- a second dose of adrenaline is required; or
- an individual is experiencing suspected anaphylaxis and does not have their own prescribed device available.

Spare AAls will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed AAls and clearly labelled to avoid confusion
- In the main corridor from the office in a clearly labelled, orange case

K Goodman and S. King are responsible for:

- Checking monthly that spare AAls [and the emergency asthma reliever inhaler] are present and in date
- Obtaining replacement AAls when the expiry date is near

### 7.3 Storage and Disposal

Prescribed AAls will:

- be stored at room temperature;
- be protected from direct sunlight and temperature extremes;
- be kept in a clearly identifiable container (red medical bag); and
- remain readily accessible to staff at all times.

AAls can only be used once. Once an AAI has been used, it will be treated as sharps and disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

### 7.4 Using spare AAls in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

### 7.5 Use of AAls off school premises

An individual risk assessment will be completed for any educational visit involving a pupil with a significant allergy.

- Risk assessments will consider transport arrangements, food provision, accommodation, environmental allergens, contact allergens, access to emergency medication (including Adrenaline Auto-Injectors (AAls)), availability of emergency services, staffing arrangements, communication with external providers, and arrangements for carrying emergency medication, including ensuring that prescribed AAls are stored in the designated red medical bag and remain immediately accessible throughout the visit.

The pupil's prescribed medication and current Allergy Action Plan must accompany them at all times.

Where a pupil has been prescribed an Adrenaline Auto-Injector (AAI), it must be carried in the school's designated red medical bag, consistent with classroom arrangements, and remain immediately accessible throughout the visit.

The designated member of staff carrying the red medical bag must be aware of the pupil's allergy, know the location of the medication and be trained to respond appropriately in an emergency.

The school will work closely with parents/carers to ensure that pupils with allergies are able to participate safely and fully in educational visits and residential experiences wherever reasonably possible.

## 9. Emergency Treatment & Management of Anaphylaxis

### What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

### Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body

- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

**More serious symptoms are often referred to as the ABC symptoms and can include:**

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

**What does adrenaline do?**

- It opens up the airways
- It stops swelling
- It raises the blood pressure

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:**

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999 and state ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## 10. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

### 9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

### 9.2 Incident reporting

- Inform parents/carers promptly and provide a clear factual account
- Notify the Allergy Safety Lead and Headteacher/Principal
- Preserve relevant records, packaging or information and consider any statutory reporting duty
- Review the IHP, Action Plan, risk assessments, training, catering, supervision and medication access as relevant
- Identify and implement lessons, communicate them to relevant staff and record completion

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

## 10. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

## Appendix 1: Individual Healthcare plan

| NAME – Individual Healthcare Plan for allergy                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Date of birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current photo |
| Year / class:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
| Emergency contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |
| Staff who need to be aware:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| <b>Allergy:</b><br><i>Note what allergy the child or young person has.</i><br><i>Note any known allergens.</i><br><i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>                                                                                                                                                                                                                                                     |               |
| <b>How the allergy is managed:</b><br><i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i><br><i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i><br><i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>                                                                                                          |               |
| <b>Impact on education:</b><br><i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i><br><i>Indicate how the allergy may impact on the child or young person's learning.</i><br><i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i><br><i>If relevant, note any interaction between allergy and SEN.</i>                                                                                                |               |
| <b>Arrangements for support:</b><br><i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i><br><i>Outline measures to reduce the risk of contact with known allergens.</i><br><i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i><br><i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i> |               |
| <b>Visits and trips:</b><br><i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i><br><i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>                                                                                                                                                                              |               |
| <b>Emergency response:</b><br><i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i><br><i>Otherwise summarise the signs or symptoms which would indicate an emergency.</i><br><i>Set out what to do in an emergency, including whom to contact.</i><br><i>If relevant, note where "spare" adrenaline devices are located.</i>                                                                                                              |               |
| Last discussed with parents:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date          |
| Issued by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date:         |
| Next planned review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date:         |

**NAME – Individual Healthcare Plan for allergy**  
**Annex: Medication needed while in school / college / setting**

**Non-prescription medication:**

*Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting*

*Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access*

*Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*

**Parental consent:**

**Date:**

**Prescription medication:**

*Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).*

*Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.*

*Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*

**Prescribed by:**

**Date:**

**Parental consent:**

**Date:**

**Use of “spare” adrenaline devices:**

*Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.*

**Parental consent:**

**Date:**

**Use of “spare” salbutamol inhaler:**

*If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.*

**Parental consent:**

**Date:**

**NAME – Individual Healthcare Plan for allergy**  
**Annex: Care or Action Plans issued by healthcare professionals**

**Allergy / Asthma Action Plan:**

*Attach any Action Plan to the IHP for use in an emergency.*

*Note which healthcare professional issued the plan, their role and the date issued.*

**Issued by:**

**Date:**

**Care Plan:**

*Note where any relevant care plan can be found.*

*Note what staff are responsible for delivering / supporting delivery of the care plan.*

*Note which healthcare professional issued the plan, their role and the date issued.*

**Date:**

**Date:**

