SOUTH GROVE PRIMARY SCHOOL

Allergy Safety Policy

A dedicated policy setting out how the school identifies, supports and protects pupils, staff and visitors with allergies

Status	Statutory policy – required under section 34 of the Children's Wellbeing and Schools Act 2026
Applies from	1 September 2026
Policy owner	Tara Welch, Deputy Head Teacher
Approved on	28/09/2026
Date of last review	1st September 2026
Next review due	1st September 2027
Published	South Grove Primary School Policies and available in hard copy from the school office on request

1. Policy Statement

South Grove Primary School is committed to the safety, inclusion and wellbeing of every pupil, member of staff and visitor with an allergy. This policy sets out how the school will identify children with allergy, minimise the risk of exposure to known allergens, respond effectively in an emergency, and support the wellbeing of those affected.

This policy has been produced in line with the Department for Education's statutory guidance Allergy Safety in Schools (July 2026), often referred to as 'Benedict's Law' after Benedict Blythe, a five-year-old who died from anaphylaxis at school in 2021. The school has had regard to this guidance in full.

This policy is dedicated to allergy safety and is kept separate from the school's wider Supporting Pupils with Medical Conditions Policy. Coeliac disease and food intolerances, which are not allergic conditions, are addressed in that wider policy rather than here.

2. Legal Framework and Status

This policy is issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, which requires the governing body to have an allergy safety policy, publish it and keep it under review.

In producing this policy, the governing body has had regard to the Department for Education's statutory guidance Allergy Safety in Schools (July 2026). This policy also reflects the school's duties under:

- Section 3 of the Children Act 1989 (duty of care to safeguard and promote the welfare of children);
- Sections 20 and 175 of the Education Act 2002 and the statutory guidance Keeping Children Safe in Education 2026;
- Section 2 of the Health and Safety at Work etc Act 1974;
- The Equality Act 2010, under which severe allergy can amount to a disability;
- The Human Medicines (Amendment) Regulations 2017, which permit schools to purchase and use "spare" adrenaline auto-injectors (AAIs);
- The Requirements for School Food Regulations 2014 (School Food Standards) and the Food Information Regulations 2014, including 'Natasha's Law' on pre-packed for direct sale (PPDS) food;
- UK GDPR, in respect of special category health data.

3. Scope and Definitions

This policy applies to all pupils, staff, volunteers and visitors at South Grove Primary School, and covers the school day, before- and after-school clubs, and educational visits and trips.

3.1 Definitions

Allergy: a condition in which the body's immune system reacts abnormally to a normally harmless substance (an allergen), such as a food, insect sting, or airborne or contact allergen.

Anaphylaxis: a potentially fatal allergic reaction affecting the Airway, Breathing or Circulation ("ABC"). It requires immediate emergency treatment with adrenaline.

Asthma: a lung condition, frequently linked to allergy, in which exposure to allergens or other triggers can provoke a potentially life-threatening asthma attack.

Food intolerance and coeliac disease: these are not allergic conditions, cannot cause anaphylaxis, and are managed through the school's wider medical conditions policy rather than this policy.

Around one in five children and young people with allergy have their first ever allergic reaction while at school. This policy therefore applies to the whole school community, not only to those with a known, diagnosed allergy.

4. Roles and Responsibilities

4.1 Named Senior Leader for Allergy Safety

A named member of the senior leadership team –Tara Welch, Deputy Head Teacher – holds responsibility for allergy safety at South Grove Primary School. In line with statutory guidance, this responsibility does not sit with the catering manager. The named senior leader is responsible for:

- driving implementation of this policy across the school;
- leading the annual review of this policy, and any review following a serious incident or near miss;
- ensuring Individual Healthcare Plans (IHPs) are in place and kept up to date;
- overseeing the school's allergy register and arrangements for identifying pupils, staff and visitors with an allergy;
- ensuring whole-school allergy awareness training takes place at least annually;
- overseeing the stocking, storage and in-date management of “spare” adrenaline devices and emergency asthma inhalers.

4.2 Governing Body

The governing body is responsible for ensuring the school has an allergy safety policy which is reviewed at least annually, published, and reflected in the school's risk register. Allergy-related risks are actively managed and reported to the governing body.

4.3 All Staff

All staff – including permanent, temporary, supply and peripatetic staff, agency workers, catering staff and regular volunteers – must complete allergy awareness training and understand this policy, their role in reducing the risk of allergen exposure, and how to respond in an emergency.

4.4 Parents and Carers

Parents and carers are asked to inform the school of any known allergy their child has, to provide up-to-date information for Individual Healthcare Plans, to ensure medication is in date, and to work with the school in reviewing arrangements.

5. Identifying Children, Staff and Visitors with Allergy

The school gathers information on known allergy when a child joins South Grove Primary School, from parents, previous settings and, where relevant, healthcare professionals. Arrangements are in place in time for the start of term for new starters, and within two weeks for children joining mid-term wherever possible.

The school maintains an allergy register, recording known allergens, whether a child has an Individual Healthcare Plan and/or Allergy or Asthma Action Plan, and a current photograph. This register is kept in areas accessible to staff only, including the school office, staff room and kitchen.

The school also asks staff and regular visitors whether they have an allergy the school should be aware of, particularly where food will be served.

6. Individual Healthcare Plans (IHPs)

A child will have an Individual Healthcare Plan (IHP) where: their allergy has a functional impact on them at school; they are at risk of harm as a result of their allergy; and they require arrangements which are additional to, or different from, those made generally.

IHPs are not clinical documents. They record how South Grove Primary School will respond to the information and advice received about a child's allergy, including from the child, their parents and any healthcare professionals involved. The school “holds the pen” on the IHP, while clinical instructions remain the responsibility of the relevant healthcare professional and are attached as care or Allergy/Asthma Action Plans.

Each IHP will record, as set out in statutory guidance:

- key information, including the child's name, date of birth, class, emergency contacts and a current photo;
- their known allergens, and whether they are likely to recognise a reaction and alert others;
- how the allergy is managed, including any Action Plan or prescribed medication;
- the potential impact on health, learning and wellbeing;
- arrangements for support, including at meal and snack times;
- arrangements for visits and trips;
- emergency response arrangements, including the location of “spare” adrenaline devices;
- review dates and details of prescribed medication and consent for its administration.

IHPs are developed in collaboration with the child and their parents, reviewed at least annually and updated whenever an Allergy or Asthma Action Plan changes. Not every child with an allergy will require an IHP – for example, where a mild allergy can be managed under the school's general medical conditions arrangements.

7. Allergy Awareness Training

All staff present when pupils are on site – including permanent, temporary, supply and agency staff, and those overseeing breakfast or after-school clubs – receive allergy awareness training at least annually. First aid training alone is not treated as sufficient. Training ensures staff:

- understand allergy, including food allergy, asthma, eczema and hay fever, and how they can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- can recognise the range of symptoms of an allergic reaction and of anaphylaxis;
- know how to respond in an emergency, including calling 999, informing parents, and locating and administering emergency medication;
- understand this policy and their responsibilities under it;
- know how to check the allergy register and use an Allergy or Asthma Action Plan;
- understand how to report an allergic reaction, incident or near miss.

New staff receive allergy awareness training as part of induction. Supply and cover staff are briefed on essential allergy information, including the location of the allergy register for the class and spare adrenaline devices, before taking a class.

8. Minimising the Risk of Exposure to Allergens

8.1 Food Provided by the School

The school's caterer provides information on the 14 regulated allergens present in food served, in line with the Food Information Regulations 2014. Parents and carers can access this information, and catering staff are available to discuss allergen-safe meals. Staff preparing food are trained in reading allergen labels and preventing cross-contamination, including preparing allergy-safe meals first and cleaning preparation areas and utensils thoroughly between uses.

8.2 Food Brought from Home

Lunch boxes, snacks and drinks brought from home should be clearly labelled with the child's name. Where food is brought in to mark a birthday or celebration, staff will seek parental engagement in advance to ensure this is safe and inclusive for children with allergy. Trading or sharing of food, food utensils or containers between children is not permitted.

8.3 Classroom, Curriculum and Non-Food Materials

Staff planning craft, cooking, science or curriculum activities involving food or food-related materials – including play dough, some glues, and empty food packaging used in junk modelling – will consider the risk of allergen exposure and use allergen-free alternatives where needed. This also applies to activities involving animals.

8.4 “Allergy Aware”, not “Nut Free”

South Grove Primary School does not operate a “nut-free” policy. In line with statutory guidance, such policies can create a false sense of security, since nuts are only one of many allergens that can cause a serious reaction. The school instead maintains an “allergy aware” environment: staff, pupils and families remain alert to the presence of allergens generally, take reasonable steps to reduce exposure, and rely on robust emergency response arrangements rather than a blanket food ban.

9. Meal Times and Food Provision

The school uses two methods to identify children with known allergy at meal times: a member of catering or lunchtime staff checks the register of children with allergy, and children with allergies are identified through photographs held in the kitchen and serving area. Children with food allergies are not segregated from their peers and eat alongside their classmates.

Where menus must be changed at short notice, the safety of children with food allergies is maintained and any changes are clearly communicated to parents and carers.

10. Prescribed Adrenaline Devices

Children prescribed their own adrenaline device (an adrenaline auto-injector, or AAI) are supported to know where it is located. Where a child cannot safely carry their AAI themselves, it is stored in an unlocked, central, accessible location known to all staff – never locked away or kept solely in an office.

Devices are checked regularly to ensure they remain in date, and arrangements are in place for children to take their prescribed devices home at the end of the day where appropriate. The school keeps a record of which children have been provided with prescribed adrenaline and hold an Allergy Action Plan.

11. “Spare” Adrenaline Devices

As a primary school, South Grove Primary School stocks “spare” adrenaline auto-injectors under the Human Medicines (Amendment) Regulations 2017, for use in a genuine emergency – including for a child with no prior diagnosis of allergy. Up to one in five anaphylaxis reactions in schools occur in children without a known allergy.

Stock	Dosage	Minimum holding
AAIs for pupils under 6 years	150 micrograms (e.g. EpiPen Junior, Jext 150)	One pair
AAIs for pupils aged 6 and over	300 micrograms (e.g. EpiPen, Jext 300)	One pair

“Spare” AAIs are stored in pairs, at room temperature, away from direct sunlight, clearly labelled to avoid confusion with any child's own prescribed device, and kept in the main school office in the middle cupboard, stored in a bright yellow bag, labelled emergency AAIs, which is accessible to all staff at all times and never locked. This ensures a spare device can reach any part of the school site within five minutes.

“Spare” AAIs are never a substitute for a child's own prescribed device; they are held for use where a child's own device is unavailable, has misfired, or where a child or adult without a prior diagnosis experiences suspected anaphylaxis. A signed request on school headed paper is used to purchase spare AAIs from a pharmaceutical supplier without a prescription.

The named senior leader for allergy safety checks spare AAIs regularly to confirm they remain in date, and arranges immediate replacement following use or expiry. Used AAIs are disposed of safely in line with manufacturer guidance, using a sharps bin, a pharmacy, or handed to ambulance paramedics.

12. “Spare” Asthma Inhalers

South Grove Primary School keeps an emergency salbutamol reliever inhaler and spacer, stored alongside the “spare” adrenaline devices. This may only be used for a child who has been prescribed a reliever inhaler but whose own device is not available, and only where written parental consent has been obtained. **It is never used in place of adrenaline to treat anaphylaxis.**

13. Wellbeing, Inclusion and Anti-Bullying

South Grove Primary School recognises that children with allergies can experience anxiety about the risk of exposure and about being singled out from their peers, for example at meal times. The school supports wellbeing by:

- communicating regularly with pupils, staff and parents to build awareness and understanding of the allergy;
- proactively welcoming new pupils with a known allergy, and offering a tour of the kitchen and dining hall where helpful;
- ensuring children with allergy are fully included in classroom activities, celebrations, trips and extracurricular activities;
- treating bullying related to allergy – including exclusion, mockery, or threats involving known allergens – as a serious behaviour concern, addressed through the school's Behaviour and Anti-Bullying Policy.

Children are supported to take age-appropriate responsibility for managing their own allergy over time, in discussion with the child, their parents and, where relevant, healthcare professionals, while ensuring appropriate supervision remains in place.

14. Educational Visits and Trips

A specific risk assessment is completed for any child at risk of anaphylaxis taking part in an activity or visit away from the school site. Children at risk of anaphylaxis take their own prescribed adrenaline device with them, and at least one member of staff trained to administer adrenaline attends. Where appropriate, the school will also take "spare" adrenaline devices on a trip, **provided this does not leave the school site without adequate spare stock.**

Children with allergies are never prevented from participating in a trip or activity because of their allergy, and parents are not required to attend in order for their child to take part.

15. Emergency Response to Allergic Reactions and Anaphylaxis

Any member of staff, volunteer or bystander may take reasonable action to save a life in an emergency. Staff who act in good faith, including administering adrenaline, are protected even where a mistake or imperfect technique occurs; hesitation and mistakes made in good faith are not treated as misconduct.

15.1 Mild to Moderate Reactions

A mild to moderate reaction not affecting breathing or circulation – such as a mild rash or swollen lips – can be treated with an oral antihistamine, if prescribed or permitted. The child's parent is contacted, and the child is monitored in a safe place for at least 60 minutes, as mild reactions can progress to anaphylaxis.

15.2 Anaphylaxis

Anaphylaxis affects the airway, breathing or circulation and is always a medical emergency. If in doubt, staff treat the reaction as anaphylaxis. The response is:

- Help and medication are brought to the child – the child is never moved to find help;
- Adrenaline is administered immediately, within five minutes, using the child's prescribed device or, if unavailable, a "spare" device;
- 999 is called immediately and an ambulance requested;
- The child's Allergy Action Plan is followed, where available;
- A further dose of adrenaline is given if there is no improvement after **five** minutes;
- The child's parents are informed as soon as possible;
- The child is never left unattended, and is placed flat with legs raised where possible.

Consent is not required before using a "spare" adrenaline device to save a life in an emergency, although the school seeks advance parental consent as good practice.

16. Serious Incidents and "Near Misses"

Any serious incident or near miss involving allergy – including cases where a reaction is only noticed after a child has gone home – is recorded by the school. Parents, healthcare professionals, or the child themselves may report an incident, not only staff who witnessed it.

Following any serious incident or near miss, the named senior leader for allergy safety reviews the circumstances, reports to parents and the governing body, and considers whether this policy or the child's IHP needs to change. Allergy safety drills are held periodically, in a similar way to fire drills, to test how staff respond.

17. Information Sharing and Data Protection

Information about a child's allergy is special category data under UK GDPR. The school holds, uses and shares this information only where necessary to keep children safe and included, and in a controlled and respectful way. The allergy register and IHPs are accessible only to staff who need them. Further detail is set out in the school's Data Protection Policy.

18. Unacceptable Practice

The following practices are not acceptable at South Grove Primary School:

- preventing a child from easily accessing their medication, including prescribed adrenaline devices;
- ignoring the views of a child or their parents, or the advice of healthcare professionals;
- assuming every child with allergy needs the same support, or that older children need no support;
- assuming a child does not have an allergy because they do not yet have a formal diagnosis;
- sending a child home frequently, or excluding them from activities, lunch or 100%-attendance rewards, because of their allergy;
- sending an unwell child to the office or medical room without supervision – help must come to the child;
- requiring a parent to attend school to administer medication or provide medical support;
- preventing a child from taking part in any aspect of school life, including trips, because of their allergy.

19. Monitoring, Review and Publication

This policy is reviewed at least annually by the named senior leader for allergy safety and approved by the governing body. It will also be reviewed following any serious incident or near miss, or where statutory guidance changes. Children, staff and parents with allergy are involved in developing and reviewing this policy.

This policy is published on the school website and is available in hard copy from the school office on request. All staff are made aware of this policy as part of annual allergy awareness training.

20. Links to Other Policies

- Supporting Pupils with Medical Conditions Policy
- Keeping Children Safe in Education / Child Protection and Safeguarding Policy
- Behaviour and Anti-Bullying Policy
- Educational Visits Policy
- Data Protection Policy
- Health and Safety Policy
- School Food and Packed Lunch Policy
- Equality and SEND Information Report

Appendix A: Signs of an Allergic Reaction and Anaphylaxis

Mild to moderate allergic reaction

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Anaphylaxis – A, B, C

Airway: swelling of the throat or tongue, hoarse voice, difficulty swallowing

Breathing: sudden wheezing, breathing difficulty, persistent cough, noisy breathing

Circulation: dizziness, feeling faint, sudden sleepiness, confusion, pale or clammy skin, loss of consciousness

If in doubt, always treat as anaphylaxis. Give adrenaline and call 999 immediately.

Appendix B: Spare Adrenaline Device Record (template)

Device / dosage	Location	Expiry date	Checked by	Date checked

Appendix C: Related Documents and Templates

- Individual Healthcare Plan (IHP) template – available from the school office
- Allergy and Asthma Action Plan templates – issued by the child's healthcare professional
- Spare adrenaline device request letter (headed paper) – held by the school business manager
- DfE statutory guidance: Allergy Safety in Schools (July 2026)
- DHSC guidance: Using Emergency Adrenaline Auto-Injectors in Schools
- www.spareadrenalineinschools.uk