Allergy Safety Policy

Henry Chadwick Primary

Approved by LGB		**Date:** 07.09.2026
Last reviewed on:	New Policy	
Next review due by:	1st September 2027	

1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, 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's statutory guidance Allergy Safety in Schools (2026), introduced under Benedict's Law, and the statutory guidance Supporting Pupils with Medical Conditions at School.

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. There is an allergy lead governor. The governor is Neil Forbes.

3.2 Allergy safety lead

The nominated allergy safety lead is Vicki Barnes

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness 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

- Serious incidents and ‘near misses’ relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil’s IHP

S3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil’s allergy can be managed through the adjustments made under the school’s medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil’s circumstances

3.4 Sarah Orme and Claire Burge are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained 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:

- Being aware of our school’s allergy safety 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
- Following the school’s guidance on food brought into school
- Updating the school on any changes to their child’s condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers - including knowledge of what foodstuffs cannot be brought into school. See Paragraph 6.
- Being inclusive to all pupils with allergies

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

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, Arrangements will be implemented as soon as reasonably practicable and, where possible, before the pupil attends school.
- 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 01543 490354 or an email to office@henrychadwick.staffs.sch.uk if their child’s medical needs change during the school year. We request that the initial information is followed by a discussion with the allergy lead of SENDCo.

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 as part of entry requirements

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. Arrangements will be implemented as soon as reasonably practicable and, where possible, before the pupil attends school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

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 AD, whether parental consent has been given to administer emergency medication.
    - A photograph of each pupil to allow a visual check to be made (this will require parental / carer consent)
    - Parental contact details
- The register is kept in the kitchen and main school office and can be checked quickly by any member of staff as part of initiating an emergency response
- This will be signed by the parent / carer

5. Safer eating and the Early Years Foundation Stage (EYFS)

- Whilst babies and young children in early childhood settings, such as nurseries, childminders and pre-school settings, are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Annex A of the EYFS.
- Before a child is admitted to the setting, the provider must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.

- Providers must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop Individual Healthcare Plans for managing any known allergy and intolerances. This information must be kept up to date by the provider and shared with all staff. Providers should refer to the child's Allergy Action Plan.
- Providers must ensure that all staff are aware of the symptoms and treatments for allergy and anaphylaxis, the differences between allergy and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods, which is sometimes called complementary feeding or weaning.

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. Minimising risk

7.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance
- Tables will be washed with warm, soapy water after spillages – not anti-bacterial spray
- For the safety and wellbeing of all pupils, particularly those with food allergies, only healthy lunch and snack items should be sent into school. Henry Chadwick Primary School operates a nut-aware approach. While parents and carers are asked not to send nut-containing products into school, the school cannot guarantee that the environment is entirely nut-free. Robust risk-reduction measures, staff training and emergency procedures are therefore maintained at all times.
- Foods should be clearly labelled, identifiable and stored in appropriate containers. Sweets, chewing gum, energy drinks, and homemade treats for sharing are not permitted. Where food is brought into school for celebrations or special events, it must be agreed with the school in advance to ensure that it is safe for all pupils and complies with individual allergy management plans.
- Some pupils may have allergies that can be triggered not only by eating certain foods but also through direct contact with allergens or, in rare cases, exposure to airborne allergens. The school will take reasonable steps to reduce the risk of exposure by maintaining high standards of cleanliness, encouraging regular handwashing, cleaning shared surfaces and equipment, and carefully managing activities involving food or other known allergens. Staff, parents and pupils are expected to work together to help minimise the presence and spread of allergens and to follow individual healthcare plans where these are in place.

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
- 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

7.3 Insect bites/stings

When outdoors:

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

7.4 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

7.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own AAIs with them – carried by the trip leader
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

8. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- If a child is showing signs of anaphylaxis, staff should immediately follow the child's Individual Healthcare Plan and:
- Call for help and dial 999, stating that the child is experiencing anaphylaxis.

- Administer the adrenaline auto-injector (AAI) without delay according to the manufacturer's instructions and the child's healthcare plan.
- Note the time the AAI was administered.
- Lay the child flat with their legs raised if possible. If breathing is difficult, they may sit up. Do not allow the child to stand or walk.
- Send someone to meet the ambulance and direct paramedics to the child.
- Administer a second AAI after 5 minutes if symptoms do not improve or if they worsen, and a second device is available.
- Contact parents/carers as soon as possible.
- Ensure the child is taken to hospital by ambulance, even if they appear to have recovered.
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- A written record of the incident, including the symptoms observed, treatment given, and times of administration, must be completed as soon as practicable after the event.
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire
    - Spare AD devices are kept in the main office and stored in accordance with temperature guidelines.

9. Adrenaline devices (AAIs)

9.1 Prescribed AAIs

Pupils who are prescribed AAIs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed AAIs should take them home with them at the end of each school day (unless they have one for home and another for school), and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their AAIs with them in the classroom (due to age or other considerations), then the devices will be stored in an unlocked classroom cupboard so that they are easily accessible within the five-minute rule. Packaging will be provided to ensure that they are stored safely at the correct temperature.

- During PE sessions or when moving to another classroom (i.e. music lessons) staff have access to the classroom cupboard where these are stored.
- During school visits, if children cannot carry their own medication, these will be carried by the trip leader responsible for the specified pupil.
- During lunchtimes, AAIs to be taken out by Keira Sawyer (in her absence Sammi Thomas) and put on the school bus out of children's reach. All lunchtime staff are to be aware of the storing location.
- Pupils and parents/carers to take individually prescribed AAIs home half-termly for checking that they remain in date
- A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.
- To ensure that AAIs are administered within the five-minute rule AAIS will be stored within unlocked classroom cupboards that are all less than five minutes of all areas due to the small nature of the site apart from break and lunchtimes when they will be kept outside.

9.2 Spare AAIs and inhalers

The allergy safety lead is responsible for sourcing spare AAIs, emergency salbutamol Inhalers and spacers and ensuring they are stored according to the guidance. All are stored in the school office. School holds two Epipen Junior (Adrenaline) Auto-injectors with a 0.15 mg dose, for under 6 year olds and 2 Epipen (Adrenaline) Auto-Injector with a 0.3mg dose, for over 6 year old.

Spare AAIs will be stored:

- In the main school office in a red case
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- Separate from any pupils' prescribed AAIs and clearly labelled to avoid confusion
    - Sarah Orme and Claire Burge are responsible for:
- Checking monthly that spare AAIs [and the emergency asthma reliever inhaler] are present and in date
- Obtaining replacement AAIs when the expiry date is near

9.3 Disposal

AAIs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions. Used AAIs will be given to ambulance paramedics on arrival to be disposed of.

9.4 Using spare AAIs 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.

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.

Parents of children with known allergies that have been prescribed an AD, will be asked to provide consent for use of the emergency AD, should it be required.

9.5 Use of AAIs off school premises

Staff leading school trips will ensure that they carry all relevant emergency supplies, including AAIs for allergies.

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.

10.1 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 and added to Staffordshire's 'My Health and Safety Portal' 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
- Incidence reports will be completed by the person that dealt with the initial situation and will notify the Headteacher

These ‘near misses’ will be reported to the LGB and Trust board as part of our normal accident and ‘near-miss’ reporting protocol.

The school will approach serious incidents and ‘near misses’ in a ‘no blame’ spirit of seeking to learn lessons.

10.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or ‘near miss’ as soon as possible.

The school will share the report with the pupil’s parents or carers, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Vicki Barnes. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil’s IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

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.

In the event that the incident or ‘near miss’ was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

11. Allergy awareness

11.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes teaching staff (including sports coaches, supply teachers, caretakers and music teachers), office staff, catering staff, lunchtime staff and before and after school club staff.

School staff have used 'training pens' from EpiPen and Jext as part of First Aid Training so staff can practise safely and be familiar with the differences.

The school will conduct annual allergy safety drills. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

11.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

12. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and SENDCo
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

12.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and ‘near misses’.

13. Unacceptable Practice

The LGB should ensure that the setting’s allergy safety policy is explicit about what practice is not acceptable.

Examples of unacceptable practice include (but are not limited to):

• preventing children and young people from easily accessing their medication (for example prescribed adrenaline devices);

• ignoring the views of the child or young person or their parents or carer;

• ignoring medical evidence or the opinion and advice of healthcare professionals;

• assuming that every child or young person with allergy requires the same support;

• assuming that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy;

• assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;

• discriminating against children or young people with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;

• sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round;

• penalising children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management.

• requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child’s allergy;

and

• preventing children and young people from participating, or creating unnecessary barriers to them participating, in any aspect of school setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

14. 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.

15. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the LGB, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

16. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behavior policy