

Oakthorpe Primary **School**



Allergy Safety Policy **September 2026**

Date: 22nd September 2026

Signed Chair of Governors: N McNeely

Headteacher: Mr J Wheeler

To be reviewed: Annually

1. Introduction:

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, and Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

The school recognises that allergy safety cannot be limited only to pupils already known to have allergies. A pupil, member of staff or visitor may experience a first allergic reaction while on the school site or during a school activity. All staff must therefore be able to recognise anaphylaxis, take emergency action and know how to access adrenaline auto-injectors (AAIs).

This policy sets out how Oakthorpe Primary School will support learners and staff with allergies, to identify, reduce and respond to allergy-related risks so that pupils and staff with allergies are supported safely, included fully in school life and protected from avoidable harm.

2. Legal and statutory framework:

This policy has regard to section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the Department for Education (DfE) statutory guidance Allergy safety in schools, published in July 2026.

Section 34 places a requirement on local-authority-maintained schools, academies and pupil referral units to have allergy safety policies, publish them and keep them under review. Governing bodies, proprietors and management committees must have regard to the statutory guidance when carrying out that duty.

This policy should be read alongside the DfE statutory guidance Supporting pupils with medical conditions at school and the school's wider legal duties, including safeguarding, health and safety, equality, special educational needs and disability, food safety, and the common law duty of care.

This policy does not establish a framework for delegating healthcare activities from regulated healthcare professionals to education staff. Where a pupil requires healthcare activity that falls under NHS responsibility, appropriate clinical advice, governance, training, competency and accountability arrangements must be followed.

3. Roles and responsibilities

The Governing Body:

- Policy Approval and Annual Review: Formally approve, adopt, and publish a dedicated, standalone whole-school Allergy Safety Policy (distinct from the general medical conditions policy). The governing body must ensure this policy is reviewed annually in consultation with staff and trade unions.
- Designating Governance and Operational Leadership: Appoint a Named Allergy Governor from the governing board to maintain strategic oversight, while ensuring the headteacher designates a Designated Allergy Lead to manage daily policy implementation.
- Mandatory Staff Training: Ensure that all school staff—including teachers, support staff, and administrative personnel—receive regular, mandatory allergy awareness training. Training must cover recognizing anaphylaxis symptoms, emergency protocols, and the safe administration of Adrenaline Auto-Injectors (AAIs).
- Provision of Emergency Resources: Ensure the school purchases, stocks, and correctly stores spare, unprescribed AAIs on premises for emergency use, and that a clear Anaphylaxis Emergency Response Plan is published and routinely rehearsed.
- Catering and Food Safety Oversight: Retain legal responsibility for food allergen compliance regardless of whether catering services are provided in-house or outsourced. The board must verify that caterers adhere to food allergen legislation, maintain clear allergen matrices, and prevent cross-contamination.
- IHCP Compliance and Equal Inclusion: Guarantee that every pupil with a diagnosed allergy has a robust Individual Healthcare Plan (IHCP). The board must ensure pupils are fully included in all school activities, educational visits, and rewards schemes without being put at a disadvantage or unnecessary risk.
- Risk Governance and Incident Reporting: Require allergy risk assessments across all school activities and periodically review reporting on any allergy incidents or near-misses to identify procedural improvements.

Headteacher:

The Headteacher is responsible for ensuring that this policy is implemented effectively in practice. Operational tasks may be delegated, but the Headteacher retains overall responsibility for safe implementation, appropriate resourcing, staff awareness, emergency preparedness and reporting to governance.

Allergy Safety Lead:

Allergy Safety Lead: James Wheeler

Operational Lead: Jane Hamza / Cheryl Blowes

- Maintain the allergy / anaphylaxis register;
- Oversee IHP, Allergy Action Plan and Asthma Plan arrangements for pupils with allergies;

- Oversee prescribed and spare AAI arrangements, including storage, access, expiry checks and records;
- Arrange and record staff allergy awareness and emergency response training;
- Ensure effective communication with catering staff, lunchtime staff, wraparound staff, supply staff and trip leaders;
- Support reasonable and proportionate steps to reduce exposure to known allergens;
- Ensure serious incidents and near misses are recorded, reported, reviewed and used to improve practice.

Parents and Carers:

Parents and carers are responsible for:

- Informing the school promptly about their child's allergy, treatment, medication and any changes in need;
- Providing prescribed medication, including AAIs where required, in the correct dose, labelled and within expiry date;
- Providing written consent for medication administration where required;
- Participating in the development and review of the IHP, Allergy Action Plan and / or Asthma Plan;
- Supporting the school to help the pupil manage their allergy safely and confidently.

Staff:

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- All staff must be aware of the location of learners AAI if relevant and also aware of emergency AAIs in the welfare office.
- Staff members with an AAI themselves must disclose this upon employment or when first prescribed and have a risk assessment.
- Staff with an AAI should either carry it on their person or store it in a locked location in their proximity. They must make their class staff aware of where it is kept in case of an emergency.
- Staff must be aware of the learners in their care/staff members (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check they are aware of all learners/staff with medical conditions, including allergies, and have learners medication safely with them. Learners/staff without their required medication will not be able to attend the excursion.
- Welfare Officers will ensure that the up-to-date Allergy Action Plan is kept with the learner's medication.
- It is the parent's responsibility to ensure all medication is in date, however the Welfare Officers will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Welfare Officers keeps a register of learners who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Allergy lead to be advised of any existing or new allergies for learners and staff to be added to an allergy list to ensure we keep our learners and staff safe. This

information will be stored securely and only shared if permission has been sought or if absolutely necessary.

Pupils:

Pupils will be involved in planning and self-management where this is appropriate to their age, maturity, understanding and clinical advice. Pupils should be supported to understand their allergy, avoid known triggers, tell an adult if they feel unwell and know where their medication is kept.

4. Identifying pupils with allergies

The school will maintain an allergy / anaphylaxis register and ensure that relevant staff can access appropriate information quickly and securely.

Information will be handled in line with data protection expectations and shared only with staff and relevant adults who need it to keep the pupil safe.

For pupils known prior to admission, arrangements should be in place before the start of term. For pupils admitted during the academic year, arrangements should normally be implemented within two school weeks of admission.

Person responsible for the allergy / anaphylaxis register: Jane Hamza / Cheryl Blowes

The anaphylaxis shock register is located in a labeled folder in the medical room.

The school will seek allergy information through admission processes, transition information, parental updates, medical information forms, IHP meetings, catering records and ongoing communication with parents / carers. Arrangements must be updated promptly when new information is received.

5. Individual Health Care Plans / Allergy Action Plans / Asthma Plans

Any pupil whose allergy requires supportive arrangements in school will have these arrangements captured through an Individual Healthcare Plan (IHP)

The IHP will set out what needs to be done to support the pupil, how, when and by whom, including emergency arrangements. Where appropriate, the IHP will incorporate or be supported by an Allergy Action Plan and / or Asthma Plan.

Allergy Action Plans are medical documents and should be completed by the pupil's healthcare professional in partnership with parents / carers, the pupil where appropriate and school staff.

An IHP should be considered, in particular, where a pupil:

- Has a known allergy requiring active management in school;
- Is at risk of anaphylaxis;
- Has prescribed AAls or other allergy medication that may need to be accessed in school;
- Requires adaptations to food provision, supervision, curriculum activities, trips or wider school arrangements;
- Has asthma associated with allergy or anaphylaxis risk;
- Has allergy-related needs that may amount to a disability or require reasonable adjustments.

IHPs will be developed with the pupil where appropriate, parents / carers and relevant healthcare professionals, taking account of any available clinical advice. Where clinical advice is not immediately available, the school will agree proportionate interim arrangements with parents / carers and review these when advice becomes available.

IHPs should include, as relevant:

- The pupil's allergy, triggers, symptoms and level of risk;
- Known allergens and likely routes of exposure;
- Medication, dose, device type, storage arrangements and expiry checks;
- Emergency response steps, including when to give adrenaline and when to call 999;
- Staff who need to know and any specific training required;
- Reasonable adjustments and arrangements for inclusion;
- Food provision, catering information and mealtime arrangements;
- Arrangements for curriculum activities, food technology, science, art, rewards, celebrations and events;
- Breakfast clubs, after-school clubs and wraparound provision;
- School trips, residential visits, transport and off-site activities;
- Communication with parents / carers and healthcare professionals;
- Review date and review triggers.

IHPs, Allergy Action Plans and Asthma Plans will be reviewed at least annually, when needs change, after transition, following a serious incident or near miss, when medication changes, or where new information is received.

An IHP will not usually be required for mild seasonal hay fever or other minor allergic conditions effectively controlled through routine over-the-counter medication, unless additional risk factors or clinical advice indicate otherwise.

For quick access across the school, IHPs are stored in the following locations:

- With the child's medication
- In the child's classroom
- On the child's Arbor profile

6. Emergency management of of anaphylaxis

All staff must be able to recognise signs of an allergic reaction and anaphylaxis and know how to respond. Emergency response should not be delayed while seeking further confirmation where anaphylaxis is suspected.

Symptoms of anaphylaxis (ABC)

- **Airway:** swollen tongue, difficulty swallowing or speaking, throat tightness, change in voice.
- **Breathing:** difficult or noisy breathing, chest tightness, persistent cough or wheeze.
- **Circulation:** dizziness, faintness, collapse, loss of consciousness, or in babies / young children becoming suddenly pale and floppy.

Immediate action:

- Lie the person flat with legs raised, unless breathing is difficult, in which case they may need to sit upright.
- Give adrenaline without delay if an AAI is available and anaphylaxis is suspected.
- Bring the AAI to the person; do not move the person to the AAI.
- Call 999 and state clearly that anaphylaxis is suspected.
- Stay with the person until emergency help arrives.
- If symptoms do not improve within five minutes of the first dose, give a second dose using another AAI if available.
- Any person who has had a serious allergic reaction and / or been given adrenaline must be taken to hospital for further observation and treatment.

Location of emergency allergy safety kits / response flowchart / laminated guidance: First Aid Box in Reception and in Medical Room.

7. Prescribed and spare adrenaline auto-injectors (AAI)

Spare AAI's (From January 2027):

Pupils at risk of anaphylaxis should have access to their prescribed AAI's in school. Pupils who are able and have appropriate agreement should be supported to carry their own AAI's. Where pupils are unable to carry them, AAI's must be stored safely, be clearly identifiable, be readily accessible in an emergency and must not be locked away.

The school will also hold spare AAI's for emergency use in line with DfE statutory guidance and any associated regulations. Spare AAI's are additional to pupils' own prescribed devices.

Spare AAI's must be:

- Stored safely but accessibly and not locked away;
- Clearly marked as emergency spare AAI's;
- Available within a reasonable time during the school day and school activities;
- Checked regularly for dose, condition and expiry date;
- Recorded in the school's medication / medical tracking system;
- Replaced promptly following use, expiry or damage;
- Included in staff training and emergency drills.

A spare AAI may be used in a life-threatening emergency to save life. Where a pupil has an IHP or Allergy Action Plan, staff should follow that plan. Where anaphylaxis is suspected in a person without a known allergy, staff should follow emergency procedures, call 999 and administer adrenaline without delay where appropriate.

Spare AAIs should normally be stocked in pairs. Schools should ensure appropriate dosages are available and consider holding additional pairs in separate locations on larger sites to support rapid emergency access. AAIs must not be stored in refrigerators or exposed to direct sunlight or excessive heat. Where a pupil is prescribed a nasal adrenaline device and it is unavailable in an emergency, staff should follow emergency procedures and use an available spare AAI where appropriate.

Location of prescribed pupil AAIs: Locked classroom cupboard

Location of spare emergency AAIs: In the main office and welfare office

Person responsible for AAI checks and records: Jane Hamza / Cheryl Blowes

Frequency and method of AAI checks: Monthly visual checks

Emergency asthma inhalers:

The school may hold emergency salbutamol inhalers in accordance with relevant regulations. Emergency inhalers operate under a different legal framework from spare AAIs and require written parental consent before use. Arrangements for storage, access, staff training, monitoring and replacement should be documented. Further details are available in the Supporting Pupils with Medical Conditions Policy

8. Staff allergy awareness and emergency response training

Staff training:

All staff will receive allergy awareness and emergency response training at induction and at least annually. New, temporary, agency, supply and casual staff should be briefed as soon as practicable so that they know how to recognise anaphylaxis, summon help and access emergency medication.

Training should include:

- A basic understanding of allergy, anaphylaxis and associated asthma risk;
- Common allergens and allergy triggers;
- How to recognise allergic reactions and anaphylaxis;
- Emergency response, including calling 999 and positioning the pupil safely;
- How and when to administer AAIs, including practical use of trainer devices;
- Where prescribed and spare AAIs are located;
- Allergen avoidance and proportionate risk reduction;
- The school's allergy / anaphylaxis register arrangements;
- IHPs, Allergy Action Plans and Asthma Plans;
- Incident and near-miss reporting;

- Roles and responsibilities, including catering, lunchtime, trip and wraparound arrangements.

Anaphylaxis drills and allergy champions:

The school will periodically undertake allergy emergency drills to test the effectiveness of emergency arrangements and identify learning. Schools may also appoint staff and/or pupil Allergy Champions to promote awareness and inclusive practice.

9. Minimising exposure to known allergens

The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens, while recognising that it cannot guarantee an allergen-free environment. Risk reduction will be based on individual need, available clinical advice, consultation with parents / carers and practical arrangements within the school context.

Allergy risks should be considered in:

- Classrooms and shared learning spaces;
- Dining areas and food service points;
- Breakfast clubs, after-school clubs and wraparound provision;
- Food technology, science, art and outdoor learning;
- Food rewards, celebrations, fundraising events and community events;
- Curriculum cooking, tasting activities and cultural events involving food;
- School trips, residential visits, transport and external venues;
- Visitors, contractors and lettings where food or relevant allergens may be present;
- Air quality, where airborne allergens or asthma-related risks are relevant.

“Nut Free” and allergen-free claims:

The school will avoid giving an unrealistic guarantee that the site is “nut free” or allergen-free unless this is genuinely achievable and enforceable. Where the school asks families, staff or visitors to avoid bringing particular allergens onto site, this will be framed as a risk-reduction measure and supported by communication, supervision and proportionate review. Schools should be careful with language, e.g. “allergy aware” is more helpful than “nut free”.

10. Catering, food provision and mealtime arrangements

The school must be able to provide safe food options to meet dietary needs, including food allergy, where pupils access school food. All food businesses, including school caterers, must follow food information and allergen labelling requirements.

Catering and relevant school staff will:

- Keep accurate allergen information for food provided by the school;
- Check ingredient and supplier changes;
- Manage menu substitutions safely;
- Consider pre-packed for direct sale (PPDS) foods where relevant;
- Ensure that allergen information remains identifiable;
- Know how they will identify pupils with allergies safely and discreetly;
- Share relevant information with the Allergy Safety Lead;

- Record and escalate any concern, error, near miss or suspected allergen exposure.

A list of children with food allergies are listed in the main kitchen area. Staff are on hand to support the identification of children with allergies.

All menus are shared with parents and are stored on the school's website. Paper copies are also available.

Parents sometimes wish to bring food items from home to celebrate special occasions such as birthdays and religious festivals. Where this is the case, parents should ensure that all food items brought into school are pre-packaged, sealed with the ingredients readily listed.

11. School trips, residential visits and external activities

Pupils with allergies should be supported to participate in trips, visits, sporting activities, enrichment and residentials wherever reasonably possible. No pupil should be excluded from an activity because of allergy unless an evidence-based risk cannot be reasonably managed.

Visit leaders must consider allergy needs within risk assessments and planning. This should include:

- Reviewing the pupil's IHP, Allergy Action Plan and / or Asthma Plan;
- Ensuring immediate access to prescribed and, where appropriate, spare AAls;
- Briefing supervising adults on signs, symptoms, emergency action and medication access;
- Checking food provision with venues, caterers and transport providers where relevant;
- Planning emergency access routes and communication arrangements;
- Considering sleeping, dining and activity arrangements on residential visits;
- Recording any additional controls in the trip risk assessment.

All allergy information is recorded and stored on EVOLVE for trips and residential visits.

12. Wellbeing and inclusion of those with allergies

The school will promote the wellbeing and inclusion of pupils with allergies. Pupils should be supported to participate fully in school life, remain healthy, attend well and achieve their academic potential.

Allergy bullying, including deliberate exposure to allergens, threats involving allergens, teasing, isolation or stigma, will be treated seriously and managed in line with the school's Behaviour Policy, Anti-bullying Policy and safeguarding procedures.

Where allergy-related needs may amount to a disability, the school will consider reasonable adjustments under the Equality Act 2010. The school will also consider emotional wellbeing following an allergy diagnosis, an incident, near miss or change in health needs.

13. Unacceptable practice

The following are examples of unacceptable practice and should be avoided:

- Preventing a pupil from accessing education, trips or enrichment because of allergy where reasonable adjustments or risk controls could be made;
- Unnecessarily separating or identifying a pupil in a way that causes stigma;
- Delaying emergency treatment where anaphylaxis is suspected;
- Requiring a pupil experiencing anaphylaxis to walk to their medication;
- Locking away emergency medication or storing it where staff cannot access it quickly;
- Failing to share essential allergy information with staff who need it to keep the pupil safe;
- Failing to review an IHP, Allergy Action Plan or Asthma Plan after a significant change, serious incident or near miss;
- Making broad allergen-free claims that cannot be reliably delivered
- Penalising a pupil for allergy-related absence, including through attendance rewards;
- Requiring parents/carers to attend school to administer routine allergy medication;
- Requiring parents/carers to accompany educational visits purely because of allergy;
- Failing to make reasonable adjustments where these are required.

14. Storage, records and expiry dates

Medication must be stored in accordance with the pupil's IHP, Allergy Action Plan, Asthma Plan and product requirements. Emergency medication must be accessible and should not be locked away where this would delay emergency response.

The Allergy Safety Lead, or another named member of staff, will oversee and record checks of prescribed and spare AAls at least termly, or more frequently where local risk assessment requires. Checks should include location, dose, condition, expiry date and replacement arrangements.

AAls and other emergency medication should be stored in accordance with manufacturer recommendations, protected from direct sunlight, extreme temperatures and refrigeration. Storage conditions should be checked routinely.

Expired or used AAls must be disposed of safely, including use of a sharps disposal route where required. Parents / carers remain responsible for replacing prescribed medication, but the school will notify them promptly where medication is missing, expired, damaged, used or nearing expiry.

15. Serious incidents or near misses

Any serious allergy-related incident or near miss will be recorded, reported, reviewed and used to improve future practice. This includes suspected or confirmed allergen exposure, emergency medication administration, delayed access to medication, catering error, failure to follow an IHP / Allergy Action Plan, or any event where the outcome could have been more serious.

The school will:

- Take immediate action to keep the pupil or person safe;
- Inform parents / carers as soon as practicable;
- Record the incident or near miss in the school's agreed recording system;
- Notify the Headteacher and Allergy Safety Lead;
- Complete any statutory reporting required, including health and safety, food safety, safeguarding or child death review processes where relevant;
- Review the IHP, Allergy Action Plan, Asthma Plan, training, supervision, catering, communication and emergency response arrangements;
- Identify lessons learned, assign actions and monitor completion;
- Consider wellbeing support for the pupil, peers, family and staff affected.

The school will consider whether incidents meet thresholds for statutory reporting, including Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) notification or food safety notifications. Not all incidents require external reporting; however, decisions and rationale should be recorded.

16. Information sharing and distribution of this policy

The school will ensure that relevant staff understand this policy and know how to access pupil-specific allergy information where required. Allergy information will be shared proportionately and securely with staff and adults who need it to keep pupils safe.

The school will make parents / carers aware of this policy by publishing it on the school website. Hard copies are available on request. The school will also consider how pupils, staff, visitors, caterers, contractors, volunteers and wraparound providers are made aware of relevant allergy safety arrangements.

Updates regarding allergy safety will be included in school newsletters.

17. Complaints

Concerns about allergy safety should be raised with the Allergy Safety Lead or Headteacher in the first instance. Where concerns are not resolved, parents / carers should follow the Complaints Policy.

18. Monitoring and review

This policy will be reviewed at least annually and following any serious incident, near miss, significant change in need, significant operational change or change in statutory guidance. The review will consider implementation, training, IHP quality, AAI arrangements, catering controls, incident learning and governance assurance.