SHILLINGSTONE CE PRIMARY SCHOOL

Allergy Safety Policy

Date approved: Friday 2nd October 2026

Review date: Annually *(during 1st Governors Meeting)* or when an incident or near miss occurs

Policy owner: Mr Andrew Wright (Headteacher)

Approved by: Governing body

Named senior leader for allergy safety: Mr Andrew Wright (Headteacher)

1. Policy statement

Shillingstone CE Primary is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors with allergies. We recognise that allergies can have a significant impact on health, wellbeing and participation in school life, and that severe allergic reactions (anaphylaxis) can be life-threatening.

This policy sets out how we will:

- identify and support individuals with allergies
- reduce the risk of exposure to known allergens
- ensure effective emergency responses
- promote awareness and understanding of allergy safety, including through whole staff training
- support the emotional wellbeing of pupils with allergies

This policy will be reviewed annually, or sooner following any significant incident, near miss, change in legislation or identified need for improvement.

The named member of the senior leadership with responsibility for allergy safety is **Mr Andrew Wright (Headteacher)**.

2. Relevant legislation and policies

This policy is written in line with Section 34 of the Children's Wellbeing and Schools Act 2026 which requires that maintained schools, academies and pupil referral units (PRUs) have an allergy safety policy. It considers the Department for Education (DfE) statutory guidance Allergy safety in schools (July 2026). It also incorporates guidance issued by Anaphylaxis UK and The Allergy Team.

It should be read alongside our:

- Supporting pupils in schools with medical conditions policy
- Safeguarding and child protection policy
- Health and safety policy (including first aid arrangements)
- Behaviour and anti-bullying policies

3. Definition of allergy

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. Anaphylaxis is a potentially fatal reaction affecting the Airway/ Breathing/ Circulation ('ABC'). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Severe allergies are included under the disability provisions of the Equality Act 2010. This act defines a person as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is excluded from this definition of, unless it aggravates the effect of another health condition.

4. Roles and responsibilities

Shillingstone CE Primary School takes a whole-school approach to allergy management.

Senior leadership team (HT / DHT / SENCO)

The named senior leader responsible for allergy safety will:

- lead implementation of this policy
- ensure staff training is in place and reviewed annually
- ensure that Individual Healthcare Plans (IHPs) are created and communicated to staff
- oversee allergy records and IHPs
- ensure spare adrenaline devices are available and in date
- monitor incidents and near misses
- coordinate annual policy review

Governing Body

The Governing Body will:

- ensure that appropriate allergy management arrangements are in place
- monitor implementation of this policy
- ensure this policy is published and accessible on the school website

Staff

All staff are responsible for:

- following this policy and associated IHPs
- attending required training
- considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate
- ensuring pupils always have access to their medication
- recognising symptoms of allergic reactions
- taking part in allergy safety drills
- acting promptly in an emergency
- reporting incidents and near misses

Parents and carers

All parents should:

- be aware of this policy
- consider the safety, inclusion, and wellbeing of pupils with allergies
- consider and adhere to any food restrictions or guidance the school has in place when providing food, such as packed lunches, snacks or for fundraising events
- refrain from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- encourage their child to be allergy aware

Parents of children with allergies should:

- inform the school of any allergy diagnosis, previous allergic reactions or anaphylaxis, and any related conditions, such as asthma, hay fever, rhinitis or eczema
- provide up-to-date medical information where available
- work with the school to fill out an Individual Healthcare Plan (IHP)
- supply prescribed medication where required, including adrenaline devices and ensure this is in date
- notify the school of any changes in medical needs
- support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic

5. Allergy awareness and emergency response training

Shillingstone CE Primary will provide annual, online allergy awareness and emergency response training for all staff who may supervise pupils, including:

- Teachers and teaching assistants
- Support staff
- Catering staff

- Breakfast and after-school club staff
- Regular volunteers
- Supply and agency staff, where appropriate

This training will ensure 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
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices)
- understand the impact allergy can have on a child or young person's wellbeing
- understand the school, college or setting'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")

New staff will receive allergy awareness information as part of their induction.

This training does not replace separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

6. Wellbeing and inclusion

SHillingstone CE Primary recognises that living with allergies can cause anxiety and affect wellbeing. We will:

- foster an inclusive environment
- promote understanding and awareness
- work closely with pupils and families
- provide additional pastoral support where appropriate
- ensure pupils with allergies can participate fully in school life

- address any bullying, teasing or discrimination related to allergies through the school's behaviour and anti-bullying policies

7. Minimising risk

Shillingstone CE Primary School will take reasonable steps to minimise exposure to known allergens.

Measures will include:

Food provided by school

- ensuring due diligence is carried out regarding allergen management when appointing catering providers
- ensuring catering staff receive allergy awareness and emergency response training
- following catering allergen management procedures
- sharing allergen information with families
- considering individual needs when planning menus and providing varied meal options
- the catering team getting to know pupils with allergies and what these are, supported by school staff
- dishes and menus containing the main 14 allergens will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request
- pre-packaged food complying with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging
- where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils with dietary needs by a member of our SLT
- ensuring the above measures apply to breakfast and after school clubs

Food brought onto site

- providing clear guidance to parents and staff regarding food brought into school
- managing risks associated with celebrations, events and fundraising activities

Food hygiene for pupils

- the school encouraging pupils to wash their hands with soap and warm water before and after eating
- advising parents, carers and pupils that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped
- communicating that food should not be thrown

Non-Food Allergens

When appropriate, risk assessments will consider:

- Craft materials
- Science activities
- Cooking lessons
- Animals
- Environmental or airborne allergens

Educational Visits

Specific risk assessments will be undertaken for pupils with allergies attending visits, trips and residential experiences.

8. Identification and record keeping

We will maintain an up-to-date register of pupils with allergies. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

Records will include:

- known allergens
- severity of allergy
- prescribed medication
- Individual Healthcare Plans (IHPs)
- Allergy Action Plans
- emergency contacts

Information will be gathered from:

- parents and carers
- healthcare professionals
- previous educational settings
- annual data collection processes
- pre-employment questionnaires (for staff)

Visitors and regular volunteers will be asked about allergies when they visit. If an allergy is declared, the named member of the senior leadership team with responsibility for allergy will be notified, to ensure that they have a safe working environment.

Sharing of any information will comply with UK General Data Protection Regulations (GDPR).

9. Individual Healthcare Plans (IHPs) and Allergy Action Plans

We will write an Individual Healthcare Plan (IHP) for a child or young person where they:

- have an allergy which has a functional impact on them in their school day
- is at risk of harm as a result of their allergy
- require arrangements which are additional to or different from those made generally

The IHP will include:

- allergy details
- known triggers
- preventative measures
- medication requirements
- emergency procedures
- staff responsibilities

Where available, Allergy Action Plans and Asthma Action Plans will be attached to the IHP.

Allergy action plans are clinical documents that are created by a GP, consultant from the allergy team or allergy nurse specialist. They:

- detail the child/ young person's allergy and medication
- contain parent/ carer contact details
- must be signed by the parent/ carer – as this provides parental authority to administer mediation including the administration of spare adrenaline devices
- can only be updated by the medical professional following a review of the child/ young person's allergy management (which could be annually or 5 yearly)
- are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis, or an FPIES allergy
- are not issued for all allergies; people with non-IgE allergies don't experience anaphylaxis and so an Allergy Action Plan is not issued

10. Prescribed adrenaline auto-injectors (AAIs)

We will ensure that pupils prescribed AAIs have rapid access to them (within 5 minutes) at all times, including:

- in classrooms
- during break and lunch times
- on sports fields
- during educational visits and off-site activities

We will:

- Keep records of pupils prescribed AAIs
- Monitor expiry dates
- Work with families to ensure replacement devices are provided when required

11. Spare adrenaline auto-injectors (AAIs)

The Human Medicines (Amendment) Regulations 2017 permit schools to purchase 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting with anaphylaxis for the first time due to an undiagnosed allergy.

Shillingstone CE Primary maintains spare AAIs in line with current guidance. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

We hold 'Kitt Medical (brand name) 4 doses (2 x KS2 children and 2 x for EYFS / KS1 children) spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. These are: within our first aid room They are clearly labelled with 'Emergency Anaphylaxis Kit'.

The named senior leader responsible for allergy safety will ensure:

- spare devices are accessible within 5 minutes
- devices are not locked away
- devices are clearly labelled
- devices are stored in pairs
- expiry dates are checked and devices remain clear (not cloudy) on a monthly basis
- used devices are replaced promptly and disposed of safely
- expired devices are replaced one month prior to expiration

Used adrenaline devices will be disposed of in a sharps box, kept in our main office or given to the paramedic. Out of date adrenaline devices will be taken to a pharmacy to be disposed of.

We will keep an accurate record of when a spare adrenaline device is used. This will include details of:

- where and when the reaction took place
- how much medication was given
- who gave the medication

We will contact parents at the earliest opportunity.

12. Educational visits and off-site activities

Pupils with allergies will be enabled to participate in educational visits wherever reasonably possible.

We will ensure:

- individual risk assessments are completed
- relevant staff are informed and trained
- required medication accompanies the pupil
- emergency procedures are understood by visiting staff

13. Emergency response

Through our training, we will ensure that all staff are prepared and know what to do in the event of an anaphylactic reaction. The signs of anaphylaxis are:

A: Airways
Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)

B: Breathing
Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing

C: Circulation
Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Reactions usually progress quickly and can be life-threatening – so we will always undertake an immediate emergency response, as set out in Appendix A. In doing so, we will:

- administer adrenaline as soon as possible and within five minutes
- bring the adrenaline device to the child, young person or individual
- use the child, young person or individual's own prescribed adrenaline devices in the first instance
- use the spare adrenaline devices where a child, young person or individual does not have prescribed adrenaline devices, or where this is not available, or misfires
- always administer adrenaline first if any doubt about whether an individual with allergy and asthma is presenting with anaphylaxis
- call 999 if anaphylaxis is suspected

- contact parents or carers as soon as possible

In responding to an emergency, we recognise that the Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for 'spare' adrenaline devices to be used.

14. Emergency preparedness

We will hold a practice response to anaphylaxis on an annual basis, as a minimum. Following this, we will review how the practice went and update our policy and procedures if necessary.

We will also communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown practices, we will ensure that a pupil's adrenaline device is with them.

15. Pupil self-management

Depending on their age, understanding and competence, pupils will be encouraged to take responsibility for carrying their own adrenaline devices in a suitable bag or container.

However, symptoms of anaphylaxis can come on very suddenly, so school staff will always be prepared to administer medication in an emergency.

16. Reporting incidents and near misses

All allergy-related incidents and near misses will be recorded and reviewed.

Serious incident
Any event relating directly to a medical condition (including allergy) in which a child, young person, 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.

Near miss
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.

Where this happens, we will:

- investigate incidents appropriately
- identify lessons learned
- review procedures where necessary
- share findings with relevant staff

Parents, pupils and healthcare professionals are encouraged to report any concerns or incidents linked to allergy safety.

17. Unacceptable practice

In carrying out our duties towards allergy safety, we will not:

- prevent children and young people from easily accessing their medication (for example prescribed adrenaline devices)
- ignore the views of the child or young person or their parents or carer
- ignore medical evidence or the opinion and advice of healthcare professionals
- assume that every child or young person with allergy requires the same support
- assume that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy
- assume 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
- discriminate 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
- send 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 will come to the child or young person rather than the other way round
- penalise children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management
- require parents or carers (or otherwise making them feel obliged) to attend the school, to administer medication or provide medical support to their child

18. Information sharing and confidentiality

We will manage allergy information in accordance with UK GDPR requirements. Information will be:

- Shared only when necessary to keep individuals safe
- Accessible to relevant staff
- Handled sensitively and respectfully

- Stored securely

19. Raising awareness

To raise awareness of allergy safety, we will:

- publish this policy on the school website
- provide allergy awareness and emergency response training to all staff
- promote an inclusive understanding of allergies among pupils
- ensure appropriate awareness of how to seek help during an emergency

20. Monitoring and review

This policy will be reviewed by the named senior leader responsible for allergy safety and approved by the Governing Body/Trust Board. It will be reviewed annually or sooner in the event of an incident or near miss, or to reflect any updates in national guidance.

Appendix A: Recognise and respond to the signs of anaphylaxis

A: Airways

- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B: Breathing

- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C: Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy tiredness
- Collapse/ unconscious

If any one (or more) of these signs are present: **Don't delay**

- **Lie flat with legs raised** (if breathing is difficult, allow to sit)
- **Give adrenaline device without delay** (use the school's spare device if needed)
- **Immediately dial 999** for ambulance and say anaphylaxis (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up
- Keep them lying down, even if things seem to be getting better

- Phone parent/ emergency contact

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available
Commence CPR at any time if there are no signs of life

Always give adrenaline device first if someone has **severe and sudden breathing difficulty** (including wheeze, persistent cough or hoarse voice). **Then seek medical help. Anaphylaxis can occur without skin symptoms.**

Taken from Allergy safety in schools (Department for Education, July 2026)