# Cherry Tree School

# Allergy Safety Policy

| Version | Date | Action |
|---|---|---|
| 1 | July 2026 | Policy created |
| | | |
| Next Review Due: July 2027 | | |

**Allergy Safety Policy**

***Policy Statement***

At Cherry Tree Primary School we are committed to providing a safe, inclusive and supportive environment for all pupils, including those with allergies. We recognise that allergies can be life-threatening and take all reasonable steps to minimise risk while ensuring pupils are able to participate fully in school life.

This policy complies with the Department for Education's statutory guidance on allergy safety in schools and should be read alongside the school's Supporting Pupils with Medical Conditions Policy.

***Our Commitment***

The school will:

- Maintain a **nut-free environment** to reduce the risk of accidental exposure.
- Promote allergy awareness throughout the school community.
- Ensure pupils with allergies are supported through an Individual Healthcare Plan (IHP), where appropriate.
- Store prescribed medication safely and ensure it is readily accessible.
- Keep spare adrenaline auto-injectors (AAIs) in accordance with Department of Health guidance.
- Record and review all allergy incidents and near misses to identify learning and improve practice.

***Staff Training***

All staff receive annual allergy awareness training through **The National College**, which includes:

- recognising the signs and symptoms of an allergic reaction;
- responding to anaphylaxis;
- emergency procedures;
- administering an adrenaline auto-injector where required.

New staff receive appropriate information as part of their induction.

***Individual Healthcare Plans***

An Individual Healthcare Plan (IHP) will be completed for pupils with diagnosed allergies where required.

The IHP will include:

- allergens to avoid;
- signs and symptoms;
- medication required;
- emergency procedures;
- staff responsibilities;
- parental contact details;
- review date.

Healthcare Plans will be reviewed at least annually or sooner if medical needs change.

***Medication***

- Prescribed adrenaline auto-injectors provided by parents will be stored in an accessible location.
- The school also maintains spare adrenaline auto-injectors for emergency use.
- Medication expiry dates will be checked regularly.

***School Meals and Food***

As a **nut-free school**:

- parents must not send foods containing nuts;
- staff will check ingredients where appropriate;
- pupils will be encouraged not to share food;
- catering staff will be informed of pupils with food allergies.

***Educational Visits***

Risk assessments will consider pupils with allergies.

Staff accompanying visits will have access to:

- Healthcare Plans;
- emergency medication;
- emergency contact details.

***Allergy Incidents***

All allergy incidents and near misses will be:

- recorded;
- reviewed by the Headteacher;
- used to identify improvements to procedures where appropriate.

Parents will be informed of any significant incidents.

***Roles and Responsibilities***

**Headteacher**

- Ensure this policy is implemented.
- Ensure appropriate staff training.
- Monitor incidents and policy compliance.

**Staff**

- Complete annual training.
- Follow Healthcare Plans.
- Act promptly in an emergency.
- Report incidents and near misses.

**Parents**

- Inform school of allergies.
- Provide up-to-date medication.
- Attend Healthcare Plan reviews.

- Support the school's nut-free policy.

**Governors**

- Monitor implementation of this policy.
- Review the policy annually.

***Monitoring and Review***

This policy will be reviewed annually or sooner if legislation or guidance changes.

**INDIVIDUAL HEALTHCARE PLAN (ALLERGY)**

***Pupil Details***

**Name:** _____

**Date of Birth:** _____

**Class:** _____

**Photograph:** (Attach current photograph)

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***Allergy Information***

**Diagnosed allergy/allergies:**

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**Known triggers/allergens:**

☐ Nuts
☐ Milk
☐ Eggs
☐ Sesame
☐ Fish
☐ Shellfish
☐ Wheat
☐ Insect stings
☐ Medication
☐ Other: _____

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***Signs and Symptoms***

Please tick those applicable:

☐ Itchy skin/rash/hives

☐ Swelling of lips, tongue or face

☐ Difficulty breathing/wheezing

☐ Persistent cough

☐ Vomiting

☐ Dizziness/collapse

☐ Other:

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***Medication***

**Prescribed medication:**

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**Location of medication:**

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**Spare Adrenaline Auto-Injector available:** ☐ Yes ☐ No

**Expiry date(s):** _____

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***Emergency Procedure***

If an allergic reaction is suspected:

1. Stay with the child and send for help.
2. Follow the child's Allergy Action Plan.
3. Administer the prescribed adrenaline auto-injector immediately if symptoms of anaphylaxis are present.
4. Call **999** and state **"Anaphylaxis."**
5. Contact parents/carers.
6. A member of staff must accompany the child to hospital if parents have not arrived.

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***Additional Information***

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***Parent/Carer Contacts***

**Name:** _____

**Telephone:** _____

Alternative contact:

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***Review***

**Plan completed on:** _____

**Review date:** _____

Parent/Carer Signature: _____

Headteacher/School Representative: _____