Allergy Safety Policy

The Federation of St Martin's and Seabrook Church of England Primary School

A safe, inclusive and compassionate approach to supporting pupils with allergies

Policy owner	Mrs E Carter
Designated allergy lead	Mr J Carter
Approved by	September 2026
Date approved	September 2026
Review date	September 2027 (or sooner following an incident/near miss)
Published	School website and available in hard copy on request

OUR COMMITMENT

As a Church of England federation, we seek to uphold the dignity, wellbeing and inclusion of every child. We will take allergy seriously, reduce avoidable risk, respond promptly to emergencies and ensure that pupils with allergies can participate fully in school life wherever it is reasonably possible to do so.

Contents

1. Purpose and scope

This policy sets out how The federation of St Martin's and Seabrook CEP Schools will manage allergies safely and inclusively. It applies to all pupils and also sets out relevant arrangements for staff, volunteers, visitors and others who may be affected by allergy while on school premises or participating in school activities.

The policy is designed to support a culture in which allergy is understood, risks are actively reduced and emergency treatment is not delayed. It should be read alongside the school's Medical Conditions Policy, First Aid Policy, Supporting Pupils with Medical Conditions arrangements, Educational Visits Policy, Food and Nutrition/School Food Policy, Safeguarding and Child Protection Policy, Behaviour Policy and Data Protection/Privacy arrangements.

KEY STANDARD

All staff who may be present when pupils are on site must understand allergy risks and know how to respond to an allergic emergency. Children and young people at risk of anaphylaxis must be able to access adrenaline rapidly; the statutory guidance states that adrenaline should be administered within five minutes.

2. Legal and guidance framework

This policy has been developed using the Department for Education's Allergy safety in schools statutory guidance and the accompanying Allergy safety policy – template, published in July 2026. The template states that schools must have an allergy safety policy and review it at least annually. cite turn0search0

Section 34 of the Children's Wellbeing and Schools Act 2026 introduces a statutory duty for schools to have an allergy safety policy, review it at least annually, publicise it to the school community and publish it on the school website.

- Children's Wellbeing and Schools Act 2026, section 34.
- Department for Education: Allergy safety in schools – statutory guidance, July 2026.
- Department for Education: Allergy safety policy – template, July 2026.
- Department for Education: Allergy guidance for schools, updated July 2026.
- The school's arrangements for supporting pupils with medical conditions and individual healthcare plans.
- Relevant equality, safeguarding, health and safety, food safety and data protection requirements.

3. Policy principles and Christian ethos

Our Christian foundation informs the way we care for children. We seek to be a community in which every child is known, valued and treated with love, dignity, compassion and respect. Allergy safety is therefore both a safeguarding and an inclusion priority.

- Every pupil with an allergy will be treated with dignity and without unnecessary stigma.
- The school will balance proportionate risk management with the child's right to learn, play and participate.

- Pupils will not be excluded from normal school experiences solely because they have an allergy where safe adjustments can be made.
- Parents/carers and pupils will be involved in decisions about individual support arrangements wherever appropriate.
- Staff will work collaboratively and respectfully with families and healthcare professionals.
- Incidents and near misses will be used to learn and improve, not simply to allocate blame.

4. Roles and responsibilities

Role	Key responsibility
Governing body	Ensures that an allergy safety policy is in place, accessible and reviewed at least annually; provides appropriate oversight and challenge.
Executive Headteacher	Has overall responsibility for ensuring the policy is implemented, resourced and communicated.
Named senior leader / allergy lead	Leads implementation, coordinates training and records, monitors risk controls, oversees reviews and contributes to learning from incidents and near misses.
SENCO / medical needs lead	Coordinates individual support where allergy has a functional impact or requires additional/different arrangements, including IHPs where appropriate.
All staff	Follow the policy, know how to access allergy information, reduce avoidable exposure and act promptly in an emergency.
Teachers and activity leaders	Consider allergy risk when planning lessons, clubs, trips and activities and ensure agreed medication arrangements are in place.
Catering staff / food providers	Follow allergen controls, provide accurate food information and communicate safely with the school.
Parents/carers	Provide up-to-date information, medication and healthcare plans and inform the school promptly of changes.
Pupils	Where developmentally appropriate, learn about their own allergy, recognise when they need help and follow agreed safety arrangements.

5. Allergy awareness, training and induction

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff and staff supervising breakfast or after-school clubs. Contractors without a pupil-facing role are not normally included.

- New staff will receive allergy awareness information as part of induction and before taking responsibility for pupils.
- Supply and cover arrangements will ensure relevant staff know how to access allergy information and emergency medication.
- Training will cover allergy and anaphylaxis, symptoms, known triggers, emergency response, medication/device use, the school policy, IHPs/Action Plans, risk reduction and incident/near-miss reporting.
- Training will emphasise that allergy may include food allergy, asthma, eczema, hay fever and other conditions, and that food allergy, coeliac disease and food intolerance are not the same.
- Training will not replace any additional clinical competency or individual healthcare arrangements required for a particular pupil.

6. Identifying and recording allergies

The school will seek information about known allergies from parents/carers, pupils where appropriate, previous settings and relevant healthcare professionals. The school will maintain a current record of pupils with known allergies, their known triggers, whether emergency medication is prescribed, and whether an IHP and/or Allergy Action Plan is in place.

- Allergy information will be reviewed when a child joins the school and whenever new information is received.
- Class teachers and relevant staff will be able to access the information they need to keep pupils safe.
- Information will be shared on a need-to-know basis and handled respectfully.
- Medication records will identify what is prescribed, where it is stored and which arrangements apply.
- Parents/carers will be asked to provide updated plans and medication promptly when circumstances change.

7. Individual Healthcare Plans and Allergy Action Plans

A pupil should have an Individual Healthcare Plan (IHP) where their allergy has a functional impact at school, creates a risk of harm and requires arrangements that are additional to or different from those made generally. The IHP will describe the support required, including emergency arrangements.

- Where a healthcare professional has provided an Allergy Action Plan and/or Asthma Action Plan, the IHP will refer to or attach it.
- Updated healthcare plans will trigger a review of the IHP and associated school arrangements.
- IHPs will include reasonable adjustments and medication arrangements where these are required.
- Staff responsible for the pupil will know where the IHP and emergency instructions can be accessed.
- Parents/carers and the pupil, where appropriate, will be involved in developing and reviewing the plan.

8. Reducing the risk of exposure

The school will take proportionate and reasonable measures to reduce exposure to known allergens. This includes:

- Food provided by the school or its caterer.

- Food brought into school by pupils, parents/carers or staff.
- Airborne or contact allergens where a child has a known allergy.
- Classroom activities such as cooking, science, craft, music and activities involving animals.
- School events, celebrations, clubs and enrichment activities.
- External visits and trips, supported by specific risk assessment where required.

PLANNING CHECK

Before an activity takes place, staff should ask: Could an allergen be present? Who could be exposed? What reasonable controls are needed? Where is the child's medication? Who knows the emergency procedure?

9. Food allergy and food provided in school

The school will work with its caterer and staff to ensure that information about allergens in food is accurate, accessible and handled safely. Food provision will take account of individual allergy requirements and agreed risk controls.

- The school will obtain clear allergen information for food it provides.
- Catering arrangements will include processes for communicating known allergies and preventing avoidable cross-contact.
- Where food is brought from home or provided for celebrations, staff will consider known allergy risks before allowing it to be shared.
- The school will not rely on a general 'allergy aware' approach where a pupil requires individual controls.
- Food-related activities will be risk assessed where necessary and alternatives or adjustments will be provided so that pupils can participate safely.

10. Medication and adrenaline auto-injectors

Pupils prescribed adrenaline auto-injectors (AAIs) must have rapid access to their devices at all times, including during lunch, play, PE, sports, clubs, visits and trips. The statutory guidance states that in anaphylaxis adrenaline should be administered within five minutes.

- Prescribed AAIs will be stored or carried so that they are readily accessible and can accompany the pupil when they move around school.
- AAIs must not be stored in a location that prevents rapid access in an emergency.
- Medication will be checked regularly for expiry dates and condition.
- The school will maintain records of pupils prescribed AAIs and their associated Allergy Action Plans.
- Arrangements will be agreed for prescribed devices to go home with pupils where appropriate, including checks that devices remain in date.
- Staff trained to support the pupil will know the location of medication and the emergency procedure.

11. Emergency response to anaphylaxis

IF ANAPHYLAXIS IS SUSPECTED: ACT IMMEDIATELY

Give adrenaline without delay using the pupil's prescribed AAI or, where appropriate, the school's spare AAI; call 999 and state ANAPHYLAXIS; follow the pupil's Allergy Action Plan; send for a second adrenaline device if available; inform the parent/carer; keep the pupil with an adult and follow emergency medical advice. Do not delay adrenaline while waiting for symptoms to worsen.

1. Recognise the possibility of anaphylaxis and treat it as a medical emergency.
2. Administer the appropriate adrenaline device without delay, following the device instructions and the pupil's Allergy Action Plan where available.
3. Call 999 and state that the person is experiencing ANAPHYLAXIS.
4. Stay with the pupil and follow the emergency instructions. Do not leave them alone.
5. If a second dose is required and a second device is available, follow the emergency plan/medical advice.
6. Contact the parent/carer or emergency contact as soon as practicable, while ensuring emergency care is not delayed.
7. Record the incident and ensure the school reviews the circumstances and any learning afterwards.

Where there is severe and sudden breathing difficulty, adrenaline should be prioritised in accordance with the emergency guidance. A reliever inhaler must not be used instead of adrenaline to treat anaphylaxis.

12. Spare adrenaline devices and emergency asthma inhalers

The school will maintain appropriately stocked and clearly labelled spare adrenaline devices in accordance with the statutory guidance. Spare devices will be readily accessible and not locked away. Devices should be stored in pairs and positioned so that they can be brought to a pupil within five minutes wherever the pupil may be on site. Large sites may require more than one pair.

- Spare devices will be clearly labelled and kept separate from medication prescribed to a named pupil.
- The school will check expiry dates and condition at an agreed regular interval and record the checks.
- Used or expired devices will be replaced promptly and disposed of safely.
- If the school maintains an emergency asthma reliever inhaler, it will be managed in line with the relevant school arrangements and guidance.
- Staff will know where emergency medication is located and how to access it quickly.

13. Educational visits, trips and off-site activities

Pupils with allergies will be enabled to participate in educational visits wherever it is safe and reasonably practicable. A specific risk assessment will be completed for a pupil at risk of anaphylaxis taking part in an off-site activity.

- The pupil's own adrenaline device must accompany them where prescribed.
- Appropriately trained staff will be available to administer adrenaline in an emergency.

- Staff will consider food, accommodation, transport, activities, animals, venues and access to emergency services.
- Emergency contacts and relevant healthcare information will be accessible to the staff leading the visit.
- Where necessary, the school will liaise with the venue and transport provider in advance.

14. Wellbeing, inclusion and bullying

Allergy can cause significant anxiety for children and families. The school will promote emotional wellbeing and avoid unnecessary attention or stigma. Staff will respond to bullying, teasing, exclusion or unsafe behaviour related to allergy in line with the school's Behaviour and Anti-Bullying arrangements.

- Pupils will be supported to participate in age-appropriate discussions about safety and inclusion.
- Reasonable adjustments will be considered where allergy creates a barrier to participation.
- A pupil will not be expected to manage an allergy independently beyond their developmental ability and agreed plan.
- Where appropriate, trusted peers may be taught how to seek adult help in an emergency, with the pupil and parents/carers involved in the decision.
- Any awareness activity will complement—not replace—staff emergency arrangements.

15. Information sharing and confidentiality

Health information is special category data and will be handled carefully. The school will share information where necessary to keep a child safe and to implement agreed support arrangements, while avoiding unnecessary disclosure or singling out of pupils.

- Relevant information will be shared with staff who need it to fulfil their responsibilities.
- Supply, temporary and visiting staff will receive the information necessary for safe supervision.
- Information will be stored securely and accessed only by authorised individuals.
- Parents/carers will be informed about how allergy information is used and shared through the school's privacy arrangements.
- Information will be updated or removed when no longer necessary, in accordance with the school's data protection arrangements.

16. Incidents, near misses and learning

All serious allergy incidents and near misses will be recorded and reviewed. This includes situations where an allergen exposure occurred or where a failure in arrangements could have resulted in harm, even if the pupil did not experience a serious reaction.

- Ensure the child receives appropriate emergency or medical care.
- Inform parents/carers and relevant professionals where appropriate.
- Record what happened, the response and any contributing factors.
- Review the IHP, Allergy Action Plan, risk assessment, medication arrangements and staff training where relevant.
- Identify actions, allocate responsibility and monitor completion.
- Use learning to improve school-wide arrangements and update this policy where necessary.

Parents/carers or healthcare professionals may report an incident after the child has returned home. The school will take such reports seriously and include them in its review and learning process.

17. Communication and awareness

- The policy will be published on the school website and made available in hard copy on request.
- All staff will be made aware of the policy through annual allergy awareness training.
- Parents/carers will be informed of the school's allergy arrangements and how to provide or update information.
- Age-appropriate allergy awareness will be promoted through the curriculum or wider school life where appropriate.
- The school will communicate individual arrangements sensitively and on a need-to-know basis.

18. Monitoring, review and governance

The named senior leader will monitor implementation throughout the year and report significant issues to the headteacher and governing body. The policy will be formally reviewed at least annually and sooner where incidents, near misses, changes in guidance or changes in school arrangements indicate that an earlier review is necessary. This reflects the statutory requirement to review the policy at least annually. cite turn0search20

- Annual review of the policy and school allergy register.
- Annual staff training and induction checks.
- Regular medication and spare AAI expiry checks.
- Review of IHPs and Allergy Action Plans when updated information is received.
- Review of incidents and near misses and completion of improvement actions.
- Governor oversight of compliance and effectiveness.

Appendix 1 – Quick reference: suspected anaphylaxis

EMERGENCY: DO NOT DELAY

1. Give adrenaline immediately. 2. Call 999 and say ANAPHYLAXIS. 3. Stay with the pupil and follow their emergency plan. 4. Use a second adrenaline device if indicated and available. 5. Contact the parent/carer. 6. Record and review the incident.

This quick reference does not replace the pupil's Allergy Action Plan, Individual Healthcare Plan, staff training or emergency medical advice.

Appendix 2 – School allergy management checklist

- Named senior leader/allergy lead identified.
- Allergy register is current and accessible to relevant staff.
- Individual Healthcare Plans are in place where required.
- Allergy Action Plans are available and current.
- Prescribed adrenaline devices are accessible and in date.
- Spare adrenaline devices are available, clearly labelled, stored in pairs and accessible within five minutes.
- Annual allergy awareness and emergency response training completed.
- New and supply staff receive appropriate induction.
- Food allergen information is accurate and communicated to relevant staff.
- Activities and trips consider allergen exposure risks.
- Emergency response arrangements are understood by staff.
- Incidents and near misses are recorded, reviewed and acted upon.
- Parents/carers know how to update the school about allergy information.
- Policy is published on the school website and available in hard copy.
- Policy has been reviewed at least annually.

Policy references

This policy has been drafted from the uploaded Department for Education Allergy safety policy – template and checked against current official DfE information published in 2026.

- Department for Education, Allergy safety in schools – statutory guidance (published 6 July 2026).
- Department for Education, Allergy safety policy – template (published 6 July 2026).
- Children's Wellbeing and Schools Act 2026, section 34.
- Department for Education, Allergy guidance for schools (updated 9 July 2026).
- School's Medical Conditions Policy and related individual healthcare plan arrangements.

School-specific implementation details

Complete the following before approval and publication.

Item	School-specific detail
School name	[Complete]
Headteacher	Mrs E Carter
Named senior leader / allergy lead	[Complete]
SENCO / medical needs lead	[Complete]
Location of allergy register / IHPs	[Complete]
Location of prescribed AAIs	[Complete]
Location(s) of spare AAIs	[Complete]
Location of emergency asthma inhaler, if held	Staff toilet/ Staff Office
Who checks medication and how often	[Complete]
Catering provider / food arrangements	Whole School Foods / Packed lunches
Emergency contact arrangements	[Complete]
Policy approval date	September 2026
Next review date	September 2027