St John's Highbury Vale CE Primary School

'I can do all things through Christ who strengthens me' **Philippians 4:13**

Allergy Safety Policy

Ratified: September 2026

Review Date: September 2027

At the heart of our school vision is a desire for an authentic and life-giving relationship with ourselves, one another, our world, and with God. We believe that it is through Christ who gives us the strength, all can achieve within a learning environment where every child is valued as a unique individual created in the image of God, and where teaching and learning is of consistently high standard.

STJHV Statement of Intent

St John's Highbury Vale in Islington is committed to providing a nurturing and inspiring environment where every child is empowered to reach their full potential. Grounded in our Christian ethos and guided by our values, we strive to create a vibrant and dynamic educational experience that prepares our pupils to lead fulfilling lives and contribute positively to society.

Status	Statutory policy required by section 100A of the Children and Families Act 2014
Approved by	The full governing body
Date of approval	[to be completed]
Named senior leader for allergy safety	Petra Slater, Assistant Headteacher and Inclusion Lead
Operational allergy lead	Clare Thomson, Family Support Advisor
Link governor	None appointed; the Safeguarding Governor receives incident reports
Review cycle	At least annually, and following any serious incident or near miss
Next review due	September 2027
Published	On the school website, and available in hard copy on request

This policy takes effect from 1 September 2026 and should be read alongside the school's Managing Medical Conditions in School Policy.

Contents

1. Purpose and scope

Allergy is a common, serious and potentially life-threatening condition. Around one in five allergic reactions in schools happen to a child with no previously known allergy, and around one in five anaphylaxis deaths among school-aged children in the UK occur at school. Asthma, which is usually allergic in nature, is the most common long-term condition among children and one of the leading causes of school absence.

This policy sets out how St John's Highbury Vale CE Primary School will:

- identify pupils, staff and visitors with an allergy and record their known allergens;
- take reasonable steps to minimise the risk of anyone coming into contact with an allergen that affects them;
- ensure that every member of staff can recognise anaphylaxis and an asthma attack and knows how to respond;
- ensure rapid access to adrenaline, both prescribed and spare, at all times and in all places where pupils are in our care;
- support the wellbeing and full inclusion of pupils with allergy, including on visits and trips; and
- record, report and learn from serious incidents and "near misses".

This policy applies to all pupils, all staff (including temporary, supply, peripatetic and agency staff and regular volunteers), governors, contracted caterers, visitors and anyone working on the school site. It applies on the school premises, on educational visits and trips, and at breakfast club, after-school club and any other activity organised by the school.

It covers allergy, including food allergy, allergy to insect stings, contact and airborne allergens, asthma, eczema and allergic rhinitis. Coeliac disease and food intolerance are not allergies and cannot cause anaphylaxis; they are managed through our Managing Medical Conditions in School Policy, although the practical controls on cross-contamination are similar and this policy's food-handling measures apply to them.

2. Legal framework and status of this policy

Section 100 of the Children and Families Act 2014 requires the governing board to make arrangements for supporting pupils at the school with medical conditions, and to have regard to statutory guidance issued by the Secretary of State.

Section 34 of the Children's Wellbeing and Schools Act 2026 (known as "Benedict's Law", which received Royal Assent on 29 April 2026) inserted new sections 100A and 100B into the Children and Families Act 2014. From 1 September 2026, section 100A requires that the arrangements made under section 100 must include an allergy safety policy: a policy for the management of allergies affecting pupils at the school, including the management of pupils at risk of anaphylaxis. Section 100A also requires the governing board to:

- review the allergy safety policy at least once every year, and make such changes as it considers appropriate following the review;
- make the policy generally known within the school and to parents/carers of pupils at the school;
- take steps, at least once a year, to bring the policy to the attention of all pupils, all parents/carers and all persons who work at the school, whether or not for payment; and
- publish the policy on the school website.

In meeting these duties, section 100A(6) requires the governing board to have particular regard to guidance issued under section 100(2) relating to the management of allergies and anaphylaxis. That guidance is the Department for Education's statutory guidance Allergy safety in schools, published on 6 July 2026 and applying from 1 September 2026. To "have regard to" statutory guidance means to take account of it and consider it carefully; a decision not to follow it must be supported by a clear and justifiable reason.

Section 100B allows the Secretary of State to make regulations imposing further allergy safety duties, including in relation to the keeping of and access to medicines and medical devices on school premises and elsewhere, procedures for identifying and managing risks to pupils with allergies, allergy training for teaching staff, non-teaching staff and catering staff, the recording and reporting of incidents, and the designation of a named person responsible for allergy safety. Those regulations have not yet been made; the government has indicated that it intends to make them, with an expected commencement in 2027. The school has chosen to adopt the relevant measures now, in line with the expectations set out in the statutory guidance.

2.1 Other relevant law

- The Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils. Severe allergy can meet the statutory definition of disability (Wheeldon v Marston's plc ET/1313364/2012). Seasonal rhinitis such as hay fever is excluded from the definition unless it aggravates the effect of another condition.
- Sections 20 and 175 of the Education Act 2002, and Keeping Children Safe in Education, on safeguarding and promoting the welfare of pupils.
- Section 3 of the Children Act 1989, which requires any person with care of a child to do all that is reasonable to safeguard or promote the child's welfare.
- Section 2 of the Health and Safety at Work etc. Act 1974, and the school's duties as an employer and occupier.
- The Human Medicines Regulations 2012, as amended in 2014, which permit schools to buy emergency salbutamol inhalers without a prescription, and the Human Medicines (Amendment) Regulations 2017, which permit schools in England to buy spare adrenaline auto-injectors without a prescription.
- The Food Information Regulations 2014, including the 2021 amendment known as "Natasha's Law" on labelling of food prepacked for direct sale, and Article 19 of Regulation (EC) 178/2002 on notifying unsafe food.
- The Requirements for School Food Regulations 2014 (the School Food Standards).
- The UK GDPR and the Data Protection Act 2018. Information about a pupil's health is special category data.
- The SEND Code of Practice: 0 to 25 years, and the statutory framework for the Early Years Foundation Stage for children in Reception and below.
- The common law duty of care, which requires the school to take reasonable care to avoid acts or omissions that could reasonably be foreseen to cause injury or harm.

3. Definitions

- **Allergy** is a medical condition in which the body's immune system reacts abnormally to a normally harmless substance, such as a food, an insect sting, a contact allergen such as nickel or latex, or an airborne allergen such as pollen.
- **An allergen** is the substance that triggers the reaction.
- **Anaphylaxis** is a severe, potentially fatal allergic reaction affecting the Airway, Breathing or Circulation ("ABC"). It requires immediate treatment with adrenaline and an emergency (999) call.
- **Asthma** is a lung condition caused by inflammation and tightening of the airways. It is frequently associated with allergy, and exposure to allergens can provoke a potentially life-threatening asthma attack.
- **Adrenaline device (AD)** means an adrenaline auto-injector (AAI), such as an EpiPen or Jext, or a non-injectable nasal adrenaline device.
- **A "spare" adrenaline device** is a device held by the school for emergency use. It is never a replacement for a pupil's own prescribed device.
- **Food intolerance** is a non-immune reaction in which the body struggles to digest a food. It cannot cause anaphylaxis.
- **Coeliac disease** is an autoimmune condition in which the gut is hypersensitive to gluten. It is not an allergy and cannot cause anaphylaxis, but it requires strict gluten avoidance and the same cross-contamination controls.
- **Parent** includes anyone with parental responsibility, including carers.

4. Roles and responsibilities

4.1 The governing board

The governing board is responsible for ensuring that the school has an allergy safety policy that meets the requirements of section 100A of the Children and Families Act 2014 and has regard to the statutory guidance. It will:

- approve this policy and review it at least once every year, and sooner following any serious incident or “near miss”, any change in the law or statutory guidance, or the making of regulations under section 100B;
- ensure the policy is published on the school website, made generally known within the school and to parents/carers, and brought to the attention of all pupils, parents/carers and everyone who works at the school at least once a year;
- ensure a named member of the senior leadership team holds responsibility for allergy safety;
- ensure that risks relating to pupils with allergy are recorded on the school’s risk register and actively managed;
- receive reports of serious incidents and “near misses”, and satisfy itself that lessons have been learned and acted upon; and
- satisfy itself that staff training, emergency medication stocks and Individual Healthcare Plans are in place and up to date.

4.2 The named senior leader for allergy safety

The named senior leader for allergy safety is Petra Slater, Assistant Headteacher and Inclusion Lead, who is accountable to the Headteacher and governing board for this policy. Clare Thomson, Family Support Advisor, is the operational allergy lead and carries out the day-to-day duties below on the named senior leader’s behalf, reporting to her at least half-termly and immediately after any incident or near miss. Responsibility for allergy safety does not rest with the catering manager. The named senior leader, supported by the operational allergy lead, will:

- drive the implementation of this policy day to day and lead its review;
- maintain the school’s record of pupils, staff and visitors with known allergy;
- oversee the drawing up, review and accessibility of Individual Healthcare Plans, and ensure Allergy and Asthma Action Plans are attached to them;
- ensure the emergency allergy kit is stocked, in date, correctly located and checked;
- ensure allergy awareness training is delivered to all staff at least annually and at induction;
- act as the point of contact for pupils, parents/carers, staff and the caterer on allergy safety; and
- ensure incidents and near misses are recorded, investigated and reported.

4.3 The headteacher

The headteacher will ensure that this policy is implemented, that sufficient trained staff are available at all times including in contingency and emergency situations, that all staff know their role, and that the governing board receives the information it needs. The headteacher signs the request used to purchase spare adrenaline auto-injectors from a pharmacy.

4.4 All staff

Allergy safety is the responsibility of every member of staff, not only those with named roles. All staff will:

- complete allergy awareness and emergency response training at least annually;
- know which pupils in their care have a known allergy and what their allergens are;
- know where prescribed and spare adrenaline devices and the emergency inhaler are kept, and how to use them;
- take account of allergens when planning any activity, including cooking, science, art, craft, gardening, animal visits and celebrations;
- act immediately if a pupil shows signs of an allergic reaction, following section 12 and the pupil’s Allergy Action Plan; and
- report every allergic reaction and “near miss”, however minor it appears.

In a life-threatening emergency, any member of staff, volunteer or bystander may take reasonable action to save a life. Staff who act reasonably and in good faith to the best of their ability will be supported by the school. Hesitation, imperfect technique or a mistake made under the pressure of an emergency does not amount to serious or wilful misconduct. No member of staff should delay giving adrenaline for fear of getting it wrong.

4.5 Catering, lunchtime and breakfast/after-school club staff

When it provides food the school is a food business. Catering and lunchtime staff will:

- know which pupils have a food allergy, intolerance or coeliac disease, using the school's allergy record and photographs held in the kitchen and serving area;
- use at least two independent methods of identifying those pupils at the point of service;
- follow agreed procedures to prevent cross-contamination, including preparing allergen-safe meals first and cleaning surfaces and utensils with warm soapy water;
- provide accurate allergen information for all food served, and be available to meet parents/carers to discuss safe meal provision;
- highlight any short-notice change to the menu and check that it remains safe for pupils with allergy; and
- report any allergen incident or near miss immediately.

4.6 Parents and carers

- tell the school as soon as an allergy is diagnosed or suspected, and provide up-to-date information about allergens, symptoms and medication;
- provide any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional, and any previous Individual Healthcare Plan;
- take part in drawing up and reviewing their child's Individual Healthcare Plan;
- provide in-date prescribed medication, correctly labelled, and replace it before it expires;
- ensure their child has two prescribed adrenaline devices with them, including on the journey to and from school; and
- ensure that they, or another nominated adult, are contactable at all times.

4.7 Pupils

Pupils with allergy are often best placed to explain how their allergy affects them. They will be involved in discussions about their support and in drawing up their Individual Healthcare Plan, in a way appropriate to their age and understanding. Pupils will be encouraged and supported to take increasing responsibility for managing their own allergy, with an appropriate level of supervision, and will be allowed to carry their own medication where this is agreed as appropriate. Decisions about self-management are made individually, with the pupil, their parents/carers and, where relevant, healthcare professionals.

Pupils who do not have an allergy also have a part to play, appropriate to their age: understanding that allergens can pose a serious risk to their classmates, not sharing food, washing their hands, and knowing to fetch an adult immediately if a friend becomes unwell. Older pupils may be able to support their peers and staff in an emergency. Allergy is covered in our PSHE curriculum on this basis.

4.8 Healthcare professionals

The school nursing service, GPs, paediatricians and allergy specialists may notify the school of a pupil's allergy, issue Allergy or Asthma Action Plans and care plans, and advise on the support the pupil needs. The school will take the advice or instruction of healthcare professionals at face value and will not insist on a letter from a consultant rather than from a GP or community nurse. School staff do not make clinical assessments or judgements.

5. Identifying pupils, staff and visitors with allergy

We are active in seeking information about allergy rather than waiting to be told. We ask about allergy, asthma and other medical conditions:

- on admission, and before a pupil starts, so that arrangements are in place for the start of the relevant term;
- when a pupil joins mid-year, when every effort will be made to have arrangements in place within two weeks;
- at every transition point, including entry to Reception and transfer to secondary school;
- annually, through a data-collection check with all parents/carers; and
- at any point when we are told that a pupil's allergy or needs have changed.

We ask parents/carers and, where appropriate, the pupil's previous setting for copies of any existing Individual Healthcare Plan, Allergy Action Plan or Asthma Action Plan. Pupils and their parents/carers are always involved in decisions about sharing health information.

We keep a central record of every pupil known to have an allergy, recording their known allergens, whether they hold prescribed medication, and whether they have an Individual Healthcare Plan and/or an Allergy or Asthma Action Plan. Lists including photographs and known allergens are held wherever food is served or handled, including the kitchen, serving area and any classroom used for cooking, science, art or craft. These lists are kept in areas accessible to staff only.

We do not wait for a formal diagnosis. Where an allergy is suspected but not yet confirmed, for example while investigation is under way, we put arrangements in place based on the best assessment we can make of the risk to the pupil's health, education and wellbeing, in discussion with the pupil and their parents/carers, and seek advice from the school nursing service where needed. Some pupils have medically recognised triggers that do not meet the clinical definition of allergy, such as mast cell disorders, but which can cause serious reactions; any known trigger with the potential to cause significant harm is identified and managed in the same way.

We ask new staff about allergy when they join, and ask visitors about allergy in advance where they are likely to be offered food. The measures in this policy apply equally to adults on site.

6. Individual Healthcare Plans, Allergy Action Plans and Asthma Action Plans

A pupil will have an Individual Healthcare Plan (IHP) where all three of the following apply: their allergy has a functional impact on them in school; they are at risk of harm as a result of it; and they need arrangements that are additional to or different from those made for pupils generally. A formal diagnosis is not required. A pupil may need no specific day-to-day support for long periods and still need an IHP, because it is the document that will direct the emergency response if a reaction occurs.

Not every pupil with an allergy needs an IHP. Where the support a pupil needs is available to any pupil under our Managing Medical Conditions in School Policy — for example carrying and taking their own over-the-counter antihistamine for mild hay fever — an IHP may not be required. The final decision rests with the headteacher, in discussion with parents/carers and any relevant healthcare professionals.

Each pupil has a single IHP covering all of their medical conditions, including allergy. Pupils do not have separate plans for different conditions.

An IHP is not a clinical document, and school staff do not make clinical judgements. It records how the school will respond to the information and advice it has received. Where a healthcare professional has issued an Allergy Action Plan, an Asthma Action Plan or a care plan, that plan is attached to the IHP rather than summarised within it, so that clinical instructions are not duplicated or altered. The IHP records who issued each plan, their role and the date. Whenever an updated plan is received, the IHP is reviewed to reflect it.

IHPs are drawn up by the school in collaboration with the pupil and their parents/carers, taking account of advice from healthcare professionals. We use the DfE's Individual Healthcare Plan template published in July 2026. Each IHP records, as a minimum:

- the pupil's name, date of birth, class, a current photograph and emergency contact details, and who the plan needs to be shared with;
- the pupil's allergies and known allergens, and whether they are likely to recognise a reaction and can alert an adult;
- any care or action plans issued by healthcare professionals, and any prescribed medication;
- the extent to which the pupil can take responsibility for managing their allergy, and what supervision or monitoring is needed;
- the potential impact of the allergy on the pupil's health, learning and wellbeing, and any interaction with special educational needs;
- the support and adaptations the school will put in place, including at meal and snack times, and how missed learning will be supported;
- arrangements and adjustments for visits and trips, and prompts for the risk assessment;
- the emergency response, including the signs of an emergency, who to contact, and where spare adrenaline devices are located;
- where medication is stored, how and when the pupil may need access, and whether consent has been given to administer it — including consent to use a spare adrenaline device and, where relevant, the emergency salbutamol inhaler, with the date consent was given; and

- when the plan was issued and by whom, when it was last discussed with the pupil and parents/carers, and when it is next due for review.

IHPs are reviewed at least annually, and sooner if the pupil's needs change, if an updated clinical plan is issued, or following any incident or near miss. They are stored so that all staff who need them can find them quickly, including in an emergency, while respecting confidentiality. Where a pupil moves to another school, a new IHP will be drawn up by the receiving school; we will share the existing plan on request, with consent.

Pupils with a known allergy to food or insect stings should be issued with an Allergy Action Plan by their healthcare professional, and pupils with asthma with an Asthma Action Plan. These are medical documents that set out the emergency response and include medical and parental consent for staff to administer emergency medicines. Where a pupil does not have one, we will encourage parents/carers to request one and, with consent, may raise it with the school nursing service.

7. Allergy awareness training

All staff receive allergy awareness and emergency response training at least once every year. First aid training alone is not sufficient.

This applies to everyone present while pupils are scheduled to be on site: permanent and temporary staff, supply, peripatetic and agency staff, teaching assistants, office staff, site staff, catering and lunchtime supervisors, and staff running breakfast club and after-school clubs, together with regular volunteers. It does not extend to contractors with no pupil-facing role, such as builders or electricians carrying out maintenance.

Training ensures that all staff:

- understand what allergy is, the risks it poses, and that it covers several conditions that can co-exist, including food allergy, asthma, eczema and hay fever;
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information about which pupils have allergies and what their triggers are;
- can identify the range of symptoms of an allergic reaction, and can recognise anaphylaxis and an asthma attack;
- know how to respond in an emergency, including calling the emergency services and informing parents/carers;
- know how to locate and administer emergency medication — adrenaline for anaphylaxis and a reliever inhaler for an asthma attack — including practical training on the devices used, whether prescribed to a pupil or held by the school as spares;
- know how to use an Allergy Action Plan or Asthma Action Plan;
- understand their own responsibilities in reducing the risk of pupils coming into contact with their known allergens;
- understand the impact allergy can have on a pupil's wellbeing, including the risk of allergy-related bullying; and
- understand this policy and know how to report an incident or a "near miss".

New staff receive this training as part of induction. Supply and cover staff are told, before they take charge of a class, which pupils have allergies or other medical conditions, where emergency medicines are kept and what to do in an emergency. A record of all training is kept by the named senior leader for allergy safety.

Training under this policy is allergy awareness and emergency response training. It does not replace the separate clinical governance, competency and delegation arrangements that apply where a pupil requires healthcare activity that falls under NHS responsibility.

We also carry out allergy safety drills, in the same way as fire drills, using a simulated case of anaphylaxis to test how staff respond. Drills are recorded in the same way as an incident and used to review our arrangements. Where a pupil is at high risk of anaphylaxis and their peers are to be involved, the pupil and their parents/carers are involved in planning the drill so that it does not affect their wellbeing.

8. Minimising the risk of exposure to known allergens

We take reasonable steps to reduce the risk of any pupil, member of staff or visitor coming into contact with an allergen that affects them. This includes:

- managing the risk of exposure to food allergens in food provided by the school (section 9);
- managing the risk of exposure to food allergens in food brought in by others, including packed lunches, birthday treats, food for celebrations, fetes and cultural events;
- putting reasonable measures in place for pupils with known airborne or contact allergies, for example to pollen, animal fur, latex or nickel;
- requiring staff planning any activity to consider the risk of exposure to allergens; and
- carrying out a specific risk assessment for any pupil at risk of anaphylaxis before an educational visit or trip.

Pupils are not prevented from taking part in activities alongside their peers simply because of the risk of contact with an allergen. Where an activity would involve most pupils using a material that contains an allergen affecting one of the group, an alternative is found for the whole group so that no individual is excluded. Staff should be aware in particular that:

- used food boxes and packaging, including egg cartons and yoghurt pots, may contain traces of allergens — non-food containers should be used for craft where possible;
- some products contain wheat flour, including play dough and some modelling materials;
- some glues contain milk, wheat or soya;
- bird feed and some seed mixes contain nuts and sesame; and
- animals, including visiting animals and petting farms, are a risk for pupils with animal allergy or asthma.

8.1 “Allergy aware” rather than “nut free”

We operate as an allergy-aware school rather than declaring the school “nut free”. A “nut free” claim cannot be guaranteed, can create a false sense of security, and addresses only one of fourteen regulated allergens, any of which can cause a serious reaction. We may ask families to avoid bringing particular foods on site, but the more important protections are active awareness of the risks, steps to minimise exposure and a robust emergency response.

8.2 Air quality and asthma

8.3 Everyday hygiene measures

Simple routines reduce the risk of allergens being transferred between pupils:

- All pupils wash their hands before and after eating, and after handling food in lessons.
- Pupils do not share food, drinks, utensils or containers.
- Every pupil has their own named water bottle, which is not shared.
- Tables and surfaces used for eating or food activities are cleaned with warm soapy water before and after use.

8.4 Insect stings

For pupils known to be allergic to insect stings, and as a general precaution in warmer months:

- Shoes are worn outdoors at all times.
- Food and drinks are kept covered when eaten outside, and open cans and bottles are checked before drinking.
- Bins in outdoor areas are kept covered and emptied regularly, and nests found on site are reported and dealt with promptly.
- Staff supervising outdoor activities know which pupils are at risk and where their adrenaline devices are.

8.5 Animals on site

Animals are a common trigger for pupils with animal allergy and for pupils with asthma. Where animals visit the school, or pupils visit a farm or similar setting, the arrangements are risk assessed in advance and:

- All pupils wash their hands after contact with an animal, so that allergens are not transferred to a pupil with an allergy later on.
- Pupils with a known animal allergy do not handle the animals, and an alternative activity is arranged so that they are not simply left out.

- Where a visitor is accompanied by an assistance dog, a risk assessment is carried out in advance for any pupil at risk of an allergic reaction, and reasonable adjustments are agreed. The presence of an assistance dog is itself a reasonable adjustment for its owner, and the two needs are balanced rather than one being refused outright.

Air pollutants, indoors and outdoors, can trigger allergy and asthma. Clean air is a core asthma control measure. We consider ventilation and indoor air quality as part of our wider health and safety arrangements, and take account of air quality when planning outdoor activity for pupils with asthma. Pupils with asthma have their own reliever inhaler at school, kept with them where they can manage their asthma themselves and otherwise easily accessible to them.

9. Food provision and allergen management

Where the school provides food, whether prepared on site or supplied by a third party, it is acting as a food business and must comply with food information law. This includes food provided at breakfast club and after-school club. Food provided occasionally by others, such as a parents' association cake sale, is unlikely to fall within scope, but we ask for clear allergen information for any food brought in by others as a matter of good practice.

- Food prepacked for direct sale (PPDS) — prepared and packaged on site before being selected — is labelled with the name of the food, a full ingredients list, and the 14 regulated allergens clearly emphasised within that list, as required by "Natasha's Law".
- For non-prepacked food, such as meals served in the hall or made to order, information about the 14 regulated allergens is provided clearly, accurately and accessibly to pupils and their parents/carers.
- Food labelled "gluten-free" contains 20 parts per million of gluten or less, and "very low gluten" 100 ppm or less, in line with assimilated EU Regulation 828/2014.

Compliance with the School Food Standards is mandatory, and we make reasonable efforts within them to cater for pupils with food allergies and hypersensitivities. Where a pupil is entitled to a free school meal, we make reasonable adjustments so that they can access that entitlement safely; those adjustments are recorded in the pupil's IHP. Senior leaders engage with the caterer to understand the controls in place and satisfy themselves that food service complies with the law.

9.1 Practical controls

- Bottles, drinks and lunch boxes provided by parents/carers or the school for pupils with food allergies are clearly labelled with the pupil's name.
- Allergen-safe meals are prepared first, and preparation areas and utensils are cleaned with warm soapy water between uses.
- At least two independent methods are used to identify pupils with allergy at the point of service, for example a named staff member checking against the allergy record together with photographs held in the serving area.
- Pupils with food allergies eat alongside their friends and are not required to sit at a separate table. Safety and inclusion are balanced, not traded off.
- Trading and sharing of food, utensils and containers is not permitted.
- Unlabelled food carries a greater risk than packaged food with precautionary "may contain" labelling, and is treated accordingly, including for food used in lessons.
- Where food is used in cooking, science, craft or celebrations, alternatives are substituted so that all pupils can take part, for example wheat-free flour for play dough.
- Where food is brought in by others, for example for a birthday, parental engagement and agreement is sought in advance.
- Menu substitutions at short notice must still meet the needs of pupils with allergy and the statutory allergen requirements, and are highlighted to staff, pupils and parents/carers.

Staff supervising pupils in Reception and below follow the Early Years Foundation Stage requirements, including obtaining information about dietary requirements, allergies and intolerances before a child is admitted, sharing that information with all staff involved in preparing and handling food, and ensuring a member of staff with a valid full paediatric first aid certificate is in the room whenever children are eating.

9.2 Religious, cultural and ethical dietary requirements

Religious, cultural and ethical dietary requirements are not allergies and are not a medical matter. They are recorded and managed here because the operational controls are the same as those for allergens: the right

food must reach the right child, every time. A failure of those controls is treated as seriously whichever kind of requirement it affects, because a system that fails on a dietary requirement can fail on an allergen.

The school also has duties under the Equality Act 2010 in relation to religion and belief. A child who cannot eat what is served must be offered an equivalent meal alongside their peers, and must never be left without a suitable meal or made to feel singled out.

- Dietary requirements are obtained before a child is admitted, recorded on the pupil's record alongside any allergens, and confirmed in writing to the parent or carer so that the family can see exactly what the school holds.
- Where a requirement is expressed in terms the school does not serve, it is translated into a positive instruction to the kitchen. For example, a child whose family requires halal meat in a school that does not serve halal meat is recorded as requiring the vegetarian menu, rather than as "no meat".
- Instructions to the kitchen cover hidden ingredients and preparation as well as the main dish, including meat or fish stock and gravy, gelatine, animal rennet, and animal fats, together with the use of separate utensils and serving spoons.
- Where a child has both a dietary requirement and an allergy, the two are held as a single record and read together. Moving a child onto a different menu can increase their exposure to their own allergen, and the alternative menu is checked against their allergens before it is served.
- Photographs of pupils with allergens or dietary requirements are held at every serving point, including breakfast club and after-school club, and are used together with a named staff member checking against the record, as set out at 9.1.
- Children in Reception and below cannot be relied upon to identify or refuse food that is unsuitable for them. A named adult checks their plate before they begin eating.
- Menus are shared with families in advance where a child has a dietary requirement or allergy, so that parents and carers can raise anything of concern before the day.
- Any occasion on which a child is served food that does not meet their recorded requirement is recorded and reported under section 15 as a serious incident or near miss, whether or not the food involved an allergen, and is reported to the named senior leader for allergy safety on the same day.

10. Prescribed adrenaline devices and inhalers

People at risk of anaphylaxis are usually prescribed adrenaline for use in an emergency, either an adrenaline auto-injector (AAI) or a non-injectable nasal adrenaline device. Clinical advice is that they should carry two devices at all times, since a second dose may be needed.

We ensure that pupils prescribed adrenaline devices have rapid access to them at all times, including in the classroom, the hall, the playground, on the field and on trips:

- Pupils are encouraged to keep their devices with them in their school bag, including in primary school, so that they also have access on the journey to and from school.
- Where a pupil cannot keep their devices with them because of their age or other considerations, the devices are stored in an agreed central location that is unlocked and accessible at all times.
- Adrenaline must be able to reach the pupil within five minutes wherever they are. Where a pupil's own device is not close enough to achieve this, the school's spare devices are used instead.
- A copy of the pupil's Allergy Action Plan is kept with their medication.
- All adrenaline devices are stored at room temperature, out of direct sunlight, and are never refrigerated.

The IHP records the arrangements for the pupil to take their prescribed devices home, for example at the end of the day, and for checking that they remain in date. Parents/carers are responsible for replacing prescribed medication before it expires; the school will remind them when a device is approaching its expiry date.

Pupils with asthma keep their own reliever inhaler at school. If they can manage their asthma themselves they keep it on them; if not, it is stored where it is easily and immediately accessible to them. Inhalers are never locked away.

Used and expired adrenaline devices are disposed of safely. AAIs contain a needle; used devices are handed to attending paramedics, returned to a pharmacy, or placed in a sharps bin for collection.

11. Spare adrenaline devices and emergency salbutamol inhalers

Anaphylaxis is unpredictable, and up to one in five anaphylaxis reactions in schools happen to a pupil with no previously known allergy. The school therefore holds spare adrenaline auto-injectors and an emergency salbutamol inhaler with spacers, in a clearly marked emergency allergy kit. These are additional to, and never a replacement for, a pupil's own prescribed medication.

11.1 Spare adrenaline auto-injectors

The Human Medicines (Amendment) Regulations 2017 permit schools in England to buy AAIs without a prescription for emergency use. Devices are ordered from a pharmaceutical supplier on a written request signed by the headteacher, on school headed paper, stating the name of the school, the quantity required and confirming that the devices are for supplying or administering to pupils at the school in an emergency. Only AAIs may be bought as spare devices; non-injectable nasal adrenaline devices cannot currently be stocked in this way. If a pupil prescribed a nasal device suffers anaphylaxis and their own device is unavailable, the school's spare AAIs may be used.

As a primary school we hold, as a minimum:

Device	For	Quantity and location
AAI 150 micrograms (e.g. EpiPen Junior, Jext 150)	Pupils under 6	One pair — main school office emergency allergy kit
AAI 300 micrograms (e.g. EpiPen, Jext 300)	Pupils aged 6 and over	One pair — main school office emergency allergy kit
Additional sets	As required by site layout	None required: every part of the site, including Nursery and the playground, is within five minutes of the main school office. This is reviewed whenever the site or its use changes and a travelling kit accompanies off-site visits

Spare AAIs are:

- stored in pairs, so that a second dose is immediately to hand if it is needed;
- clearly labelled as spare devices, so they cannot be confused with a device prescribed to a named pupil;
- purchased as a single brand wherever possible, so that staff are not asked to recall the technique for more than one device type under pressure. Where a pupil's own prescribed device is a different brand, staff training covers both;
- kept at room temperature, out of direct sunlight and never refrigerated;
- stored out of pupils' reach, but never locked away and never in an office or room where access is restricted;
- located so that a device can be brought to a pupil, anywhere the school operates, within five minutes; and
- checked monthly by the school office staff, with the named senior leader for allergy safety reviewing the check record each half term, to confirm they are in date and present, with the check recorded, and replaced promptly once used or expired.

The check record identifies each device by brand, dose, batch number and expiry date, and records the date of each check and the initials of the person who carried it out. The same applies to the emergency salbutamol inhaler.

Consent is not legally required for a spare adrenaline device to be used in an emergency, and no one should delay treatment in order to check whether consent has been given. We nevertheless ask parents/carers of all pupils for advance consent (Appendix C), recorded in the IHP where the pupil has one, so that the position is clear.

11.2 Emergency salbutamol inhalers

The Human Medicines Regulations 2012, as amended in 2014, permit the school to buy a salbutamol inhaler and spacers without a prescription. The legal position is different from that for spare adrenaline devices. An emergency inhaler may only be used for a pupil who has been prescribed a reliever inhaler but

whose own inhaler is not available — for example because it is broken, empty or has been left at home — and only where written consent has been obtained in advance.

The emergency inhaler is kept alongside the spare AAIs. Spacers are single-pupil use and are replaced after use. A reliever inhaler is never given instead of adrenaline to treat anaphylaxis; where a pupil is still wheezing after adrenaline has been given, a reliever may be used in addition if the Allergy Action Plan says so.

12. Responding to an allergic reaction and to anaphylaxis

Allergic reactions are unpredictable. Most are not severe, but a mild reaction can develop into anaphylaxis, so any pupil having a reaction is monitored closely.

12.1 Mild to moderate reactions

Symptoms may include swollen lips, face or eyes, an itchy or tingling mouth, mild throat tightness, hives or an itchy rash, abdominal pain or vomiting, or a sudden change in behaviour. Where the reaction does not affect airway, breathing or circulation, staff will follow the pupil's Allergy Action Plan and IHP, which will usually mean giving an oral antihistamine. Staff will telephone the pupil's parents/carers, will not leave the pupil unattended, and will keep them in a safe, supervised place and observe them for at least 60 minutes. The pupil does not normally need to be sent home or to receive urgent medical attention.

12.2 Anaphylaxis

Anaphylaxis affects the Airway, Breathing or Circulation:

A — Airway	**Swelling of the throat or tongue, tightness in the throat, hoarse voice, difficulty swallowing**
B — Breathing	Sudden wheeze, breathing difficulty, persistent cough, noisy breathing
C — Circulation	Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis can occur without a rash or any other visible sign. If there is any doubt whether a reaction is anaphylaxis, staff treat it as anaphylaxis. Where a pupil known to have a food allergy suddenly has difficulty breathing, staff always consider anaphylaxis; giving adrenaline in these circumstances is very safe and may save the pupil's life. Investigations into fatal anaphylaxis show there may be only a 20 to 30 minute window in which action can prevent death, and delay in giving adrenaline is associated with fatal outcomes.

In the event of anaphylaxis, staff will:

- **Lay the pupil flat with their legs raised.** Never allow a pupil having a reaction to stand up, walk, or be taken to the office or medical room. Help and medicines are brought to the pupil, never the pupil to the medicines.
- **Give adrenaline immediately,** and in any event within five minutes, using the pupil's own device if it is to hand, or a spare device if their own is unavailable or misfires. Do not wait to call the emergency services before giving adrenaline.
- **Call 999,** ask for an ambulance and say that the pupil is having anaphylaxis. The 999 operator can give advice over the telephone.
- **Give a second dose of adrenaline** if there is no improvement after five minutes.
- **Follow the pupil's Allergy Action Plan** where one is in place.
- **Contact parents/carers** and inform the headteacher and the named senior leader for allergy safety.
- **Stay with the pupil** until the ambulance arrives, and send someone to meet and direct the paramedics. Give the used device to the paramedics.

A member of staff will accompany the pupil to hospital by ambulance, or stay with them until a parent/carer arrives. Every pupil who has received adrenaline must be taken to hospital, even if they appear to have recovered.

Appendix A sets out the emergency action on a single page for display next to the emergency allergy kit and in the staff room, hall and kitchen.

13. Educational visits, trips and off-site activities

Pupils with allergy are not prevented from taking part in any visit or trip, and we do not create unnecessary barriers to their participation — for example by requiring a parent/carer to attend in order for their child to come.

For any pupil at risk of anaphylaxis taking part in an activity off the premises we carry out a specific risk assessment covering:

- the pupil's known allergens and the likelihood of exposure at the venue, in transport and in any food provided;
- catering arrangements, including advance notice of allergens to venues, restaurants or providers, and what the pupil will eat;
- who will carry the pupil's prescribed adrenaline devices and the emergency kit, and where they will be kept;
- which staff, trained to administer adrenaline, will accompany the group;
- the emergency plan, including how to call an ambulance, the location of the nearest hospital, and how parents/carers will be contacted; and
- arrangements for residential visits, including overnight storage of medication and staffing through the night.

Pupils at risk of anaphylaxis take their own prescribed devices with them. We will consider taking spare adrenaline devices on a trip in addition, provided this does not leave the school site without adequate spare devices for the pupils remaining there. Planning for catering and emergency arrangements begins at the earliest stage of planning the visit, not shortly before departure.

The arrangements and adjustments needed for visits and trips are recorded in the pupil's IHP.

14. Wellbeing, inclusion and allergy-related bullying

Many pupils with allergy feel anxious about the risk of exposure and the possibility of a severe reaction, and may already feel singled out by the arrangements made to keep them safe. We are active in supporting their wellbeing, both by reassuring them that steps are being taken to minimise the risk and by making clear that robust measures are in place if a reaction occurs.

- We communicate regularly with pupils, parents/carers and staff about allergy, so that awareness of the risks is maintained.
- We engage proactively with new joiners who have a known allergy, setting out the arrangements and support available, and invite them to visit the kitchen and dining hall to meet the staff who will serve them.
- We involve pupils and staff with allergy in developing and reviewing this policy and the arrangements made under it.
- We consider allergy champion roles for staff and pupils, as a point of contact and a source of support for anxious pupils and new joiners.
- Where a pupil is prescribed adrenaline devices, it may be appropriate for their friends to know how to summon help. This is discussed and agreed with the pupil and their parents/carers first, and never replaces the staff emergency response.

Bullying related to allergy is taken extremely seriously and is dealt with under our anti-bullying and behaviour policies. It can range from excluding a pupil from activities by deliberately using a known allergen, to mocking the need to avoid allergens, to threats to force-feed an allergen. Any such incident is recorded, addressed and reported to the pupil's parents/carers.

15. Serious incidents and "near misses"

A serious incident is one in which a pupil suffers, or is at significant risk of suffering, harm connected with their allergy — for example anaphylaxis, an allergic reaction requiring treatment, an asthma attack requiring emergency treatment, or exposure to a known allergen. A "near miss" is an event that could have caused harm but did not — for example an allergen reaching a pupil's plate but not being eaten, a mislabelled meal identified before service, or emergency medication being unavailable, out of date or inaccessible when it was needed.

15.1 Recording

All serious incidents and near misses are recorded, whether or not treatment was given, using the record at Appendix D. The effects of exposure to an allergen may be delayed and only noticed once a pupil is at home, so reporting is not limited to staff: reports from pupils, parents/carers and healthcare professionals are recorded in the same way, and we make clear to families how to tell us. Allergy safety drills are recorded in the same way.

15.2 Reporting

Every recorded incident is reported to the pupil's parents/carers and to the governing board. Depending on the circumstances, other reporting may also be required:

- to the Health and Safety Executive, where the incident is reportable under RIDDOR, and where the HSE may investigate;
- to the local authority environmental health team, our Primary Authority or the Food Standards Agency, where an allergen-related food safety incident may extend beyond a single contained case. A legal duty to notify arises where a food business has reason to believe unsafe food has left its immediate control and may pose a risk to consumers;
- to the pupil's healthcare professionals and the school nursing service, where the incident indicates that clinical advice or an updated action plan is needed;
- to the designated safeguarding lead, where the incident raises a safeguarding concern — for example a deliberate act, or a pattern suggesting a pupil's needs are not being met; and
- through the local child death review arrangements in the event of a child death.

15.3 Learning lessons

Following investigation we identify what can be learned and act on it, reviewing this policy, the Managing Medical Conditions in School Policy and the relevant Individual Healthcare Plans and risk assessments. Failure to learn lessons from serious incidents and near misses has contributed directly to the deaths of children in schools. The outcome of any investigation, and the changes made as a result, are reported to the governing board and shared with the pupil's parents/carers.

We support the wellbeing of the pupil, their family, other pupils and staff affected by a serious incident, and will arrange access to further support where needed.

Parents/carers who are not satisfied with how the school has responded may raise the matter with the headteacher and, if it cannot be resolved, through the school's complaints procedure.

16. Information sharing and data protection

Information about a pupil's allergy is special category personal data under the UK GDPR and is treated with particular care. We hold, use and share it only where necessary to keep the pupil safe and included in school life, in line with our privacy notices and data protection policy.

- Information is shared with the staff who need it in order to keep the pupil safe, including catering and lunchtime staff, supply and cover staff and trip leaders.
- Allergy lists and photographs held in kitchens, serving areas and classrooms are kept where only staff can see them.
- Pupils and their parents/carers are involved in decisions about sharing health information, and information is not shared more widely than is needed. Unnecessary sharing can embarrass pupils and undermine their confidence.
- Where a pupil or parent/carer raises confidentiality concerns, the individuals to be entrusted with the information are agreed and recorded in the IHP.
- Records are retained in line with the school's retention schedule.

None of this prevents information being shared immediately in an emergency in order to protect a pupil's life.

17. Unacceptable practice

Staff should use their professional judgement in each case, with reference to the pupil's IHP, but the following are not acceptable:

- preventing pupils from easily accessing their medication, including prescribed adrenaline devices and inhalers;

- ignoring the views of the pupil or their parents/carers;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that every pupil with an allergy needs the same support;
- assuming that older pupils do not need support because they can take some responsibility for managing their allergy;
- assuming that a pupil does not have an allergy because they do not yet have a formal diagnosis, for example while investigation is under way;
- sending a pupil home frequently for reasons associated with their allergy, or preventing them from staying for normal or extracurricular activities including lunch;
- sending a pupil who becomes unwell to the office or medical room without suitable supervision. In an allergic emergency, help must come to the pupil;
- penalising pupils for their attendance record where absence relates to their allergy, including excluding them from rewards for full attendance;
- requiring parents/carers, or making them feel obliged, to attend school to administer medication or provide support to their child, or allowing their work or other responsibilities to be affected because the school is not meeting their child's needs;
- preventing pupils from participating, or creating unnecessary barriers to participation, in any aspect of school life including visits and trips, for example by requiring a parent/carer to accompany their child;
- requiring pupils with food allergies to sit apart from their friends at mealtimes; and
- leaving responsibility for allergy safety with catering staff alone.

18. Awareness, publication, monitoring and review

- This policy is published on the school website and is available in hard copy on request.
- It is made generally known within the school and to parents/carers, and is brought to the attention of all pupils, all parents/carers and everyone who works at the school — whether or not for payment — at least once a year, through the school newsletter, the staff handbook, induction for new staff and volunteers, September INSET and the annual data-collection mailing to parents and carers.
- All staff cover this policy as part of their annual allergy awareness training.
- The named senior leader for allergy safety monitors implementation and reports to the governing board at least termly, including on training completion, IHPs in place, emergency medication checks and any incidents or near misses.
- The governing board reviews and approves this policy at least once every year, and sooner following any serious incident or near miss, any change in the law or statutory guidance, or the making of regulations under section 100B of the Children and Families Act 2014.
- Risks relating to pupils with allergy are recorded on the school's risk register and actively managed by the governing board.
- Inspectors may consider this policy, and how well it is implemented, as part of their evidence about the management of safeguarding.

19. Links to other policies and documents

- Managing Medical Conditions in School Policy
- Accessibility plan
- Anti-bullying policy
- Attendance policy
- Behaviour policy
- Complaints procedure
- Data protection policy and privacy notices
- Educational visits policy
- Equality information and objectives
- First aid policy
- Health and safety policy
- Safeguarding and child protection policy
- Special educational needs information report and policy

- Individual Healthcare Plans (held separately and confidentially)

External sources of support include the DfE statutory guidance Allergy safety in schools (July 2026); Using emergency adrenaline auto-injectors in schools and Emergency asthma inhalers for use in schools (DHSC); Adrenaline auto-injectors: guidance and resources for safe use (MHRA); the BSACI site www.spareadrenalineinschools.uk; Allergy UK; Anaphylaxis UK; the Benedict Blythe Foundation; and Asthma + Lung UK.

Appendix A: Anaphylaxis — emergency action

Display next to the emergency allergy kit, in the staff room, the hall, the kitchen and the school office.

Recognise

Suspect anaphylaxis where there is any Airway, Breathing or Circulation symptom: throat or tongue swelling, hoarse voice, difficulty swallowing; sudden wheeze, persistent cough, noisy or difficult breathing; dizziness, faintness, sudden sleepiness, confusion, pale clammy skin, collapse. There may be no rash. If in doubt, treat as anaphylaxis.

Act

- LIE the pupil FLAT with legs raised. Never stand them up or walk them anywhere.
- GIVE ADRENALINE immediately — their own device, or a spare device if theirs is unavailable or misfires. Within five minutes.
- CALL 999. Ask for an ambulance. Say “anaphylaxis”.
- SEND for help — bring the emergency kit and a second adult to the pupil.
- REPEAT adrenaline after five minutes if there is no improvement.
- STAY with the pupil. Do not leave them alone. Do not let them stand, even if they seem better.
- CONTACT parents/carers and inform the headteacher.
- HAND the used device to the paramedics. Every pupil given adrenaline goes to hospital.

Do not

- Do not give a reliever inhaler instead of adrenaline.
- Do not wait to see if the reaction gets worse.
- Do not wait to call 999 before giving adrenaline.
- Do not move the pupil to the medical room or office.

Spare adrenaline devices and the emergency inhaler are kept in the emergency allergy kit in the main school office.

Trained first aiders on site: Rebecca Power, Kim Rumsey, Sue Bennet, Ruth Gladstone, Judy Harwood, Kristen Hayward Smith, Sarah Cleary, Victoria Bullen, Beverly Watson and Emily Hynes; a list with photographs is displayed in the main school office and staffroom.

Appendix B: Emergency allergy kit — contents and checks

Item	Quantity	Check
AAI 150 micrograms	One pair (minimum)	Present and in date — monthly
AAI 300 micrograms	One pair (minimum)	Present and in date — monthly
Salbutamol reliever inhaler	Two Present	and in date — monthly
Spacers (single-pupil use)	Four Replac	ed after each use
Appendix A emergency action card	1 per kit	Legible and current
List of pupils with known allergy and copies of Allergy Action Plans	1 per kit	Updated whenever the record changes
Incident record forms (Appendix D)	Several	In stock

Sharps bin or arrangements for safe disposal	1	Not full; collection arranged

Checks are carried out monthly by the school office staff and recorded, and the record is reviewed each half term by the named senior leader for allergy safety. Devices are replaced immediately after use and before expiry. The kit is never locked away, is kept at room temperature and out of direct sunlight, and is stored so that a device can reach a pupil anywhere the school operates within five minutes.

Appendix C: Consent for use of spare adrenaline device and emergency inhaler

To be completed by the parent/carer of every pupil, and reviewed annually. Consent is not legally required for a spare adrenaline device to be used in a life-threatening emergency, and staff will never delay treatment in order to check consent. We ask for consent in advance so that the position is clear.

Pupil's name	
Class	
Date of birth	
Known allergies / allergens	
Prescribed adrenaline devices?	Yes / No — type and dose:
Prescribed reliever inhaler?	Yes / No
Allergy Action Plan / Asthma Action Plan attached?	Yes / No

I confirm that:

- I consent to the school administering one of its spare adrenaline auto-injectors to my child if they suffer anaphylaxis and their own device is not available, is out of date, or misfires.
- I consent to the school administering its emergency salbutamol inhaler to my child, if my child has been prescribed a reliever inhaler and their own inhaler is not available. [Complete only if your child is prescribed a reliever inhaler.]
- I understand that the school will call 999 and contact me immediately if either is used, and that a pupil given adrenaline will be taken to hospital.
- I will tell the school promptly of any change to my child's allergy, medication or action plans.

Parent/carer name	Signature	Date	Contact number

Appendix D: Allergy incident and "near miss" record

Complete for every allergic reaction, every use of an adrenaline device or emergency inhaler, and every near miss — including those reported by pupils, parents/carers or healthcare professionals after the event, and including allergy safety drills. Pass to the named senior leader for allergy safety on the same day.

Date and time	
Pupil (or "not pupil-specific")	
Reported by	Staff / pupil / parent-carer / healthcare professional / other
Type	Anaphylaxis / allergic reaction / asthma attack / near miss / drill
Where it happened	Classroom / hall / playground / kitchen / trip / transport / other
What happened	
Suspected allergen and route of exposure	
Symptoms observed	
Action taken and by whom	

Medication given	Type, dose, time, own device or spare, who administered
999 called?	Yes / No — time:
Parents/carers informed	By whom and when
Outcome	
Other reporting required	Governing board / HSE (RIDDOR) / environmental health or FSA / school nursing / DSL / other
Investigation and lessons learned	
Changes made to policy, IHP or risk assessment	
Stock replaced?	Device / inhaler / spacer replaced and used device disposed of safely
Completed by / date	
Reviewed by allergy safety lead / date	