EXAMPLE ALLERGY SAFETY SCHOOL POLICY DOCUMENT

Name of school: Halley Primary School

Named school allergy lead(s): Shan Hardy

Name of headteacher: Shoshannah Thompson

Date of policy commencement: September 2026

Date of policy review (annually): September 2027

Named school nurse:

Signature : _____

Policy aims

The main aims of our allergy safety policy are:

a. To provide key information for schools so they can support pupils with allergies at school.
b. To provide guidance on response to anaphylaxis.
c. To improve allergy related communication between education and healthcare services.
d. To reduce the number of children at risk of serious harm due to their allergies, with the support of local health services.

Policy

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that Local Authority (LA) maintained schools, academies and PRUs must have an allergy safety policy. Our school has an allergy safety policy and a named member of the Senior Leadership Team (SLT) who is our allergy lead and has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy. The policy is reviewed and updated at least annually and as necessary; particularly after an 'incident' or 'near miss' where lessons can be learnt or when policies or procedures may leave individuals with allergy at risk. The governing body ensures that allergy safety policies are readily accessible to parents and staff. Our allergy safety policy is published on the school website and can be made available in hard copy on request. We will inform parents of the location of the policy by updating the school website and communicating through email.

Context

Allergy

An allergy is a long-term condition when the body's immune system attacks a normally harmless substance (the allergen), such as nuts/food, insect venom (e.g., a wasp or bee sting), latex and medication. Antihistamines can be used to address less severe allergy symptoms. 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

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to an allergen (something the child is allergic to). Not all children with an allergy will have anaphylaxis.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

children with allergies need to avoid exposure to their allergens to prevent anaphylaxis. In the event of anaphylaxis, a pupil may need to be treated with an Adrenaline Auto-Injector (AAI). Every pupil with a severe allergy should have an allergy management plan that details how their condition should be managed. This plan should be kept with their Individualised Healthcare Plan (IHP) and be accessible when required.

Coeliac disease

Coeliac disease is an autoimmune condition where the small intestine (gut) is hypersensitive to gluten in wheat and other gluten-containing grains (e.g. rye, barley). It is not an intolerance. Consuming gluten can cause significant illness (including abdominal pain and vomiting shortly after eating) which may be prolonged and result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks. However, such events are not "allergic" and should not be treated as an allergic reaction. Coeliac disease cannot cause anaphylaxis, although anaphylaxis can occur in some with coeliac disease if they also have an allergy. Effective management of coeliac disease depends on strict and consistent avoidance of gluten and robust cross-contamination controls – similar to the measures needed for a child or young person with food allergy to wheat. Schools, colleges and early years settings need to support children and young people with coeliac disease, normally through dietary avoidance. This will be arranged as part of the school, college or setting's wider medical conditions policy and would not fall in scope of the allergy safety policy.

Food intolerance

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating and diarrhoea for hours or days after eating. Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or non-coeliac gluten sensitivity. Schools, colleges and early years settings need to support children and young people with food intolerance, normally through dietary avoidance. This will be arranged as part of the school, college or setting's wider medical conditions policy and would not fall in scope of the allergy safety policy.

As a school, we recognise that allergy can be a serious but controllable condition. This school welcomes all pupils with allergies and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

1. An allergy safety **policy**
2. **A register** of all pupils with allergies which is updated regularly
3. The ability for children to **access their allergy medication** quickly and easily
4. **Allergy Care Plans** for all children with allergy
5. **An emergency kit** including AAIs
6. **All staff** allergy awareness, correct use of associated medical devices & emergency policies and what to do in the event of anaphylaxis
7. A member of the SLT to be the named **Allergy Lead** who is responsible for adherence to allergy safety standards in the school and ensures good communication between home, school and the school nursing team.

Allergy lead

This school has an allergy lead who is named above and is part of the SLT. It is the responsibility of the allergy lead to oversee allergy safety, including the asthma register, allergy safety policy, manage the emergency kit and ensure medications are available/accessible. The allergy lead will also communicate to parents/carers regarding any deterioration in a child's condition during school (this may be delegated to other staff as appropriate).

Staff Awareness

All staff present during times when pupils are scheduled to be on site will receive allergy awareness annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel. Allergy awareness will be included in the induction arrangements for new staff. Arrangements will be made to ensure that supply and cover staff receive allergy awareness and are provided with information on the school's allergy management procedures, including the location of emergency medication, how to access Individual Healthcare Plans (IHCPs) and the allergy register, and who to contact for further advice or support.

Allergy awareness will ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage them
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- 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).
    - how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" AAIs);
- 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 encountering their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

This school also has a responsibility to communicate the following to staff:

- How to raise issues about pupils with uncontrolled symptoms
- Where pupil allergy plans are stored
- Where to find the allergy register
- Procedures for school trips, physical education and other settings outside the classroom/break time
- Where a pupil's medication is stored
- Who the allergy lead is at the school
- Ensure that staff are aware of and understand the allergy policy

Awareness under this guidance is understood as allergy awareness and emergency response. It is not read as replacing any 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.

Wellbeing

The school is aware that allergies can be a significant source of anxiety for pupils who are at risk of allergic reactions and anaphylaxis. The school is committed to inclusive practice that enables pupils with allergies to participate fully in education. Allergy-related risk will be managed through proactive prevention, not exclusion, so that pupils with allergies will be supported to feel safe, confident and included. Pupils will not be excluded from activities because of allergy; safe alternatives will be provided. Staff will create a psychologically safe where pupils feel understood and supported. Pastoral staff will offer regular check-ins for pupils with allergies, particularly after incidents or near misses. Age-appropriate allergy awareness will be included in PSHE or health education to ensure pupils are allergy aware, understand the risks allergens

might pose to their peers, respect measures to support them and be alert to allergy related bullying. Older children will learn how to recognise an allergic reaction and support their peers/staff in case of an emergency. If pupils are bringing in food from home or buying food at school, they will adhere to food restrictions or guidance on bringing in food.

If we recognise that an allergy diagnosis is impacting a pupil's life, and they are unable/reluctant to take part in activities, or fall behind in lessons due to their allergy, we will discuss this with the child's parents/guardians & the school nurse and suggest they make an appointment with their allergy nurse or GP.

Allergy-related bullying, including teasing, exclusion, or threatening exposure to allergens, is strictly prohibited. Such behaviour will be treated as a serious safeguarding risk due to potential harm. Staff will actively challenge misconceptions and stigma related to allergies. The school will ensure:

- Clear reporting routes for pupils
- Prompt investigation of all concerns
- Proportionate sanctions reflecting the seriousness of the behaviour
- Restorative approaches where appropriate
- Pastoral support for affected pupils

(Refer to Anti-Bullying policy)

Minimising risk

Allergens can appear in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs
- Running activities or clubs where they might hand out snacks or food. The school will ensure safe food is provided or consider an alternative non-food for all pupils
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies will be considered alongside safety and they should not be excluded. If necessary, the activity will be adapted. The school will ensure compliance with the Equality Act 2010.

Nut free" policies

"Nut free" policies Some schools, colleges or early years settings adopt policies such as "nut-free" environments. This is not the most effective approach as it can create a false sense of security. Nuts are only one of a number of food allergens, all of which can have serious consequences for individuals. Allergen guidance for food businesses identifies fourteen key food allergens which cause over 90% of reactions, but any food can cause an allergic reaction. Many foods do not contain nuts as an ingredient, but may carry a precautionary allergen labelling, for example "may contain nuts", which causes confusion and can make such policies difficult to implement. For this reason, we recommend an "allergy aware" (e.g. "nut-aware") environment rather than a "nut-free" policy. While schools, colleges or early years settings may wish to discourage certain foods being brought on site, it is more important to remain actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and to have robust emergency response plans in place.

Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out regarding allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness
- Schools with Early Years settings should adhere to new Early Years Foundation Stage statutory guidance to ensure that all staff working with EYFS children are aware of individual allergy risks, know how to access relevant

allergy information and Individual Healthcare Plans (IHCPs), know the location of emergency medication, and understand the procedures to follow in the event of an allergic reaction

- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff
- The catering team will endeavour to provide varied meal options to students and staff with allergies
- The school has robust procedures in place to identify pupils with food allergies:- all children have allergies logged on medical tracker (central system), all children with allergies have an allergy badge stored in the dining hall, the children wear these badges and are served by the catering staff before the other children, children's allergy information is stored on the staffroom notice board and inside teachers cupboards in the classroom,

Food allergy

Food containing any of the 14 recognised allergens (celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites/sulphur dioxide, and sesame) will be clearly identified. Information on all ingredients will be available on request. Where a pupil or member of staff has an allergy to a food not included within the 14 recognised allergens, an individual **risk assessment** and appropriate control measures should be implemented and documented.

- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where a Precautionary Allergen Label or "May Contain' label is shown children with this allergy will not be allowed access to this food
- Food provided at breakfast club and after school club will follow these procedures
- Food sold/given on site will have ingredients labelled clearly. No food will be given where ingredient information is not available

Food brought into school

The school ensures that parents, carers and older pupils have received sufficient communication around the policy on food being brought into school so that they can adhere to any food restrictions or guidance when providing packed lunches, snacks, food for fundraising events etc.

Food hygiene for pupils

- Pupils will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

Allergy register

We have an allergy register of all children with allergies (medical tracker) within the school which is updated annually or earlier as required. This enables our school to support our pupils with their health condition. This register will hold key information about all pupils with allergy including: their name, DOB, class, prescribed medication (name and dosage) and consent from parents/guardians for school staff to administer the child's personal medication and the school's

emergency medication if the child does not have their own medication with them. The register also states whether a child has an IHP and/or allergy action plan.

The school should have a clear process for identifying and obtaining information about children, staff and, where appropriate, regular visitors with allergies. This should include details of known allergens, the severity of the allergy, any prescribed medication (including Adrenaline Auto-Injectors (AAIs)), and individual emergency care requirements. Allergy information and Individual Healthcare Plans (IHCPs) should be reviewed at least annually, or sooner if there is any change in the individual's allergy status, treatment, prescribed medication or emergency care needs. Parents/carers are responsible for informing the school promptly of any changes to their child's allergy management requirements.

Individual Healthcare Plans (IHPs) and Allergy Action Plans

Not all children with an allergy will need an IHP. Children and young people will have an IHP if:

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

Examples Example of Allergy IHP	IHP	Allergy Plan
Farah has mild hay fever (allergic rhinitis) which does not pose a risk to her and has a limited functional impact. The school's medical conditions policy 48 permits her to carry and use non-prescription (over the counter) antihistamine tablets and eye drops which she can self-administer.	No	No
Adrian has a severe food allergy which could cause anaphylaxis. He has been issued an Allergy Action Plan. Adrian has been prescribed adrenaline auto-injector devices.	Yes	Yes
Priya has an allergy to egg. She does not have a history of anaphylaxis or have prescribed auto injector pen, but she has been prescribed antihistamine to take in case of a reaction.	Yes	yes

The IHP will set out the additional and/or different arrangements that will be in place in the school setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Any pupil whose allergy requires specific support arrangements, reasonable adjustments, or medication (whether routine or emergency) will have these needs formally documented in an IHP. The plan will outline the pupil's allergy, triggers, agreed preventative measures, medication instructions, and emergency actions, and will be developed with parents/carers and relevant health professionals. The IHP will be created by the pupils GP, specialist or medical professional.

Where children and young people have an Allergy Action Plan issued by a healthcare professional, the IHP refers to or attaches it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan is reviewed to incorporate it.

Access to medication (Prescribed adrenaline)

All children with allergies must **always** have immediate access to their medication. Staff should be aware that in an event of anaphylaxis, an AAI should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips. Children should be encouraged to carry their own medication as soon as they are responsible/capable enough to do so, however, we will discuss this with each child, parent/carer and teacher. For pupils not capable of carrying their own medication, it should be stored in a quickly and easily accessible location, known to all

staff. AAIs must **not** be kept locked away and must be stored at moderate temperatures (according to manufacturer's guidelines), not in direct sunlight or above a heat source e.g., a radiator. Used or out of date pens will be disposed of as sharps.

Children who have been prescribed an AAI must have access to two AAIs as they travel to and from school.

Emergency kit – Spare AAIs

Spare AAIs will be used if a child is experiencing anaphylaxis and the child does not have their own AAI with them. All staff will be trained in how to administer an AAI if they may need to do so.

When storing "spare" AAIs:

- The school will have at least two spare AAIs on each site (if the school has more than one site) and they are of the appropriate dosages
- No child or young person will be more than five minutes from an AAI
- "Spare" AAIs will be readily accessible and NOT locked away
- In the event of anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within five minutes
- "Spare" AAIs should be stored in pairs, so that if a second one is necessary it is on hand
- "Spare" AAIs should be clearly labelled, to avoid confusion with AAIs prescribed to a named person. Our school will have a clearly marked "emergency kit" containing spare AAIs.
- Our school has responsibility for maintaining the emergency kit, including replacing used/out of date medication, storing the medication at the proper temperature and disposing of used medicines properly
- Used or out of date AAIs will be replaced and disposed of as sharps. Used AAIs will be given to ambulance paramedics on arrival or disposed of in a sharps bin (available from pharmacies or online) for collection by the local council
- Regular and documented review of the "spare" AAIs in the emergency kit to ensure they are in date

	To be completed by school staff
Number of emergency kits kept at the school (to include two pairs of adrenaline auto-injectors)	X2 autoinjectors (epi pen)
Location of emergency kits	Hygiene Room

Using the "spare" adrenaline auto-injectors

All Staff members will have completed the awareness session and are permitted to administer the emergency adrenaline auto-injector in the event of anaphylaxis. In the event of anaphylaxis and the AAI being administered, the school will:

- Call 999 and request an ambulance
- Call the child's parent/guardian to inform them of the situation

- Monitor the child carefully in case a further dose of adrenaline is required
- Ensure appropriate incident reporting is completed

Visits and trips

No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices and a copy of their allergy action plan. It is the trip leader's responsibility to check they have them. AAIs will be kept close to the pupils at all times, e.g., not stored in the hold of the coach when travelling or left in changing rooms. AAIs will be protected from extreme temperatures and staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction. As part of a recorded risk assessment the school will consider whether to take spare adrenaline pens to off-site activities.

Serious incidents and "near misses"

The school maintains clear procedures for recording, reporting and responding to any allergy-related incident, including serious reactions and near misses. All incidents and near misses are recorded within 24 hours of the incident using the school's medical incident reporting system. Records include the child's details, description of the event, actions taken, outcome, and any required follow-up. Records are reviewed by the allergy lead and/or named school nurse.

Parents/carers are informed on the same day of any incident occurring on site and as close to the incident occurring a possible. A written summary is provided to the parents/carers within 24 hours.

If symptoms emerge after the child has left the school setting, parents/carers or healthcare professionals may report this via school email address or phone call. The school will log the incident, investigate possible causes, and update the IHP if needed, with support from the named school nurse.

Allergy related serious incidents and near misses trigger a review led by the allergy lead. This may include root cause analysis, updates to risk assessments, staff awareness, or environmental controls. Learning is shared with relevant staff.

Information sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

An up-to-date register of pupils with allergies is kept and linked to their IHPs. Information is updated whenever parents/carers or healthcare professionals provide new details.

Essential allergy information is shared with all relevant staff on a need-to-know basis. Staff have access to IHPs and know where a child's personal and emergency medication is stored.

Catering teams, trip leaders and early years practitioners receive the information required to keep pupils safe. Discreet, GDPR-compliant allergy alerts may be displayed in operational areas such as kitchens or staff rooms.

Parents/carers are informed of any allergy-related incidents and of any changes to school procedures that may affect allergy safety. They are encouraged to report new symptoms or updated medical advice promptly. Schools are responsible for informing parents/guardians that they need to update the school if there is a change in a pupil's healthcare needs, including medication changes, changes in severity of condition or diagnosis. Schools are responsible for reminding parents about these responsibilities at appropriate intervals.

All information is shared securely, confidentially and strictly on a need-to-know basis, in line with GDPR and safeguarding requirements.