Allergy Safety Policy

1. Policy statement

Brockswood Primary and Nursery School is committed to providing a safe, inclusive and supportive environment for all pupils, including children with allergies.

The school recognises that allergic reactions can range from mild symptoms to **anaphylaxis**, a potentially life-threatening emergency. The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens, ensure that staff can recognise and respond to allergic reactions, and support pupils with allergies to participate fully in school life.

This policy has been developed with regard to the Department for Education's **Allergy safety in schools: statutory guidance**, published in July 2026. The guidance requires maintained schools, academies and pupil referral units in England to have an allergy safety policy and sets expectations concerning identification, risk reduction, staff training, Individual Healthcare Plans, prescribed and spare adrenaline devices, educational visits, information sharing, wellbeing, and serious incidents and near misses.

The policy will be published on the school's website and reviewed at least annually, or sooner where there is a significant incident, change in guidance, change in school arrangements, or other relevant development.

2. Aims

The aims of this policy are to:

1. Protect pupils, staff and visitors who have allergies.
2. Reduce, so far as reasonably practicable, the risk of exposure to known allergens.
3. Ensure staff understand allergy, allergic reactions and anaphylaxis.
4. Ensure staff know how to respond promptly and appropriately to an allergic reaction.
5. Ensure pupils at risk of anaphylaxis have rapid access to their prescribed adrenaline devices.
6. Maintain appropriate spare adrenaline devices for emergency use.
7. Ensure appropriate Individual Healthcare Plans (IHPs) are in place where required.
8. Ensure pupils with allergies can participate as fully as possible in lessons, clubs, trips, visits, residential activities, sporting activities and other aspects of school life.
9. Support the emotional wellbeing and inclusion of pupils with allergies.
10. Prevent and respond appropriately to bullying, discrimination or social exclusion associated with allergy.
11. Record, report and learn from allergy-related serious incidents and near misses.
12. Work constructively with parents/carers, pupils, healthcare professionals, catering providers and other relevant organisations.

3. Scope

This policy applies to:

- all pupils; all teaching and non-teaching staff; supply and agency staff; volunteers and regular visitors; catering staff

The policy covers allergies including, but not limited to:

- food allergies; allergies to insect stings; medication allergies; latex and contact allergies; animal allergies; airborne allergens; allergic rhinitis/hay fever; allergic eczema and skin allergies; allergic asthma.

The DfE guidance recognises allergy as a broad group of conditions and also highlights the particular risks associated with anaphylaxis, asthma, food allergy and other triggers.

4. Definitions

4.1 Allergy

An allergy is an abnormal immune response to a normally harmless substance, known as an allergen.

4.2 Allergen

An allergen is a substance capable of causing an allergic reaction in a sensitised person. Examples include particular foods, insect venom, medicines, latex, animal allergens and airborne allergens.

4.3 Anaphylaxis

Anaphylaxis is a potentially life-threatening allergic reaction affecting the **airway, breathing and/or circulation (ABC)**. It requires immediate emergency treatment with adrenaline and an emergency ambulance response.

4.4 Individual Healthcare Plan (IHCP)

An IHCP is a school document setting out the additional or different arrangements required to support an individual pupil with a medical condition or allergy.

4.5 Allergy Action Plan

An Allergy Action Plan is a clinical document prepared by a healthcare professional setting out how to recognise and manage an individual's allergic reaction, including emergency treatment.

4.6 Adrenaline Auto-Injector (AAI)

An AAI is a prescribed adrenaline device used to treat anaphylaxis.

4.7 Spare adrenaline devices

A spare adrenaline device is an emergency adrenaline device held by the school for use where an individual is experiencing anaphylaxis and their own prescribed device is unavailable, unsuitable or has failed, or where a person is experiencing anaphylaxis without a known allergy.

Spare emergency auto injectors can be found in the following locations:

- 4 in the office 2x 150mg (under 6) and 2 x 300mg (over 6)
- 2 in The Nest 300 mg
- 2 in Early Years x 150mg

5. Roles and responsibilities

5.1 Governing body

The governing body will:

- ensure that the school has an allergy safety policy;
- ensure that the policy is published and reviewed;
- ensure allergy-related risks are appropriately considered and managed;
- ensure suitable arrangements and resources are available;
- monitor implementation of this policy;
- ensure lessons are learned from significant allergy incidents and near misses.

The DfE guidance places responsibility on governing bodies, academy trusts and proprietors for ensuring that an appropriate allergy safety policy is in place and that allergy-related risks are actively managed.

5.2 Headteacher

The Headteacher will:

- have overall responsibility for implementation of this policy;

- ensure appropriate staff training;
- ensure emergency procedures are established;
- ensure prescribed and spare emergency medication arrangements are maintained;
- ensure relevant staff have access to necessary information;
- ensure reasonable adjustments are considered;
- ensure the policy is communicated to staff, pupils and parents/carers.

5.3 Designated Safeguarding Team

The DSL Team will:

- maintain the school's allergy register;
- coordinate IHCPs and Allergy Action Plans;
- coordinate staff allergy-awareness training;
- oversee storage and checking of spare adrenaline devices;
- liaise with parents/carers and healthcare professionals where appropriate;
- liaise with catering providers;
- ensure allergy information is communicated appropriately;
- support educational visits and risk assessments;
- coordinate investigation of allergy-related incidents and near misses;
- report significant concerns to the Headteacher.

5.4 All staff

All staff must:

- understand and follow this policy;
- attend required allergy-awareness training;
- know how to recognise an allergic reaction and anaphylaxis;
- know how to summon emergency assistance;
- know where emergency adrenaline devices are located;
- know how to access relevant IHPs and Allergy Action Plans;
- take reasonable steps to prevent exposure to known allergens;
- never knowingly give a pupil food or medication containing an allergen identified in their individual arrangements;
- report incidents and near misses immediately;
- treat pupils with allergy with dignity and respect.

The DfE expects regular, at least annual, allergy-awareness training for staff present when pupils are on site, including permanent, temporary, supply, agency, catering and regular breakfast/after-school club staff.

6. Identifying pupils with allergies

The school will seek relevant allergy information:

- during admission and transition; when pupils transfer from another school; when parents/carers notify the school of a new diagnosis or suspected allergy; when a pupil develops symptoms suggesting an allergy; when a healthcare professional provides updated information.

Parents/carers will be asked to provide:

- details of known or suspected allergens; typical symptoms; known risk of anaphylaxis; prescribed medication; copies of relevant Allergy Action Plans; information about asthma where relevant; information about necessary avoidance measures; updated information whenever circumstances change.

7. Individual Healthcare Plans

A pupil should have an IHCP where:

- their allergy has a functional impact at school;
- they are at risk of harm because of the allergy; and
- they require arrangements additional to or different from those generally provided.

The IHCP will identify the arrangements required to support the pupil, including emergency arrangements.

The IHCP should record, where applicable:

- the pupil's known allergens;
- symptoms and warning signs;
- emergency treatment;
- location of prescribed medication;
- who may administer medication;
- consent arrangements;
- avoidance measures;
- educational visits;
- emergency contact details;
- relevant staff responsibilities.

The school will avoid unnecessarily duplicating clinical instructions. Where a healthcare professional has issued an action plan, the IHCP will refer staff to the current clinical document.

IHCPs will be reviewed:

- annually as a minimum;
- when the pupil's allergy or treatment changes;
- following a serious allergic reaction;
- following a significant near miss;
- when a healthcare professional provides updated advice;
- when there is a significant change in school arrangements.

8. Allergy Action Plans

Where a healthcare professional has provided an Allergy Action Plan, it will be kept with the pupil's IHCP and made accessible to staff who need to act on it. Staff must follow the pupil's current clinical Allergy Action Plan where available. The school will encourage parents/carers to obtain an up-to-date Allergy Action Plan from the relevant healthcare professional for pupils at risk of anaphylaxis.

9. Prescribed adrenaline devices

Pupils who have been prescribed adrenaline must have rapid access to their prescribed device.

The school will agree with the pupil and parents/carers how the device will be:

- stored;
- accessed;
- carried;
- taken on trips;
- checked for expiry;
- replaced when necessary.

Where developmentally appropriate, pupils who are able to self-carry their medication will be supported to do so, in accordance with their IHCP and healthcare advice. Pupils at risk of anaphylaxis should not be required to leave their emergency medication behind when moving around the school.

10. Spare adrenaline devices

The school will maintain an appropriate supply of spare adrenaline devices for emergency use.

For a typical primary school, the DfE guidance indicates that schools should have **one pair of spare devices for children under 6 and one pair for individuals over 6**, using the appropriate dosage. Schools should ensure devices can be brought to a person experiencing anaphylaxis within five minutes.

School arrangements:

Location 1: School Office
Responsible person: All staff

Spare devices will:

- be readily accessible;
- not be locked away;
- be clearly labelled;
- be stored in pairs;
- be kept in appropriate conditions;
- be checked regularly;

The target is that a spare adrenaline device can reach a person experiencing anaphylaxis **within five minutes**.

11. Emergency use of spare adrenaline - Emergency rule: If in doubt, give adrenaline and call 999.

In an anaphylactic emergency:

1. **Stay with the child.**
2. **Bring the emergency medication to the child. Do not make the child walk to the medication.**
1. Follow the pupil's Allergy Action Plan or IHCP where available.
2. Give the pupil's own prescribed adrenaline device if available.
3. If the prescribed device is unavailable, unsuitable or fails, use a spare adrenaline device.
4. If a person is experiencing anaphylaxis and has no known allergy or prescribed device, a spare school adrenaline device may be used.
5. **Call 999 immediately and request an ambulance.**
6. Tell the emergency operator that the person is experiencing anaphylaxis.
7. Keep the person lying flat with legs raised where possible, unless their condition requires another position; do not allow them to stand or walk.
8. If there is no improvement after five minutes, administer a further adrenaline dose if available and appropriate.
9. Remain with the person until emergency services take over.
10. Inform the parent/carer as soon as practicable.
11. Record and report the incident in accordance with this policy.

12. Recognising anaphylaxis

Staff must be familiar with signs of anaphylaxis, including:

Airway: swelling of the throat or tongue; difficulty swallowing; hoarse voice; tightening of the throat.

Breathing: sudden wheezing; difficulty breathing; persistent cough; noisy breathing.

Circulation: dizziness; feeling faint; sudden tiredness or sleepiness; confusion; pale or clammy skin; collapse or loss of consciousness.

Anaphylaxis can occur without a skin rash. In a pupil with a known food allergy, sudden difficulty breathing should be treated as a possible anaphylactic reaction.

13. Mild or moderate allergic reactions

Possible symptoms include: swollen lips, face or eyes; itchy or tingling mouth; mild throat tightness; hives or itchy rash; abdominal pain; vomiting; sudden behavioural change.

Where a reaction is mild/moderate and does not involve airway, breathing or circulation:

- follow the pupil's Allergy Action Plan or IHCP;
- administer medication only where authorised and in accordance with the pupil's plan and school medication procedures; do not leave the pupil unattended;
- inform the parent/carer or emergency contact;
- monitor the pupil closely;
- observe the pupil in a safe place for at least 60 minutes;
- be alert for progression to anaphylaxis;
- administer adrenaline and call 999 immediately if signs of anaphylaxis develop.

The DfE guidance specifically advises monitoring following an allergic reaction because a reaction can worsen and recommends observation for at least 60 minutes.

14. Allergy and asthma

The school recognises that asthma and allergy frequently coexist and that allergen exposure may trigger asthma symptoms. Where a pupil has both food allergy and asthma, staff must be familiar with both the Allergy Action Plan and Asthma Action Plan. If a pupil with food allergy and asthma develops sudden breathing difficulty, staff must consider anaphylaxis.

A reliever inhaler must not be used instead of adrenaline when anaphylaxis is suspected. Adrenaline should be administered first in accordance with the emergency plan.

15. Staff allergy-awareness training

The school will provide allergy-awareness and emergency-response training at least annually. First-aid training alone is not considered sufficient allergy-awareness training. The DfE guidance expects allergy-awareness training to cover recognition, emergency response, medication, prevention, wellbeing, information and incident reporting.

Training will be provided to relevant new staff as part of induction and to temporary, supply, agency, catering and regular club staff as appropriate. A training record will be maintained.

16. Minimising exposure to known allergens

The school will take reasonable steps to reduce exposure to known allergens. The school recognises that it is not normally possible to guarantee an entirely allergen-free environment. The aim is to manage identified risks appropriately while enabling pupils with allergies to participate fully in school life.

17. Food and catering

The school will work with its catering provider to ensure that pupils with food allergies can access appropriate food safely. The catering provider will:

- maintain accurate ingredient information;
- identify the regulated allergens present in food;
- follow appropriate food hygiene procedures;
- minimise cross-contact;

- check ingredient labels;
- check product substitutions;
- communicate changes to menus;
- ensure relevant staff understand individual dietary requirements;
- maintain appropriate records.

The 14 regulated allergens will be managed in accordance with applicable food-information law. For food supplied by a food business, allergen information must be clear, accurate and accessible. Prepacked for direct sale (PPDS) food requires a full ingredients list with regulated allergens emphasised.

18. Packed lunches

Parents/carers will be provided with clear information about the school's arrangements for pupils with food allergies. Where appropriate, the school may introduce specific arrangements for packed lunches, such as:

- handwashing before and after meals; restrictions on sharing food; supervision during eating;
- age-appropriate education about allergy safety.

19. Food brought into school

Parents/carers and staff will be asked to notify the school before bringing food for: fundraising; cultural events; classroom activities.

Where allergen information cannot be reliably established, the school may decline to allow the food to be served. As good practice, the school will seek clear allergen information for food brought in by parents or other individuals, including food for occasional events.

Pupils will be taught not to:

- share food; exchange snacks; eat another pupil's food; give food to another pupil without permission.

20. Classroom activities

Teachers will consider allergy risks before activities involving:

- food; cooking; baking; science experiments; art and craft materials; cosmetics; latex; animals; plants; outdoor activities; other materials identified as allergens for pupils.

Where a pupil has a known allergy, the teacher will check the pupil's IHCP and relevant risk assessment before the activity. Reasonable adjustments will be made where necessary.

21. Educational visits and trips

Pupils with allergies will be enabled to participate in educational visits wherever reasonably practicable. Before a trip involving a pupil at risk of anaphylaxis, the school will:

- identify trained staff; ensure prescribed adrenaline accompanies the pupil; ensure staff know where the medication is located; ensure appropriate emergency contact arrangements.

Where appropriate, spare adrenaline devices may also accompany a trip, provided this does not compromise the school's required supply on site. The DfE guidance specifically requires arrangements and adjustments to support pupils with allergy to participate safely in trips and visits.

22. Residential visits

For residential visits, additional planning will include: accommodation arrangements; food preparation; restaurant/caterer communication; medication storage. The pupil's prescribed adrenaline must remain accessible throughout the visit.

23. Staff and visitors with allergies

The school recognises that staff and visitors may also have allergies.Where relevant, reasonable steps will be taken to support staff and visitors and to reduce foreseeable risks.

24. Communication with parents and carers

Parents/carers will be encouraged to:

- inform the school promptly of a new or suspected allergy;
- provide updated clinical advice;
- provide replacement medication before existing medication expires;
- provide an updated Allergy Action Plan when issued;
- tell the school about changes to medication or treatment;
- participate in IHCP reviews;
- inform the school about relevant incidents occurring outside school where these may affect school arrangements.

The school will communicate significant allergy incidents to parents/carers as soon as reasonably practicable.

25. Related policies:

- First Aid Policy;
- Supporting Pupils with Medical Conditions Policy (includes Medication);
- Food Safety Policy;
- Special educational needs and disabilities (SEND) policy
- Equality information & objectives (SEND)
- Child Protection Policy;
- Learning Outside the Classroom (LOtC) and Offsite Visits & Local Learning Area 1 document (which replaced our Educational Visits Policy);
- Health and Safety Policy;
- Data Protection Policy & Privacy Policy.