HAVERIGG PRIMARY SCHOOL

Allergy Safety Policy



Designated Senior Leader for Allergy Safety	Mrs. M. Narongchai
Approved by	chair of governors
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Related policies: Supporting Pupils with Medical Conditions; First Aid; Medicines; Food/School Meals; Educational Visits; Safeguarding; Equality; Attendance; Health & Safety; Data Protection	

1. Policy statement

Haverigg Primary School is committed to providing a safe, inclusive and supportive environment for children, staff and visitors affected by allergy. The school recognises that allergies can range from mild symptoms to life-threatening anaphylaxis and that an allergic reaction can occur in school even where a child has no previously diagnosed allergy.

The school will take reasonable and proportionate steps to identify known allergies, reduce avoidable exposure to known allergens, ensure rapid access to emergency medication, prepare staff to respond to allergic reactions and support children with allergy to participate fully in school life.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy and any Individual Healthcare Plan (IHP), Allergy Action Plan or Asthma Action Plan for an individual child.

2. Purpose and aims

- To identify children, staff and relevant visitors with known allergies and the support they may require.
- To minimise the risk of exposure to known allergens while avoiding unnecessary exclusion or segregation.
- To ensure that prescribed adrenaline devices and other emergency medication are rapidly accessible.
- To ensure all relevant staff receive allergy awareness and emergency response training.
- To ensure children with allergy can participate as fully as possible in learning, play, meals, clubs, trips and visits.
- To promote the wellbeing of children with allergy and prevent allergy-related bullying or discrimination.
- To record, report and learn from allergy-related incidents and near misses.
- To review the effectiveness of the school's arrangements at least annually and following significant incidents or near misses.

3. Scope

This policy applies to all pupils, staff, supply and temporary staff, agency staff, peripatetic staff, regular volunteers, catering staff and other adults supervising children during the school day or school-run activities. Contractors who have no pupil-facing role are not normally required to undertake allergy awareness training, although relevant site controls will apply.

The policy covers food allergy and other relevant allergies, including allergies associated with airborne allergens, contact allergens, insect stings and medication, as well as associated conditions such as allergic asthma and eczema where these affect the child's safety or participation.

4. Roles and responsibilities

Role	Key responsibility
Governing Body	Ensure the school has an allergy safety policy, oversee implementation and receive information about significant incidents/near misses and policy review.
Headteacher / Senior Leader for Allergy Safety	Lead implementation, maintain oversight of allergy safety, ensure staff training, coordinate reviews and ensure arrangements are reflected in risk management.
SENDCo / Medical Conditions Lead (where applicable)	Support identification of pupils requiring additional arrangements, contribute to IHPs and reasonable adjustments and liaise with families/professionals as appropriate.

First Aid / Medication Lead	Maintain medication systems, checks and records; ensure emergency medication is accessible and staff know where it is kept.
Teachers and support staff	Know which pupils require allergy support, follow IHPs/Action Plans, reduce avoidable exposure, recognise symptoms and respond promptly in an emergency.
Catering staff / caterer	Provide accurate allergen information, follow food safety and cross-contamination controls, and work with school leaders and families to provide safe and inclusive meals.
Educational visit leaders	Include allergy arrangements in visit risk assessments, ensure medication accompanies pupils and ensure appropriately trained staff are present.
Parents/carers	Provide accurate and up-to-date information about allergies, medication and action plans; inform the school promptly of changes; work with school staff to develop and review support arrangements.
Pupils	Where developmentally appropriate, learn about their allergy, follow agreed safety arrangements, ask for help when unsure and increasingly take responsibility for their medication and allergy management.

5. Identification and recording of allergy

The school will maintain an up-to-date record of pupils known to have an allergy, their known triggers and the arrangements required to keep them safe. Information will be gathered from parents/carers, the pupil where appropriate, previous settings and relevant healthcare professionals.

- Parents/carers will be asked to provide details of known allergens, previous reactions, prescribed medication and any Allergy Action Plan.
- Where a child transfers to the school, relevant allergy information and existing plans will be requested as part of transition.
- New or changing allergy information will be communicated promptly to staff who need to know.
- Staff and relevant regular visitors with allergies may provide information to the school so that reasonable workplace and safety arrangements can be considered.
- The school will not attempt to make clinical diagnoses. Where a suspected allergy has a significant functional impact, reasonable interim safety measures will be considered while medical advice is sought.

6. Individual Healthcare Plans

An Individual Healthcare Plan will be developed where an allergy has a functional impact at school, presents a risk of harm and requires arrangements that are additional to or different from the school's general arrangements.

- The IHP will be developed with the child and parents/carers and, where appropriate, relevant healthcare professionals.
- The IHP will record the child's allergy, known triggers, potential impact, avoidance measures, medication, emergency arrangements and level of independence.
- A current Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional will be attached to or referenced by the IHP.
- The IHP will specify who needs to know, what support is required, where medication is kept and how it can be accessed.

- The IHP will be reviewed at least annually and sooner where circumstances, medication or clinical advice changes, or following an incident/near miss.
- The child's and family's views will be considered when reviewing arrangements.

7. Prescribed adrenaline and emergency medication

Children prescribed adrenaline should have access to two prescribed adrenaline devices in school where this has been advised by their healthcare professional, with both devices immediately accessible.

- Prescribed adrenaline devices must not be inaccessible or kept in a location that prevents rapid access.
- Where a child is able and assessed as competent to self-manage, the school will support them to carry their medication where appropriate, while ensuring suitable supervision and backup arrangements.
- The school will keep an accurate record of prescribed adrenaline devices and relevant Allergy Action Plans.
- Parents/carers remain responsible for providing replacement devices when prescribed devices expire or are used, unless another agreed arrangement is in place.
- Medication will be stored in accordance with the manufacturer's instructions and the child's IHP.

8. Spare adrenaline auto-injectors

The school will maintain spare adrenaline auto-injectors (AAIs) for emergency use in accordance with the current statutory guidance and applicable arrangements. Spare AAIs are an emergency safeguard and do not replace a child's own prescribed devices.

- **For a primary school, the school will maintain one pair of 150 microgram spare adrenaline auto-injectors for children under 6 years and one pair of 300 microgram spare adrenaline auto-injectors for children aged 6 years and over, subject to current clinical and manufacturer guidance.**
- Spare AAIs will be stored in pairs, clearly labelled and readily accessible rather than locked away.
- The school will position spare AAIs so that they can be brought to a person experiencing anaphylaxis within five minutes wherever they may be on site. **The location and accessibility of spare AAIs will be tested periodically, including during lunchtime, PE, assemblies and other activities when pupils may be away from their usual classroom.**
- AAIs will be stored at room temperature in accordance with manufacturer guidance and protected from extreme heat, refrigeration and direct sunlight.
- The designated medication lead will maintain an expiry and stock-check record and arrange replacement before expiry or immediately following use.
- Used AAIs will be disposed of safely because they contain a needle.
- Where an emergency occurs, staff will follow the individual's IHP/Allergy Action Plan where available and the emergency procedure in Section 14.

9. Food allergy and school meals

The school will work with its catering provider, families and pupils to identify, minimise and manage food allergy risks. Food allergy arrangements will aim to keep pupils included in normal mealtimes alongside their peers.

- The school/caterer will provide clear and accessible information about allergens in food provided.
- The 14 regulated food allergens will be identified in accordance with applicable food information requirements.

- Menus and ingredients will be checked against each child's known allergens before food is provided.
- At least two complementary methods of identifying pupils with known food allergy at mealtimes will be used where appropriate, balancing safety and inclusion.
- Food preparation, utensils, surfaces and serving arrangements will be managed to reduce cross-contamination.
- Food provided for children with allergy will be clearly identified and handled according to agreed procedures.
- Children with food allergy will not routinely be segregated from their peers at mealtimes.
- Parents/carers will be informed of relevant allergen information and any changes to menus or ingredients that may affect their child.
- If menus change at short notice, allergy safety arrangements must still be followed and changes highlighted.
- School staff and caterers will never assume that a familiar food remains safe without checking current ingredients and allergen information.

10. Food brought into school

- Parents/carers will be asked to provide clearly labelled lunchboxes and food where this is relevant to allergy safety.
- Food should not be traded, shared or swapped between pupils.
- Birthday treats, celebrations and other food brought into school should be agreed with the school in advance where necessary to protect inclusion and safety.
- Unlabelled food will not be given to a child with a known food allergy where its ingredients cannot be established.
- The school will promote an allergy-aware approach rather than claiming that the school environment is completely 'allergen-free' or 'nut-free'.
- Where the school discourages particular allergens being brought onto site, this will be communicated as a risk-reduction measure and will not replace individual allergy management or emergency arrangements.

11. Allergens in lessons and activities

Staff planning activities will consider the possibility of allergen exposure. Children with allergy should not be unnecessarily excluded from curriculum activities; where a material presents a known risk, an alternative should be identified wherever reasonably possible.

- Cooking, food technology, science, art, craft, music, PE and enrichment activities will be checked for relevant allergen risks.
- Staff will consider that play dough may contain wheat and some glues may contain milk, wheat or soya.
- Old food packaging and containers may contain allergen residues and should be avoided where possible.
- Bird feed and animal-related activities may contain nuts, seeds or other allergens.
- Where a known allergen is essential to an activity, the teacher will consider an alternative activity/material or a suitable reasonable adjustment.
- Any necessary additional controls will be recorded in the child's IHP or activity risk assessment.

12. Airborne, contact and environmental allergens

- Known airborne or contact triggers identified in a pupil's IHP will be considered in classroom, playground, PE and educational visit planning.

- Reasonable steps will be taken to reduce exposure to known triggers, including consideration of cleaning, ventilation, materials, animals, plants, latex and other identified substances.
- Where a pupil has severe animal allergy, exposure to pets, farm visits or animal-related activities will be risk assessed.
- Where allergy or asthma is affected by air quality, the school will consider ventilation and wider environmental controls as part of its health and safety arrangements.

13. Trips, visits and residential activities

Children with allergy should be enabled to participate fully in educational visits and extracurricular activities. Allergy should not be used as a reason to require parents/carers to accompany a child unless this is genuinely necessary and agreed through the child's support arrangements.

Where appropriate, the visit risk assessment will consider whether a spare school adrenaline auto-injector should accompany the group, particularly for residential visits, remote locations or activities where access to emergency medical assistance may be delayed. Taking a spare AAI off site must not leave the school without its required spare emergency provision.

- The visit risk assessment will identify allergy triggers and control measures.
- The child's IHP/Allergy Action Plan will be available to relevant staff.

Prescribed adrenaline will accompany the child and be readily accessible throughout the visit. **Medication must remain immediately accessible during transport and must not be stored in luggage or the vehicle's luggage compartment.**

- Staff trained to respond to anaphylaxis will be present.
- Food arrangements, including restaurants, packed lunches, catering and changes to planned menus, will be considered in advance.
- Emergency access, location of medical support and arrangements for contacting emergency services will be checked for the destination.
- For residential visits, arrangements for overnight storage, access and staff awareness will be confirmed before departure.

14. Emergency response to allergic reaction/anaphylaxis

All staff must know that anaphylaxis is a life-threatening emergency affecting the Airway, Breathing and/or Circulation. If in doubt whether a reaction is anaphylaxis, treat it as anaphylaxis.

Emergency procedure

1. Stay with the child and call for help. Bring emergency medication to the child rather than sending the child to fetch it. **Staff will use their personal phones when on duty or near the school site (e.g. beach) to alert the office to the situation and their location. In this situation a member of staff will bring the medication out.**
2. If anaphylaxis is suspected, administer adrenaline immediately using the child's prescribed adrenaline device if available, or the school's spare AAI where appropriate.
3. Call 999 immediately and state that the person is experiencing anaphylaxis.
4. Keep the child lying down where possible and do not allow them to stand or walk around. Follow the individual's Allergy Action Plan where it gives specific positioning or additional instructions.

5. If there is no improvement after five minutes and a second adrenaline device is available, administer the second dose in accordance with the emergency plan/guidance.
6. Stay with the child until emergency services take over. Do not leave the child unattended.
7. Contact the parent/carer or emergency contact as soon as practicable, without delaying emergency treatment.
8. Record the incident and inform the designated senior leader. A serious incident or near miss must be reviewed so that lessons can be learned.

A reliever inhaler must never be used instead of adrenaline when treating anaphylaxis. If the child also has asthma, the Allergy/ Asthma Action Plan should be followed after the immediate anaphylaxis response.

15. Recognising an allergic reaction

Mild to moderate symptoms may include:

- itchy or tingling mouth;
- mild throat tightness;
- hives or an itchy rash;
- swelling of the lips, eyes or face;
- abdominal pain, nausea or vomiting;
- a sudden change in behaviour.

Possible signs of anaphylaxis include:

- difficulty breathing, wheezing or persistent coughing;
- difficulty swallowing, swollen tongue or hoarse voice;
- dizziness, collapse or loss of consciousness;
- pale, floppy, very sleepy or confused appearance;
- other sudden signs affecting Airway, Breathing or Circulation.

Mild reactions can worsen. A child who has experienced an allergic reaction should not be left unattended and should be observed in a safe place for at least 60 minutes in line with the guidance, with the child's individual plan followed.

16. Staff training and induction

All staff present when pupils are on site will receive allergy awareness and emergency response training at least annually. This includes permanent, temporary, supply, agency, peripatetic and regular volunteer staff, as well as catering staff and staff supervising breakfast or after-school provision.

- Training will cover allergy, food allergy, asthma, eczema and other relevant allergic conditions.
- Staff will understand the difference between food allergy, coeliac disease and food intolerance.
- Staff will recognise allergic reactions and anaphylaxis.

Staff will know how to locate and use prescribed and spare emergency medication. **Staff who may be required to administer adrenaline will receive practical training in the use of the specific adrenaline devices held by the school.**

- Staff will know how to call 999 and communicate essential information.

- Staff will know how to access the school's allergy register, IHPs and Allergy Action Plans.
- Staff will understand their role in reducing allergen exposure.
- Staff will know how to report incidents and near misses.
- New staff will receive allergy safety information as part of induction.
- Supply and cover staff will be given relevant information before supervising pupils with known allergy.

17. Wellbeing, inclusion and bullying

The school recognises that living with allergy and the possibility of anaphylaxis can cause anxiety. Children with allergy will be supported to feel safe, included and confident in school.

- Staff will reassure children that appropriate measures are in place to reduce risk and respond to emergencies.
- Children will not be routinely excluded from normal activities because of their allergy.
- The school will consider reasonable adjustments to enable participation.
- Allergy-related bullying, including teasing, deliberate exposure to allergens, threats to force-feed allergens or using allergens to exclude a child from activities, will be treated seriously under the school's behaviour and anti-bullying procedures.
- Where appropriate and with the agreement of the child and family, peers may be given age-appropriate information about how to seek adult help in an emergency.
- The child and family will be involved in decisions about how information about their allergy is shared with peers.

18. Information sharing and confidentiality

Health information relating to allergy is sensitive information and will be shared only with those who need it to keep a child safe and support their participation. Information will be handled in accordance with the school's data protection arrangements.

- Relevant staff will have access to the information needed to act safely.
- Emergency information will be readily available to appropriate staff.
- The school will avoid unnecessary disclosure or publicly identifying a child as having an allergy.
- Parents/carers and pupils will be involved in decisions about information sharing where appropriate.
- Where information needs to be shared with catering providers, trip providers or other external staff, only relevant information will be shared through appropriate arrangements.

19. Incidents and near misses

All allergy-related incidents and near misses will be taken seriously. The school will use a no-blame, learning-focused approach to identify weaknesses and prevent recurrence.

- Record what happened, when, where, the allergen or suspected allergen, symptoms, treatment and outcome where known.
- Inform parents/carers and the governing body as appropriate and complete any required statutory reporting.
- Review whether the relevant policy, risk assessment and IHP/Action Plan were adequate and followed.
- Consider whether staff training, communication, supervision or environmental controls need strengthening.
- Involve the child and parents/carers in reviewing arrangements.

- Update the relevant IHP, risk assessment or policy where necessary.
- Consider cumulative learning from multiple near misses rather than treating each event in isolation.

20. Monitoring, review and governance

The Governing Body will ensure that allergy safety is included within the school's wider risk management arrangements. The designated senior leader will monitor implementation and lead the annual review.

- The policy will be reviewed at least annually.
- The policy will also be reviewed following a serious allergy incident or where a near miss identifies a significant weakness.
- Staff training completion will be monitored.
- Allergy registers, IHPs, medication records and expiry checks will be monitored.
- The school will review trip and activity risk assessments where allergy risks are identified.
- Feedback from pupils, parents/carers, staff and catering providers will inform review.
- The policy will be published on the school website and made available in hard copy on request.

21. Unacceptable practice

The following practices are not acceptable:

- Preventing a child from having rapid access to prescribed emergency medication.
- Ignoring the views of a child or their parents/carers or disregarding relevant healthcare advice.
- Assuming every child with allergy needs the same level of support.
- Assuming an older child no longer needs support simply because they can self-manage some aspects of their allergy.
- Assuming a child does not have an allergy because a diagnosis has not yet been confirmed.
- Frequently sending a child home or preventing them from normal school activities, clubs or lunch because of their allergy.
- Sending a child who is having an allergic emergency to the office or medical room without appropriate supervision and medication. Help and medication must be brought to the child.
- Requiring parents/carers to attend school routinely to provide support that the school should reasonably provide.
- Creating unnecessary barriers to participation in trips, visits or school activities.

22. Communication and publication

- The policy will be available on the school website.
- A hard copy will be available on request.
- Key allergy arrangements will be communicated to staff as part of annual training and induction.
- Parents/carers will be informed about how to notify the school of an allergy and how individual arrangements will be managed.
- Age-appropriate allergy awareness may be incorporated into the curriculum and wider school culture.

23. Policy review checklist

- Allergy lead named and current.
- Allergy register reviewed and current.
- IHPs and Allergy Action Plans reviewed.
- Prescribed medication records checked.
- Spare AAI stock and expiry dates checked.
- AAI locations remain within five minutes of all relevant areas.
- Catering arrangements and allergen information reviewed.
- Packed lunch / food brought from home arrangements reviewed.
- Curriculum/activity risks reviewed.
- Educational visit arrangements reviewed.
- Staff allergy training completed and recorded.
- Incidents and near misses reviewed and lessons identified.
- Pupil and parent/carer feedback considered.
- Policy published and accessible.

Appendix 1 – Quick emergency response reminder

Step	Action	Reminder
1	SUSPECT ANAPHYLAXIS	If in doubt, treat as anaphylaxis.
2	ADRENALINE	Give adrenaline immediately using prescribed AAI or appropriate spare AAI.
3	999	Call 999 and state: 'anaphylaxis'.
4	DO NOT WALK	Bring help and medication to the child. Keep them with appropriate positioning and supervision.
5	SECOND DOSE	If no improvement after 5 minutes and a second device is available, give the second dose.
6	PARENT/CARER	Inform parent/carer as soon as practicable without delaying treatment.
7	RECORD & REVIEW	Record the incident and review arrangements/near misses.

Appendix 2 – The 14 regulated food allergens

- Celery
- Cereals containing gluten
- Crustaceans
- Eggs
- Fish
- Lupin
- Molluscs
- Milk
- Mustard
- Peanuts
- Sesame
- Soya
- Sulphur dioxide and sulphites above the applicable threshold
- Tree nuts

Any food can cause an allergic reaction; the 14 regulated allergens are not an exhaustive list of possible allergens.

Appendix 3 – Key contacts

Contact / role	Name	Contact details
Headteacher		
Senior Leader for Allergy Safety		
Medical / First Aid Lead		
SENDCo		
Catering provider / lead		
School office		

Source documents used

This policy has been drafted from the three documents supplied for this task:

- Allergy safety in schools – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, July 2026.
- Allergy safety policy – template.
- Allergy & Anaphylaxis Training for Schools – Module 1: Understanding Allergies.

The policy should be reviewed against any subsequent statutory regulations, local authority requirements, the school's Supporting Pupils with Medical Conditions Policy and individual healthcare advice before formal adoption.