WESTOE CROWN PRIMARY

Expect the Best, Achieve Success

Allergy Safety Policy

Autumn 2026

Agreed by Governors: 15.09.26

Next Review: September 2027

This policy will be reviewed annually and will be published to all staff, parents and governors. It will be available from the school office as well as through the school's website.

Chair of Governors signature: .....

Head Teacher signature: .....

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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens

- Emergency response plans for cases of anaphylaxis

3.2 Allergy safety lead

The nominated allergy safety lead is Mrs Allen.

With the support of two medical support staff members, they're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline auto-injectors (AAI)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher, supported by the designated allergy lead, is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Designated medical support staff

The KS1 medical support staff member and KS2 medical support staff member, under the direction of the Designated Allergy Lead, are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to school
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

Pupils are supported to take age-appropriate responsibility for their allergies by:

- Being aware of their known allergens, their triggers and the risks they pose
- Never sharing or swapping food, snacks, or drinks with other pupils
- Telling a member of staff immediately if they feel unwell, suspect they have eaten something unsafe, or notice signs of an allergic reaction

3.8 Pupils without known allergies

Pupils are supported to contribute to a safe school environment by:

- Understanding that some children have severe food allergies that can make them very poorly
- Following whole-school safety rules, including never sharing or swapping food, snacks, or drinks.
- Washing their hands after eating snacks or lunch before going out to play
- Telling an adult immediately if a friend feels unwell

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- Request information relating to any allergies with parents/carers completing the appropriate forms during initial Nursery visit
- Ensure parents/carers of children joining Reception who are new to school complete the appropriate forms regarding children's medical needs, including any allergies during their initial admits meeting
- Include reminders about allergy information sharing during following Reception starters meeting, which includes a discussion with the school dinner LA rep and the school nurse
- Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will require immediate information regarding any allergy and medication (if required), and we will put arrangements such as an individual health care plan in place as soon as possible (within 2 weeks)
- Send a reminder to parents/carers at the start of each term asking them to update their child's medical information as necessary on the Arbor Management Information System (MIS)
- Share new and updated information with both the Allergy Lead and the appropriate KS1/KS2 medical support staff member
- Where new information is received, the class teacher will be made aware
- Ensure a list of individuals, including photographs, with known allergies is kept visible to staff in the kitchen area where food is served
- Ensure a list of individuals within a class with known allergies is kept in the red class folders, easily accessible to staff only
- Use parents' evenings as an opportunity to check with parents of any updates which parents will then update on Arbor (MIS)

We ask that parents/carers proactively inform us by either phone call to the school or an email/alert through Arbor (MIS) if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

We will:

- Ask new staff to provide details of their allergies and whether they carry medication in advance of their start date
- Ask visitors to provide details of their allergies and whether they carry medication in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs change.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

A copy of the allergy/asthma action plan and IHP should accompany the medication, as well as be available in the class red folder.

4.5 Register of pupils with known allergies

- The school maintains a confidential register of pupils who have a known allergy, as part of our physical concerns register. The register includes:
    - Known allergens and risk factors for severe reactions, including anaphylaxis
    - Clear details of any prescribed medication
    - Whether a pupil has been prescribed AAIs
    - A recent photograph of each pupil to allow a visual check to be made

- The register is kept on the school's drive and physical copies are also visible to kitchen staff serving children. Individual class registers are also in classrooms in class red folders so they can be checked quickly by any member of staff.

5. Assessing risk

The school will consider risks and implement control measures to minimise any pupil coming into contact with their known allergen, such as using an alternative, during all school activities, including:

- Lessons involving food
- Science experiments involving foods
- Crafts using recycled food packaging
- Off-site events and school trips
- School events or celebrations
- Any other activities involving animals or food, such as animal handling experiences or food

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers and food utensils is not allowed
- Pupils have their own water bottles and lunch boxes (if packed lunch)

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- To ensure safe meal delivery during service, all pupils from EYFS up to Year 2 with food allergies, intolerances, or specific dietary requirements must wear a designated **purple name tag** in the dining hall
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- The school will show all catering staff where emergency medication is located
- School menus are available for parents/carers and pupils to view, alongside a more in-depth menu which includes ingredients and potential allergens. Catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

Proactive steps will be taken to reduce the chances of bites/stings during outdoor play, PE and outdoor learning:

- Shoes should always be worn
- No food or drink to be eaten outdoors to minimise attracting stinging insects
- Rubbish bins to be emptied regularly
- Any potential wasps/bees nests to be reported to the site manager immediately and cordoned off
- Classroom's kept unlocked during outdoor activities to ensure swift retrieval of medication if needed

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with known animal allergies may be offered safe, alternative ways to participate in the activity (e.g., viewing from a safe, well-ventilated distance, taking on a supportive role

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will include any pupil at risk of a serious reaction/anaphylaxis taking part in a school trip in their risk assessment on EVOLVE, including the named pupil, specific triggers and medical arrangements
- Pupils at risk of anaphylaxis should have **both** of their own AAIs accompanying them on a visit
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AAI device will only be used if:
    - The pupil does not have a prescribed AAI
    - The pupil's prescribed AAIs are not available or misfire

8. Adrenaline Auto-Injectors (AAIs)

8.1 Prescribed AAIs

Due to the age of primary pupils, their AAIs will be stored:

- Location: To ensure rapid access during key periods (such as lunchtimes), one of the pupil's prescribed AAIs is stored in their classroom medical box, and the second is kept in the central medical cabinet near the dining hall/office
- Accessibility: Both locations will be unlocked, clearly signposted, and retrievable within 5 minutes
- Action Plan: A copy of the pupil's Allergy Action Plan will be stored with EACH auto-injector to ensure immediate instructions are available
- First and Second Dose Retrieval: When a pupil shows signs of a severe allergic reaction, staff will immediately retrieve whichever AAI is nearest to administer the first dose without delay. Simultaneously, a staff member will be dispatched to fetch the second prescribed AAI from the alternative storage location so that a second dose is already on hand at the pupil's side if required
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

AAIs will accompany children prescribed them on visits (2 AAIs if prescribed)

A copy of the pupil's IHP and allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare AAIs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare AAIs (and an emergency asthma reliever inhaler) and ensuring they are stored according to the guidance, with the support of two medical support staff.

- At least two complete emergency sets (one full pair of 150mcg for children aged under 6; one full pair of 300mcg for children aged 6 to 12)

Spare AAIs will be kept:

- In the central first aid cupboard near the office, unlocked and accessible to **staff only** at all times
- In a place where they can be retrieved and administered within and no longer than five minutes
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed AAIs and clearly labelled to avoid confusion

KS1 and KS2 medical support staff are responsible for:

- Checking monthly that spare AAIs [and the emergency asthma reliver inhaler] are present and in date
- Obtaining replacement AAIs when the expiry date is near

8.3 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare AAIs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

Pupils with known allergies / prescribed AAIs: The school will seek advance written consent from parents/carers of pupils prescribed AAIs to administer a school spare AAI in an emergency (for example, if the pupil's prescribed device is broken, out-of-date or misfires.

Emergency life-saving response (no prior consent): In line with statutory guidance, if a pupil without a known allergy or without prior consent on file exhibits severe signs of anaphylaxis, any trained member of staff may administer a school spare AAI immediately to save a life. Under Regulation 238 of the Human Medicines Regulations, emergency life-saving treatment takes precedence, and staff must not delay emergency intervention to check or seek prior consent.

This avoids potentially fatal delays in treatment.

8.5 Use of AAIs off school premises

If a pupil has been prescribed AAIs, **two must leave the premises with them, alongside their** Allergy Action Plan.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on the medical tracker, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of pupils will be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the head teacher and the allergy safety lead. They will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To the local authority: any allergen-related food safety incidents.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers and regular volunteers. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has a range of 'training pens' so staff can practise safely and develop muscle memory and confidence.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- 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/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency

- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school'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 coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Curriculum Integration: Age-appropriate education on food allergies, hand hygiene, and the importance of not sharing food is embedded within the PSHE (Personal, Social, Health and Economic) curriculum and science units.

Awareness Assemblies: Periodic whole-school assemblies (e.g., at the start of the academic year and during Allergy Awareness Week) reinforce how pupils can keep their peers with allergies safe.

Peer Support: Pupils are taught never to share packed lunches, snacks, or drinks, and to alert an adult immediately if a peer feels unwell or shows signs of an allergic reaction.

Anti-Bullying: The school maintains a zero-tolerance approach to allergen-related bullying or deliberate exposure, which is managed strictly under the school's Behaviour and Anti-Bullying Policies.

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. To support their mental health and wellbeing, pupils with allergies will have additional support through:

- Allergy Champions: three different members of staff (Mr McIntyre, Miss Gallagher and Mr Wade) who are known as points of contact for children and staff to discuss any concerns relating to their own allergy
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- The option to sit on the outer tables around the lunch hall nearer staff, but with their peers

The school will respond to any instance of bullying in line with its behaviour policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Behaviour policy