Leigh St Peter's CE Primary School

Allergy Policy

Policy lead	Mr M. Fletcher
Approved by	Miss Julie Williams
Approval date	September 2026
Review frequency	At least annually and following any incident, near miss or change in guidance
Next review	September 2027, or earlier if required
Applies to	Pupils, staff, volunteers, visitors, contractors, extended provision and school activities

This policy has been tailored from the July 2026 allergy safety model and is intended to meet the statutory duties applying to maintained schools and academies in England.

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1. Purpose and statutory framework

Leigh St. Peter's C.E. Primary School is committed to providing a safe, inclusive and welcoming environment for pupils, staff and visitors with allergies. The purpose of this policy is to reduce the risk of exposure to known allergens, ensure that individual needs are planned for, and enable a prompt and effective response to allergic reactions and anaphylaxis.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions, Health and Safety, Safeguarding and Child Protection, Educational Visits, Attendance, SEND, Food and Catering, Data Protection, First Aid and Equality policies.

The policy reflects the following legal and statutory framework:

- Children's Wellbeing and Schools Act 2026, section 34, which requires an allergy safety policy, annual review, communication within the school community and publication on the school website.
- Children and Families Act 2014, section 100, and statutory guidance on supporting pupils with medical conditions at school.
- Department for Education statutory guidance, Allergy safety in schools (July 2026).
- Human Medicines (Amendment) Regulations 2017 concerning schools' use of spare adrenaline auto-injectors.
- Health and Safety at Work etc. Act 1974; Children Act 1989; Education Act 2002; Equality Act 2010; UK GDPR and Data Protection Act 2018; SEND Code of Practice; and the EYFS statutory framework where applicable.

2. Scope and principles

- Allergy safety is a whole-school responsibility and is not limited to the classroom or dining hall.

- Pupils with allergies will be included in the full life of the school, with reasonable adjustments and proportionate risk controls.
- Any food or non-food substance may be an allergen. The school is allergy aware rather than relying on a blanket "allergen-free" claim.
- Anaphylaxis is a medical emergency. Adrenaline must be administered without delay when anaphylaxis is suspected, followed by a 999 call.
- Pupils' own prescribed medication remains the first line of treatment. School emergency stock supports, but does not replace, prescribed medication.
- Incidents and near misses will be recorded, reviewed and used to improve practice.

3. Roles and responsibilities

Governing Board

- ensures suitable arrangements are in place and monitored;
- approves, publishes and reviews this policy at least annually;
- receives assurance about training, risk assessment, emergency equipment and learning from incidents.

Policy lead: Mr M. Fletcher

- leads implementation and coordinates allergy safety across the school;
- maintains oversight of the allergy register, Individual Healthcare Plans (IHPs), Allergy Action Plans and asthma records;
- ensures relevant information is shared securely with staff and the school kitchen;
- coordinates staff training, refresher activity and induction;
- ensures the emergency allergy kit and spare inhalers are accessible, checked and replaced before expiry;
- reviews incidents and near misses recorded on Medical Tracker and report's themes and actions to leaders and governors;
- ensures allergy arrangements are considered in risk assessments, trips, clubs and events.

All staff

- know how to identify pupils with allergies and where to access their plans and medication;
- follow IHPs, Allergy Action Plans, asthma cards and risk assessments;
- take reasonable steps to prevent exposure and food sharing;
- recognise symptoms and act immediately in an emergency;
- record incidents and near misses on Medical Tracker;
- inform the policy lead of changes, concerns or gaps in arrangements.

Parents and carers

- provide accurate, current medical information and prescribed medication;
- ensure medication is in date and supplied in its original labelled packaging;
- inform school promptly of changes, reactions outside school or revised medical advice;
- work with school and health professionals to develop and review the pupil's IHP and Allergy Action Plan.

Pupils

- are supported, according to age and understanding, to recognise symptoms, avoid known allergens and seek help immediately;
- must not share food, drink, utensils or medication;

- are encouraged to contribute to their own plan and increasing self-management where appropriate.

4. Identifying pupils and planning support

Medical and allergy information is collected on admission and updated when parents or health professionals notify the school of a change. A central register of pupils with allergies is maintained, and relevant information is shared on a need-to-know basis with teaching, support, office, lunchtime, wraparound and catering staff.

Every pupil whose allergy requires active management has an Individual Healthcare Plan. Pupils at risk of anaphylaxis also have an individual Allergy Action Plan based on clinical information and agreed with parents/carers. The action plan is attached to, or referenced within, the IHP. A current photograph and emergency contacts are included. Plans are reviewed at least annually and sooner following a reaction, near miss, change in treatment, change of setting or significant change in need.

Children with asthma have an asthma card/plan. Where asthma and allergy co-exist, the documents and emergency arrangements are considered together. Supply and cover staff are made aware of relevant plans before taking responsibility for pupils.

5. Reducing exposure to allergens

The school undertakes a whole-school allergy risk assessment and includes allergy within activity-specific assessments. Controls are proportionate to identified risks and medical advice. They include:

- planning curriculum activities involving food, plants, animals, latex or other potential allergens;
- handwashing and appropriate cleaning of surfaces and equipment;
- not using food as an unmanaged reward or allowing food sharing;
- checking ingredients and retaining labels when food is used in lessons or events;
- managing food brought into school for celebrations or fundraising;
- briefing visitors, volunteers, temporary staff, contractors and third-party providers;
- considering allergens in breakfast club, after-school provision, performances, festivals and community events;
- making individual arrangements for airborne or contact allergens where identified in a pupil's plan.

Blanket food bans are not used as the sole control because they can create a false sense of security. A restriction may be introduced where supported by an individual or school risk assessment and medical advice. Any restriction will be communicated clearly and reviewed.

6. Catering and food provision

The school kitchen is informed promptly about pupils with allergies and dietary requirements. Catering arrangements comply with applicable food allergen information requirements. The kitchen maintains allergen information for meals, manages cross-contamination risks and uses a robust method to identify pupils and check that the correct meal is served. The system must not depend on the memory or presence of one member of staff.

- Parents/carers can discuss dietary needs with the school and catering team.
- Staff supervising meals know which pupils have allergies and the agreed controls.
- Food used in the curriculum, clubs or events is checked against individual plans.
- Unlabelled or decanted food is not used unless ingredients, and allergen information can be verified.
- Third-party food providers are given relevant information and are expected to follow equivalent controls.

7. Medication, storage and emergency equipment

Pupils' prescribed medication

Parents/carers must provide prescribed allergy medication, including two adrenaline auto-injectors where prescribed, in date and clearly labelled. Medication is stored so that it is secure but immediately accessible. It must

accompany the pupil around school and on trips in accordance with the IHP. It must never be locked away in a manner that delays access.

Emergency allergy kit

The school holds one centrally located Emergency Allergy Kit supplied through Kit Medical. It is clearly labelled, immediately accessible during the school day and extended provision, and is not stored in a locked location. The kit contains the school's current authorised emergency allergy equipment and instructions. Its exact contents, brands, doses, batch numbers and expiry dates are recorded on the emergency equipment check log.

The policy lead, or a formally delegated trained member of staff, checks the kit at least monthly and after every use. Checks cover accessibility, seals, contents, clarity/condition, manufacturer storage requirements and expiry dates. Replacements are arranged in good time. Used auto-injectors are handed to ambulance staff or disposed of through the school's approved sharps arrangements. Expired devices are returned to a pharmacy or disposed of through an approved route.

Spare inhalers

The school holds spare reliever inhalers and appropriate spacers for emergency use in line with current guidance and the school's asthma arrangements. Use is recorded and parents/carers are informed. A pupil's own prescribed inhaler should be used when available, but access to emergency treatment must not be delayed.

8. Recognising and responding to an allergic reaction

Mild to moderate symptoms may include

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

Follow the pupil's IHP/Allergy Action Plan. Give prescribed antihistamine if directed, monitor continuously and be prepared for symptoms to progress.

Signs of anaphylaxis: ABC

- AIRWAY: swelling of the throat or tongue, hoarse voice, difficulty swallowing or throat tightness.
- BREATHING: sudden wheeze, persistent cough, noisy or difficult breathing.
- CIRCULATION: dizziness, faintness, confusion, pale clammy skin, collapse, marked sleepiness or loss of consciousness.

Anaphylaxis may occur without a skin rash. If anaphylaxis is suspected, follow Appendix A immediately. If a pupil has both asthma and a serious allergy and there is doubt between asthma and anaphylaxis, administer adrenaline first.

9. Staff training and emergency preparedness

Kitt Medical has provided staff training in allergy awareness and emergency administration of medication. The school ensures that all staff receive suitable allergy awareness and emergency response training, with practical familiarisation with the devices held in school. Training is refreshed at least annually and included within induction for new, temporary and short-term staff.

- recognising mild, moderate and severe reactions;

- calling for help and contacting 999;
- accessing pupils' plans and medication;
- administering the auto-injector devices held by individual pupils and the school;
- positioning and monitoring the pupil;
- using a second dose after five minutes where there is no improvement and a second device is available;
- recording incidents and near misses on Medical Tracker;
- risk reduction, inclusion and the effect of allergy on wellbeing.

The school will carry out an anaphylaxis emergency practice at least annually, review the outcome and make any necessary changes. Key arrangements are revisited during the year and before trips, celebrations and other higher-risk activities.

10. Asthma and allergy

Asthma can increase the risk associated with an allergic reaction. Pupils with asthma have an asthma card/plan and ready access to their prescribed reliever inhaler. Spare inhalers are centrally available under the school's emergency inhaler arrangements. Staff follow both the asthma and allergy plans, ensuring that adrenaline is not delayed where anaphylaxis is suspected.

11. Educational visits and activities

Pupils with allergies are included in visits, residentials, sports, clubs and enrichment activities. The trip leader completes a risk assessment in consultation with the policy lead and parents/carers where appropriate. It addresses food and non-food exposure, medication, trained supervision, transport, catering, accommodation, communications and access to emergency services.

- The pupil's prescribed medication and plans remain immediately accessible.
- A trained adult is identified and briefed.
- The trip leader checks medication before departure.
- The need to take additional school emergency equipment is determined through the risk assessment without leaving pupils at school without appropriate cover.
- External providers and host venues are informed of relevant requirements.

12. Recording, reporting and learning

Medical Tracker is the school's whole-school system for recording and reporting allergic reactions, medication administered, emergency responses, incidents and near misses. Records are completed as soon as practicable and include factual details, actions taken, timings, people informed and follow-up required.

The policy lead reviews each significant incident or near miss in a no-blame, learning-focused manner. Parents/carers and, where appropriate, the pupil are informed and given an opportunity to contribute. The review considers changes to the IHP, Allergy Action Plan, risk assessments, training, catering controls, equipment, communication and supervision. Relevant leaders and governors receive appropriate assurance while confidentiality is protected.

Where unsafe food supplied by the school may breach food law, the school will seek advice and notify the local authority environmental health team where required. The school will also consider any reporting obligation under RIDDOR and its safeguarding procedures.

13. Inclusion, wellbeing and safeguarding

Allergy must not create unnecessary barriers to attendance, participation, rewards or school life. The school will make reasonable adjustments and will not require parents/carers to attend routinely to provide medical support

that trained staff can provide. Allergy-related bullying, stigma or deliberate exposure is treated seriously under the Behaviour and Anti-bullying policies.

A safeguarding concern will be considered where, for example, essential medical information or medication is repeatedly withheld, a pupil is deliberately exposed to an allergen, or the circumstances indicate possible neglect, abuse or exploitation. Staff follow the school's safeguarding procedures and report concerns to the Designated Safeguarding Lead.

14. Information sharing and data protection

Health information is special category personal data. The school processes and shares it lawfully, securely and only where necessary to protect the pupil and deliver appropriate support. Relevant allergy information may be shared with staff, catering, transport, trip providers and emergency services on a need-to-know basis. Medical Tracker and the school's established record systems are used in accordance with the school's data protection arrangements. Emergency information remains accessible when needed.

15. Monitoring, publication and review

The Governing Board and policy lead monitor implementation through checks of training, plans, emergency equipment, incident and near-miss learning, risk assessments and catering arrangements. This written policy is made known within school, brought to the attention of pupils, parents/carers and everyone working at the school at least annually, and published on the school website.

The policy is reviewed at least every year and earlier following an incident or near miss, a significant change in school arrangements, updated medical advice, changes in law or revised statutory guidance.

Appendix A: Emergency anaphylaxis procedure

1. Keep the pupil where they are. Call for help. Do not leave them unattended.
2. Lie the pupil flat with legs raised. If breathing is difficult, allow them to sit up slightly for the shortest time necessary. Do not allow them to stand or walk.
3. Administer the pupil's own adrenaline auto-injector immediately. If unavailable, unsuitable or it misfires, use the school's emergency device in line with current legal and clinical arrangements. Note the time.
4. Call 999 and state "ANAPHYLAXIS". Give the school address, the pupil's details, symptoms and the time adrenaline was administered.
5. If there is no improvement after five minutes, administer a second adrenaline dose using a second device, if available.
6. If there are no signs of life, begin CPR and use the AED if indicated.
7. Contact parents/carers as soon as possible, but do not delay emergency treatment or the 999 call.
8. Keep the pupil in the correct position and monitor continuously until ambulance staff take over. All pupils treated for anaphylaxis must go to hospital, even if they appear to recover.
9. Record the incident and medication on Medical Tracker and begin the school's incident review.

Appendix B: Checks and records

Incident review prompts

- What happened and when?
- Was the pupil's plan followed?
- Was medication immediately accessible?
- Was adrenaline administered without delay and was 999 called?
- Were communication and supervision effective?
- What changes are needed to plans, risk assessments, equipment, training or catering?

- Who is responsible for each action and by when?

Key external guidance

- DfE: Allergy safety in schools (July 2026)
- Legislation: Children's Wellbeing and Schools Act 2026, section 34
- DfE: Use of adrenaline auto-injectors in schools
- DfE: Supporting pupils with medical conditions at school
- Anaphylaxis UK: Education resources