

Allergy safety policy

School / setting name	Aston Tower Community Primary School
Senior leader with oversight of this policy	Deborah Walters – DSL/AHT
Date approved	5 th October 2026
Review date	As required but no later than Autumn 2027

This document outlines what should be included in an allergy safety policy, in line with the [statutory guidance](#).

Section 34 of the [Children’s Wellbeing and Schools Act 2026](#) requires that LA-maintained schools, academies and PRUs must have an allergy safety policy.

A named member of the senior leadership team has responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

The Trust Board will ensure that the Allergy safety policy is accessible to parents and staff. The policy is published on the school’s website and will be made available in hard copy on request.

Culture

Awareness training

All staff will receive annual training either by the Trust, if that is their employer, or through the agency that employs them. For newly appointed staff, Allergy awareness training will be provided as part of their induction training. This training will cover all of the points of page XXXX. With externally employed staff we require evidence of appropriate training before they take up work at Aston Tower.

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. 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 does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy awareness training should ensure 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;
 - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
 - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- 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 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").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be 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 wellbeing of children with allergies and asthma will be addressed through our PSHE provision. For example, these may include whole school assemblies, class discussions and the use of the worry box.

Staff will be alert to the potential for children to be bullied due to an allergy or medical condition. Incidents of bullying are monitored by senior staff with necessary action taken either at individual or whole school level.

Minimising risk

General controls are in place to minimize the risk of exposure including:

- Handwashing with soap and water before and after eating and relevant practical activities
- Routine cleaning of tables, utensils, equipment and spillages using appropriate methods
- Checking labels and ingredients before food is used; no unverified substitutions.

The school works in partnership with its school catering provider, SIPS Education. SIPS Education provides Allergy and Anaphylaxis training to its staff members.

Parents who advise the school of a medically diagnosed allergy are asked to complete a "Medically diagnosed diet request form" to provide information on the nature of the allergy in relation to the 14 notifiable allergens, route and medical requirements. From this information, SIPS provide a risk assessment and individual menu for the child to the kitchen staff. A daily record is kept of each meal served to a child with a known allergy.

The school kitchen has designated food preparation zones to minimize the risk of exposure to potential allergens.

The school menu is available for parents to view together with the separate allergen information for menu on our website at <https://www.astontowerprimary.co.uk/parents/School-Lunch-Menu>. Pictorial allergen charts are also displayed at the food counter.

The Cook will be informed of all pupils with food allergies. They will be provided with an alert card containing details of the allergies and has a photograph of the child. Mrs Deborah Walters will ensure this is kept up to date. Pupils with allergens who have a school lunch will be at the front of their class line when they approach the food counter.

Foods containing nuts are discouraged from being brought into school.

When the use of foods is part of the curriculum, e.g. crafts, cooking activities or science experiments then risk assessments are carried out which may result in restrictions depending upon the allergies of particular children. Parents are notified in advance of these activities in order that they may provide consent. Food will not be given to pupils who are food allergic without parental engagement and permission including birthday or food treats.

Risk assessments are carried out for any activity that includes animals.

Where there are known allergies to airborne or contact allergens the school will put in place reasonable adjustments to cleaning products and processes to manage the risk of exposure.

Risk assessments are carried out for all external visits or trips. These assessments will specifically address the risks linked to exposure to allergens for relevant individuals.

Food allergy

The school menu is available for parents to view together with the separate allergen information for the menu on our website at <https://www.astontowerprimary.co.uk/parents/School-Lunch-Menu>.

Pictorial allergen charts are also displayed at the food counter.

Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

Individual children and young people

Identification

Identification of children with allergy is usually via the school's registration and admissions forms which ask parents to provide details of known allergies. When this information is provided, copies of medical documentation is requested to confirm the allergen, triggers and treatment required.

Identification of a child with allergy may also be as a result of an emergency admission to hospital or via a Healthcare professional. Copies of medical documentation will also be requested in these circumstances.

An annual update letter is sent to parents during the summer term giving them the opportunity to inform us of any changes that may have occurred.

Staff receive annual data forms to record any changes including allergies and medication.

A register of individuals with allergies will be kept which will be available to all staff together with Individual Healthcare Plans and Allergy Action Plans.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (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 **and**
- they require arrangements which are additional to or different from those made generally.

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

Where an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, this will be referred to or attached to the IHP. The IHP will be reviewed and update whenever an updated Action Plan is received.

Prescribed adrenaline

Prescribed medication will be accepted in its original packaging, clearly labelled with the pupil's name, instructions, dose and expiry date. The expiry date will be recorded and parents will be asked to obtain replacement medication ahead of the expiry date.

Medication will be stored safely, unlocked and easily accessible at all times in a central location. The medication will be clearly identified and a copy of the current Action Plan will be kept with it.

Use of the prescribed adrenaline devices will be recorded on the school's prescribed medicine given recording sheet.

Prescribed medication will accompany children on any off-site activity or if it cannot safely be delivered within 5 minutes.

School-wide policies

“Spare” adrenaline devices

The school stocks spare adrenaline devices in doses appropriate to the age of the children. Spare devices are in addition to, not replacements for, prescribed devices.

Spare adrenaline devices are stored in the medical room located on the ground floor and are readily accessible and deliverable within 5 minutes.

A record of expiry dates for spare adrenaline devices is kept and replacements are ordered in good time. Replacements are purchased through a local pharmacy. Once spare devices have been used, replacements will be purchased. Expired devices are either returned to the pharmacy or needles disposed of in the sharps bin.

Spare salbutamol inhalers are also stored in the medical room. The expiry date of these is recorded and replacements ordered in good time.

Spare adrenaline devices can be used in an emergency primarily for pupils with well known risk, medical authorization and written parental consent.

Spare adrenaline devices can also be used in exceptional circumstances, for any child or adult presenting with an unexpected anaphylactic reaction, without prior consent or diagnosis.

Visits and trips

Risk assessments are undertaken for all visits and trips. As part of the risk assessment, the arrangements and adjustments required in order for children and young people to participate are recorded. For all children with medical conditions, including allergies and asthma, any medication which they require such as adrenaline devices and salbutamol inhalers are taken on the visit or trip. The relevant IP and Action Plan will be taken with the child's own adrenaline device.

Staff accompanying the visit or trip will have all been trained in delivery of adrenaline in an emergency situation.

Serious incidents and “near misses”

All allergic reactions and significant near misses will be recorded promptly. The information recorded will include the following information:

- date/time/location
- known or suspected allergen
- symptoms
- action and medication, device and batch/expiry where available
- staff involved
- emergency response, outcome and recommended actions
- parents will be informed as soon as practicable; notification must never delay treatment.

A near miss could include the following:

- the wrong food is served but is intercepted
- an allergen exposure occurs without symptoms
- medicine is missing, inaccessible, damaged, used incorrectly or is almost out of date
- incorrect or incomplete information is shared
- a pupil is excluded unnecessarily
- an emergency response reveals delay, uncertainty or equipment failure.

In some cases, parents may report a reaction that becomes apparent after the pupil leaves school. The school will investigate whether this could have happened whilst the pupil was in its care.

The Senior Leader responsible will investigate all incidents and near misses, including the review of the IHP, risk controls, staffing, training, catering, equipment and communication. The policy and relevant arrangements will be revised if required.

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 we do this 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.

We will only share the minimum necessary information with those who need it to keep pupils safe but will not allow confidentiality concerns to obstruct emergency care.

Awareness of the allergy safety policy

The Allergy Safety Policy will be published on the school's website.

All staff will be made aware of the policy through annual allergy awareness training. Staff will be required to confirm they have read and understood the policy.

Awareness of allergy safety will be raised with pupils through our PSHE curriculum which may include whole school assemblies.

Appendix 1: Individual Healthcare Plan template

This editable template is adapted from the Department for Education Individual Healthcare Plan template included in the allergy safety guidance. Schools should complete it with parents/carers, the child or young person where appropriate, and relevant health professionals.

Field	Information to complete
Name of school/setting	[Insert school/setting name]
Child or young person's name	[Insert name]
Group/class/form	[Insert group/class/form]
Date of birth	[Insert date of birth]
Medical diagnosis or allergy	[Insert diagnosis/allergy and known allergens]
Date of plan	[Insert date]
Review date	[Insert review date]

Describe medical needs, symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues and any specific risks. [Insert details]
Medication, dose, method of administration, when to be taken, side effects, contraindications and whether administered by staff or self-administered with/without supervision. [Insert details]
Daily care requirements and preventative arrangements. [Insert details]
Specific support for educational, social and emotional needs. [Insert details]
Arrangements for school visits, trips, sports, practical lessons, lunch/breakfast/after-school provision and other activities. [Insert details]
What constitutes an emergency and the action to take if this occurs. [Insert emergency response steps]
Who is responsible in an emergency, including any different arrangements for off-site activities. [Insert named roles/responsibilities]
Plan developed with. [Insert names/roles, including parent/carers and health professional where appropriate]

Staff training needed or undertaken: who, what and when. [Insert training details]
Form copied to. [Insert names/roles]

Appendix 2: Allergy risk register and individual risk assessment template

This editable risk register can be used to record known allergy risks, preventative controls, emergency arrangements and review actions. It should be used alongside the allergy safety policy, any Individual Healthcare Plan and any Allergy Action Plan issued by a healthcare professional.

Name	Class/year	Known allergen(s)	Risk/activity/location	Controls in place	Review/action owner
[Name]	[Class/year]	[Allergen(s)]	[e.g. lunch hall, trip, practical lesson]	[Preventative measures, staff briefings, supervision, communication]	[Name/role/date]
[Name]	[Class/year]	[Allergen(s)]	[Risk/activity/location]	[Controls]	[Owner/date]
[Name]	[Class/year]	[Allergen(s)]	[Risk/activity/location]	[Controls]	[Owner/date]

Individual risk assessment detail
Identified risk / potential exposure route [Insert details]
Who may be affected and how [Insert details]
Existing control measures [Insert details]
Further actions required [Insert actions, owner and timescale]
Emergency response arrangements [Insert location of medication, AAI/spare AAI arrangements, trained staff and escalation process]
Communication and information sharing [Insert how staff, catering, wraparound provision, transport, trip leaders and relevant others will be informed]
Review outcome and date

[Insert review notes and next review date]