BOUGHTON PRIMARY SCHOOL: AN ACADEMY

An Academy

An Academy

Allergy Safety Policy

PERSON RESPONSIBLE FOR POLICY:	***MRS MARY JAMES***
APPROVED:	***NOVEMBER 2026***
BY:	***FULL GOVERNING BODY***
TO BE REVIEWED:	***EVERY TWO YEARS – SEPTEMBER 2028***

At *Boughton Primary* the named personnel with designated responsibility for allergy safety are:

Allergy Safety Lead	Health and Safety team	Safeguarding governor
Mary James	*Natalie Cullum* *Michelle Murphy*	*Karen Wilson*

Contents

1. Aims 2
2. Legislation and guidance 2
3. Roles and responsibilities 2
4. Identifying individuals at risk 4
5. Assessing and minimising risk 6
7. Procedures for handling an allergic reaction 7
8. Adrenaline devices (ADs) 7
9. Serious incidents and 'near misses' 8
10. Allergy awareness 9
11. Wellbeing 10
12. Information sharing 11
13. Monitoring arrangements 11
14. Links to other policies 11

Version control	
September 2026	Version 1, in line with Benedict's Law and national statutory guidance

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 in Schools; the Department of Health and Social Care's guidance on Using Emergency Adrenaline Auto Injectors in Schools and the following legislation:

- Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The Board of Governors

The 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
- Reviewing and approving the allergy safety policy bi-annually (or sooner if guidance changes)
- Taking steps to ensure the allergy safety policy is:
    - Known within the school and to parents of pupils at the school
    - At least once a year, brought to the attention of all pupils, parents/carers, staff and volunteers
    - Published on the school's website
- Ensuring risks relating to pupils with allergies are included in the risk register and actively managed

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Mary James (Head Teacher and Inclusion Lead).

Responsibilities:

- Overseeing the implementing, monitoring and review of this allergy safety policy
- Promoting and maintaining allergy awareness across our school community
- Ensuring the safe storage and disposal of adrenaline devices (AD)
- Deciding with parents (and medical professionals, where relevant) 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
- With the Health and Safety team, liaising with our AD provider to ensure that spare devices are maintained, in date and replaced when required.
- 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 annual allergy awareness training, as part of our safeguarding 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 Head Teacher

At Boughton Primary, the Head Teacher is also the Allergy Safety Lead. Therefore, all duties listed above apply.

3.5 All staff

All **class teachers** are responsible for:

- Following, monitoring and reviewing allergy safety plans for individual pupils
- Recording on their class seating plans whereabouts the red pouch for individual ADs is located, and ensuring it is kept there

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
- Being aware of the location of pupils' own and the school's supply of Adrenaline Devices (ADs)
- Reducing the risk to pupils with known allergies encountering known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead
- Completing annual accredited training

3.6 Parents/carers

ALL Parents/carers are responsible for:

- Following our school's allergy safety policy & guidance on food children bring to school
- Providing the school with up-to-date details of their child's medical needs or dietary requirements.
- Providing the school with up-to-date emergency contact details.

Parents/carers of children with allergies are responsible for:

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis, and any changes to their child's condition
- 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.

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose

- Knowing whereabouts their personal AD is stored, and where the school's emergency ADs are
- Understanding how and when to use their AD.

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in an emergency.

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:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary, and ensure any medication provided to the school is in date.

We ask that parents/carers proactively inform us by either phone call to the school on 01604 842322 or an email to admin@boughtonacademy.co.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- All staff need to provide details of their allergies via their staff data collection form, collated by the school business manager.
- New staff need to provide details of their allergies in advance of their start date.
- Regular visitors to school will be asked to complete an allergy form prior to their first visit to the school.
- Infrequent visitors will be asked to complete an allergy form when they first visit the school.

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 because 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, or by the beginning of the relevant term for pupils who are new to our school.

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 allergy safety 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.

The school will consider the following principles:

- If the arrangements or support which a pupil requires are available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required.

Once an IHP has been set out, the allergy safety lead delegates the ongoing responsibility for monitoring, reviewing and communication, to the class teacher.

IHPs will be reviewed termly (even if there are no changes) and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans (Individual Healthcare Plans – IHPs)

All pupils who have a known allergy to particular food(s) 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.

If such Individual Healthcare Plans (IHPs) are not provided by healthcare professionals, the school will work with parents to create an appropriate IHP. This will be created on our electronic system, Provision Map.

The plans will 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.

IHPs will be reviewed with parents, by class teachers, every half-term or sooner if there are any changes to the child's needs/condition. Reviews can take place face-to-face, by telephone, video call or by email exchange if just routine. As part of the review, the expiry dates of any medication in school will be checked and confirmed. The review will be logged electronically on Provision Map, and any medication updates will be logged on Medical Tracker.

4.5 Register of pupils with known allergies

The school maintains a register of pupils who have a known allergy, as part of the whole school Inclusion Register.

The allergy register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type, dose and the expiry dates of medications in school)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- With parental consent, a photograph of each pupil to allow a visual check to be made
- A printed copy of the register is available to staff in the staffroom, to the Health & Safety team in the administrator's office, and to catering staff in the kitchen. This allows a quick check to be made as part of initiating an emergency response.

5. Assessing and minimising risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods

- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5.1 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 named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

5.2 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
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and 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
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Children should be discouraged from playing in/around areas where there is a known risk of stings, e.g. where a wasp's nest has been observed or where there appears to be a high level of wasp activity.

5.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals
- Dogs are not permitted on the school site.

5.5 Visits, trips and other extra-curricular activities (e.g. clubs, competitions etc)

- 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 conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils with ADs will be placed in a group with a school adult, and that adult will keep the red pouch/bag for the child/ren with them throughout the trip
- The group leader will have undertaken training to administer adrenalin.
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips
- The school will risk assess with parents for longer visits e.g. the residential in Years 5 & 6.

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 AD device will **only** be used if:
    - The pupil or adult does not have a prescribed AD
    - The pupil or adult's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. Class teachers have a **red pouch or bag**, which holds ADs and inhalers, and is readily available at all times, either in the classroom or carried by the teacher on playground duty, trips etc. It is recommended that two devices are carried at all times. Parents are responsible for ensuring that they are in date; the school will provide two copies of the consent form that parents complete, including the expiry dates of any ADs; one copy will be kept by the parents and one by the school.

Given the size of our school, no area of the building is more than five minutes away in an emergency; the red pouch must be taken out on duty, particularly when children are playing on the field.

In the classroom, the red pouch must be easily accessible but out of reach of young children. The ADs need to be stored in line with manufacturer's guidelines; at room temperature, away from direct sunlight, protected from extremes of temperature.

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

Medication is also logged on Medical Tracker, which allows for expiry dates to be tracked.

8.2 Spare ADs and inhalers

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 ADs and a spare reliever inhaler, ensuring they are stored according to the guidance.

ADs will be sourced from Kitt Medical, who provide the sufficient ADs for children up to 6, for 6 – 12-year-olds and for adults. They monitor the expiry dates and replace them when required, or when we inform them we have used an AD.

The Kitt pack will be stored in the **staff room**, next to the medicines cabinet, which is accessible to staff (including outside providers e.g. clubs, after-school club etc).

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions, in our sharps bin which is provided and collected by PHS.

8.4 Using spare ADs 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.

The school will obtain advanced consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

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 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 a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible by telephone, followed up with a notification from Medical Tracker, which outlines what happened and actions taken.

Parents, staff and the pupil (in appropriate) 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 allergy safety lead, who 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), via a RIDDOR report: incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

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, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. The school will seek assurances that staff and workers from outside agencies, such as catering staff, have completed the necessary training.

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 will conduct annual allergy safety drills. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

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 allergies can have on a pupil's wellbeing
- Follow 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')

The school will also ask for assurance from outside providers, that their staff have completed anaphylaxis training, and that they update this annually in line with school policy.

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 will be required to sign to say they have read this policy, as part of our annual safeguarding training.

11. Wellbeing

Pupils with allergies can experience bullying and may also experience poor mental health relating to their allergy.

As and when needed, pupils with allergies will have additional support through:

- Pastoral care & regular check-ins with a trusted adult
- Reassurance that steps are being taken to minimise the risks of exposure to allergens and that robust measures are in place in the event of anaphylaxis

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

The arrangements set out in this policy will be monitored by the allergy safety lead.

The governing board will review and approve this policy annually, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Other policies

This policy is part of our safeguarding suite of policies, which includes:

- Health and safety
- Supporting pupils with medical conditions
- School food
- Data protection
- Behaviour and Anti-Bullying
- Safeguarding and Child Protection

Appendix One: Parental agreement for school to administer medicine

At Boughton Primary School, we will administer medicine to children as long as a parent completes and signs this form.
A COPY OF THIS FORM WILL BE GIVEN FOR YOUR RECORDS – PLEASE USE THIS TO REVIEW ANY EXPIRY DATES FOR LONG-TERM MEDICATIONS AND ENSURE THE SCHOOL HAS IN-DATE MEDICATION FOR YOUR CHILD.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I will monitor expiry dates of long-term medications and ensure the school always has an in-date medicine/device.

Signature(s) _____ Date _____