

Kirkham and Wesham Primary School

Allergy Safety Policy

Belong, Believe, Be the Best You Can Be

Policy adopted	September 2026
Review date	September 2027
Policy responsibility	Headteacher
Named Allergy Lead	Hayley Pye
Approved by	Governing Body

1. Our Commitment

At Kirkham and Wesham Primary School, the safety, wellbeing and inclusion of every child is extremely important to us. We recognise that allergies can range from mild reactions to severe and potentially life-threatening anaphylaxis. We are committed to ensuring that children with allergies are safe, understood and able to participate fully in school life.

Effective allergy management is a shared responsibility. School leaders, staff, parents and carers, pupils, catering staff, visitors and external providers all have a role to play in reducing risks and knowing how to respond in an emergency.

Our approach is based on:

- knowing our children and their individual needs
- reducing avoidable risks through proportionate whole-school and individual risk assessment
- ensuring medication is readily accessible
- training staff annually and practising the emergency response
- responding quickly and confidently in an emergency
- learning from incidents and near misses
- ensuring children with allergies are included fully in school life
- building a whole-school culture of allergy awareness rather than relying on blanket allergen bans.

2. Purpose and Scope

This policy sets out how Kirkham and Wesham Primary School will:

- identify and support pupils with allergies
- assess and reduce allergy risks across the whole school and for individual pupils
- develop and use Individual Healthcare Plans (IHPs) and Allergy Action Plans where appropriate
- ensure rapid access to prescribed medication
- maintain emergency adrenaline auto-injectors (AAIs)
- train staff in allergy awareness and emergency response
- manage food and catering safely
- respond to allergic reactions and suspected anaphylaxis
- manage allergies during educational visits, PE, clubs and activities away from the classroom
- record, review and learn from incidents and near misses
- communicate effectively with children, families, staff, visitors and external providers.

This policy applies throughout the school day and to school-organised activities, including breakfast and after-school provision, educational visits, clubs, performances, sporting events and other enrichment activities where applicable.

3. Statutory Framework

This policy has been developed with regard to current legislation and statutory guidance, including:

- Children and Families Act 2014
- Children's Wellbeing and Schools Act 2026
- Department for Education, Allergy Safety in Schools statutory guidance, July 2026
- Department for Education, Supporting Pupils at School with Medical Conditions
- Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools
- Human Medicines Regulations 2012 and relevant amendments
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014 and relevant Food Standards Agency guidance.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Health and Safety Policy, Educational Visits Policy, SEND Policy, Behaviour Policy, Anti-Bullying Policy and Safeguarding and Child Protection Policy.

4. Leadership, Governance and Responsibilities

Governing Body

The Governing Body is responsible for ensuring that appropriate arrangements are in place to support pupils with allergies. The Governing Body will ensure that:

- the school has and publishes an Allergy Safety Policy
- the policy is reviewed at least annually and sooner when required
- allergy safety is considered within the school risk register and wider health and safety monitoring
- appropriate allergy safety arrangements are in place
- staff receive appropriate training
- the school learns from allergy-related incidents and near misses
- a named governor has oversight of allergy safety and receives appropriate updates.

Headteacher

The Headteacher has overall responsibility for ensuring this policy is implemented effectively, including ensuring that procedures are in place, responsibilities are understood, training is completed, emergency medication is accessible, IHPs are developed where required and incidents and near misses are appropriately reviewed.

Named Allergy Lead - Hayley Pye

Hayley Pye is the school's named Allergy Lead and is responsible for coordinating the day-to-day implementation of allergy safety. This includes:

- maintaining an up-to-date register of pupils with known allergies and relevant emergency medication
- ensuring allergy information is collected at admission and updated when circumstances change

- ensuring relevant information is shared appropriately with teaching, support, office, catering, wraparound and temporary staff
- coordinating IHPs and ensuring current Allergy Action Plans are available where relevant
- ensuring the school-wide allergy risk assessment is completed and reviewed annually
- monitoring the two emergency Anaphylaxis Kits and ensuring checks are recorded
- coordinating staff training, practical AAI practice and the annual anaphylaxis response drill
- liaising with parents/carers, healthcare professionals and catering staff as required
- ensuring significant allergy incidents and near misses are recorded, reviewed and acted upon
- reporting key implementation issues and learning to the Headteacher and Governing Body.

All Staff

All staff have a responsibility to:

- be aware of this policy and the pupils in their care with known allergies
- complete required allergy awareness and emergency-response training
- recognise signs of allergic reaction and anaphylaxis
- know how to summon emergency assistance
- know where pupils' medication and the two school emergency Anaphylaxis Kits are located
- follow pupils' IHPs and Allergy Action Plans where applicable
- take reasonable steps to reduce identified allergy risks
- respond promptly to suspected anaphylaxis
- report allergy-related incidents and near misses.

Staff must never delay emergency treatment while waiting for a parent/carer, senior leader or particular member of staff.

5. Identifying Children with Allergies

Parents and carers are asked to inform school of any diagnosed or suspected allergy when their child joins Kirkham and Wesham Primary School, and to notify school promptly of any new diagnosis, change in condition, change in medication or treatment, or new medical advice.

Relevant information will be recorded and communicated to staff who need to know. Information will be handled sensitively and in accordance with data protection requirements while ensuring those responsible for a child's safety have the information they need.

Allergy information and care arrangements will be considered as part of transition into school, between year groups and when moving to another setting.

6. Individual Healthcare Plans and Allergy Action Plans

Individual Healthcare Plans (IHPs)

Where appropriate, a child with an allergy will have an IHP developed in partnership with parents/carers and, where appropriate, healthcare professionals and the child. IHPs are school-owned documents that set out the arrangements needed for safe and full participation in school life.

An IHP may include:

- the child's allergy or allergies and known triggers
- usual signs and symptoms, including symptoms indicating anaphylaxis
- medication prescribed and its location

- the child's level of independence
- emergency procedures
- dietary arrangements
- reasonable adjustments
- arrangements for PE, physical activity, trips, visits and clubs
- emergency contact details.

IHPs will be reviewed at least annually and sooner following a significant incident or near miss, a change in treatment, a change in staff arrangements or any material change in the child's needs.

Allergy Action Plans

Where a healthcare professional has issued an Allergy Action Plan, a current copy should be provided to school and kept with, or readily available alongside, the child's medication. The school will not alter clinical instructions within an Allergy Action Plan. The plan will be used alongside the child's IHP where applicable.

7. Whole-School Allergy Risk Assessment

Kirkham and Wesham Primary School will complete and review a whole-school allergy risk assessment at least annually, and sooner where circumstances change or following a serious incident or significant near miss.

The assessment will consider, where relevant:

- food used within curriculum activities and practical lessons
- food brought into school by pupils, parents, staff or external providers
- school-provided food, catering systems and mealtime supervision
- celebrations, rewards, fundraising and special events
- breakfast and after-school provision
- external visits, trips, sporting events and residential
- airborne, contact and non-food allergens within the environment
- animals, plants, art materials, science materials and cleaning products where relevant
- access to medication throughout all parts of the site and during evacuation
- the needs of visitors, volunteers and staff with known allergies where appropriate.

Allergy risk will also be considered within relevant activity, curriculum and visit risk assessments. Control measures will be proportionate to the identified risk and reviewed if they are not working effectively.

8. Pupils' Own Adrenaline Auto-Injectors

Children who have been prescribed adrenaline auto-injectors must have rapid access to them. At KWPS, prescribed emergency AAls are readily available and are not locked away. Their location will be known to relevant staff and recorded within the child's IHP.

Medication must remain accessible during lessons, breaktimes, lunchtimes, PE, activities elsewhere on the site, clubs, wraparound provision and educational visits. Where a child is developmentally able to carry and manage their own medication, this will be agreed with parents/carers and recorded appropriately.

Medication must be taken to the child in an emergency. A child suspected of experiencing anaphylaxis must not be expected to walk across school to obtain medication.

Parents/carers are responsible for supplying prescribed medication and informing school of changes. The school will maintain systems for checking that medication held in school remains available and in date.

9. KWPS Emergency Anaphylaxis Kitts

In addition to pupils' individually prescribed medication, Kirkham and Wesham Primary School has two emergency Anaphylaxis Kitts containing spare adrenaline auto-injectors (AAIs).

- Kitt 1 - located near the main entrance
- Kitt 2 - located near the school hall

The Kitts are purpose-designed, secure, wall-mounted emergency units. The key-access mechanism forms part of the Kitt design. To provide rapid access:

- an emergency key is positioned immediately next to each Kitt
- designated staff also carry an emergency Kitt key on their lanyard
- all staff are informed of both locations and shown how the Kitts are accessed
- staff should access the nearest appropriate Kitt immediately when emergency medication is required
- access must never depend upon locating one particular member of staff.

The emergency Kitts are additional to, and do not replace, pupils' individually prescribed AAIs. Checks will include accessibility, key availability, contents, correct strengths and quantities, expiry dates, device condition and visibility of signage. Checks will be recorded in line with the Kitt system and school procedures.

10. Reducing the Risk of Allergic Reactions

It is not possible to guarantee a completely allergen-free school environment. KWPS therefore uses reasonable and proportionate risk management rather than creating a false sense that all allergens can be removed.

Measures may include:

- ensuring relevant staff know about children's allergies
- appropriate supervision at mealtimes
- effective handwashing and appropriate cleaning of tables and surfaces
- discouraging children from sharing, trading or swapping food, utensils or drinks
- checking ingredients before food-based activities
- considering allergies when planning celebrations, rewards and special events
- considering allergens in curriculum activities, including cooking, science, art and activities involving animals
- communicating dietary requirements to catering staff
- risk assessing trips, visits and activities away from the classroom
- making reasonable adjustments for individual pupils.

Blanket allergen bans will not normally be relied upon as the sole method of keeping children safe. Any restriction will be based on the needs of pupils and an appropriate risk assessment, with medical advice sought where necessary.

11. Food and Catering

The school will work with its catering provider to manage medically identified dietary requirements appropriately and to meet applicable allergen-information requirements.

The following principles apply:

- relevant allergy information will be communicated promptly to those preparing, serving and supervising food
- systems for identifying pupils with allergies at the point of service must be reliable and must not depend on one person's memory

- staff must not assume that a food is safe for a particular child
- food used in school-led activities should be clearly identifiable and ingredients/allergen information checked where appropriate
- staff involved in preparing or serving food must understand the importance of avoiding cross-contamination
- allergies must be considered when food is used in curriculum activities, celebrations, rewards, fundraising, clubs and enrichment
- birthday treats or other food brought in from outside school will be managed in line with school procedures and individual pupils' needs
- these expectations also apply to school-led breakfast and after-school provision and to external providers responsible for food.

12. Recognising Anaphylaxis

Anaphylaxis is a serious and potentially life-threatening allergic reaction that can develop rapidly and may occur without a rash or visible skin symptoms.

Airway

- swelling of the tongue or throat
- difficulty swallowing
- throat tightness
- hoarse voice

Breathing

- difficulty breathing
- wheezing
- persistent coughing
- noisy breathing

Circulation

- dizziness or feeling faint
- collapse
- pale or clammy skin
- reduced consciousness
- a child becoming floppy or unusually sleepy

If anaphylaxis is suspected, staff must treat the situation as a medical emergency.

13. Emergency Response to Anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY

1. Give adrenaline immediately. If in doubt, give adrenaline. Use the child's own AAI where immediately available and appropriate, or an appropriate emergency school AAI in accordance with school procedures.
2. Call 999 immediately and state that you suspect ANAPHYLAXIS.
3. Do not make the child stand or walk. Bring medication and assistance to the child.
4. Position the child appropriately. A child who is faint or at risk of collapse should normally lie flat with legs raised. If breathing is difficult, they may sit up to make breathing easier. They must not suddenly stand or walk, even if they begin to feel better.
5. Follow the child's emergency plan/IHP where available.

6. If symptoms do not improve, administer a second dose of adrenaline after 5 minutes in accordance with current emergency guidance.
7. Contact the child's parents/carers. This must not delay adrenaline or the 999 call.
8. A member of staff should remain with and reassure the child.
9. Arrange for someone to direct the ambulance crew to the child.
10. The child must receive emergency medical assessment following anaphylaxis, even if they appear to have recovered.

There must be no delay in giving adrenaline while waiting for a parent/carer, senior leader or ambulance.

14. Mild to Moderate Allergic Reactions

Staff will follow the child's individual healthcare/emergency plan where a pupil experiences a known mild or moderate allergic reaction. Symptoms may include itching, rash or hives, swelling of the lips/face/eyes, tingling or itching in the mouth, abdominal discomfort, nausea or vomiting.

A child experiencing a mild or moderate reaction must be monitored carefully because symptoms can progress. If signs of anaphylaxis develop, the emergency anaphylaxis procedure must be followed immediately.

15. Staff Training and Emergency Preparedness

All school staff will complete allergy awareness and anaphylaxis emergency-response training annually, with records maintained. Training will be appropriate to role and will include:

- understanding allergies and anaphylaxis
- recognising signs and symptoms, including that anaphylaxis may occur without skin symptoms
- knowing when adrenaline is required
- how to call for emergency assistance
- how to administer an AAI
- the importance of rapid treatment and correct positioning
- the location of pupils' emergency medication
- the location and access arrangements for both KWPS emergency Anaphylaxis Kits
- how to report an allergic reaction, anaphylaxis incident or near miss
- understanding the relevant IHP or Allergy Action Plan.

Staff will have practical opportunities to use AAI trainer devices. At least annually, KWPS will carry out a practice anaphylaxis response to test emergency arrangements, including the speed of accessing medication, calling for help and directing emergency services. Learning from the exercise will be recorded and used to improve procedures.

Key messages will be refreshed during the year, particularly before trips, celebrations and other higher-risk activities. Allergy arrangements will also form part of induction for relevant new, supply, cover, temporary and wraparound staff.

16. Educational Visits, PE and Activities Away from the Classroom

Having an allergy should not unnecessarily prevent a child from participating fully in school life. Allergy needs will be considered when planning educational visits, residentials, sporting events, PE, swimming, performances, clubs, enrichment activities and activities away from the child's normal classroom.

The child's prescribed medication must accompany them and remain readily accessible. The responsible adult must know the child's allergy, signs of a reaction, where medication is located and how to respond in an emergency. Allergy management will be incorporated into relevant risk assessments, including consideration of transport, food provision and access to emergency medical care where appropriate.

Where a trip risk assessment identifies a need for a school spare AAI to accompany the group, arrangements will ensure that sufficient emergency medication remains available to those staying on site.

17. Supporting Children's Wellbeing and Inclusion

We recognise that living with an allergy can affect a child's emotional wellbeing as well as physical health. Children with allergies must not be unnecessarily excluded from activities or made to feel different because of their condition.

At KWPS we will:

- listen to children's views
- promote age-appropriate independence
- make reasonable adjustments
- enable children to participate as fully as possible
- challenge teasing, bullying, stigmatisation or inappropriate behaviour relating to allergies
- develop age-appropriate awareness among pupils through PSHE, assemblies and other appropriate opportunities
- encourage children to tell an adult immediately if they feel unwell.

Children should understand the importance of allergy safety, but responsibility for managing another child's allergy must not be placed on pupils. Our approach reflects our school values and our commitment that every child should Belong, Believe and Be the Best They Can Be.

18. Parents and Carers

Effective allergy management relies upon a strong partnership between home and school. Parents and carers are expected to:

- tell school about their child's allergy and provide accurate, current medical information
- contribute to an IHP where required
- provide prescribed medication as agreed and ensure it is in date
- provide an up-to-date Allergy Action Plan where one has been issued
- inform school of changes to medication, treatment or condition
- provide up-to-date emergency contact details
- work with school to support safe and inclusive participation in school life.

School will listen to concerns and work constructively with families to support each child's individual needs.

19. Visitors, Contractors, Volunteers and External Providers

Where appropriate, visitors, contractors, volunteers and external providers will be made aware of relevant allergy safety arrangements. Where an external provider is responsible for pupils as part of a school activity, appropriate allergy information and emergency arrangements will be communicated.

Food brought into school or provided as part of an external activity will be considered within the school's allergy risk-management arrangements. Cover, supply, coaching and peripatetic staff working with pupils with known allergies will be given the information they need to keep pupils safe and respond appropriately.

20. Incidents and Near Misses

KWPS is committed to learning from allergy-related incidents and near misses in a no-blame, improvement-focused way. Serious allergic reactions, administration of adrenaline and significant allergy-related near misses will be recorded in accordance with school procedures.

Following a serious incident or significant near miss, school leaders will review:

- what caused or contributed to the incident
- whether the child's IHP/Allergy Action Plan was followed
- how quickly the reaction was recognised
- how quickly medication was accessed and administered
- whether communication was effective
- whether existing control measures were sufficient
- whether staff training requires updating
- whether an IHP or risk assessment needs changing
- whether changes to school procedures are required.

Parents/carers will be informed as appropriate. Where relevant, the child's views will also be considered. A significant incident or near miss may trigger an immediate review of this policy rather than waiting for the scheduled annual review.

21. Safeguarding

Allergy and medical needs can intersect with safeguarding. Staff must remain professionally curious if an incident, pattern of missed medication, repeated exposure, neglect of medical advice, bullying, coercion or other behaviour raises concern that a child may be at increased risk of harm because of their medical condition.

Any safeguarding concern must be reported immediately in accordance with the school's Safeguarding and Child Protection Policy. Allergy management must never be used in a way that humiliates, isolates or unnecessarily restricts a child.

22. Unacceptable Practice

The following are examples of unacceptable practice and must not occur:

- preventing a pupil from readily accessing prescribed emergency medication in line with their plan
- assuming that every pupil with the same allergy requires the same support
- assuming that an older or more independent pupil no longer needs adult support
- ignoring the views of the pupil, parent/carer or relevant medical advice
- assuming a pupil does not have an allergy because a formal diagnosis is still being investigated
- sending an unwell child to the office or medical area alone
- requiring a child with suspected anaphylaxis to walk to obtain medication or assistance
- delaying adrenaline while waiting for a parent, senior leader or ambulance
- requiring parents/carers to attend school routinely to administer medication as a substitute for appropriate school arrangements
- preventing or unnecessarily restricting participation in trips, clubs or school activities because of allergy
- relying on blanket bans or verbal memory alone instead of proportionate risk management and robust systems.

23. Medication Checks and Record Keeping

The school will maintain appropriate systems for monitoring emergency allergy medication held on site. Records will include, where appropriate:

- medication held for individual pupils
- expiry dates
- checks of the two emergency Anaphylaxis Kits and availability of keys

- staff allergy training and practical practice
- administration of medication
- serious allergy incidents
- significant near misses
- annual whole-school allergy risk assessment and anaphylaxis drill.

Information will be handled in accordance with the school's data protection responsibilities.

24. Communication and Publication

This policy will be published on the school website, available to parents and carers, communicated to staff, brought to pupils' attention in an age-appropriate way and shared with relevant volunteers, visitors and external providers where appropriate.

At least annually, KWPS will bring its allergy safety arrangements to the attention of pupils, parents/carers and those working within school. Allergy awareness will also be reinforced through age-appropriate pupil education and communication around trips, celebrations and other relevant events.

25. Monitoring and Review

The Governing Body, Headteacher and Named Allergy Lead will monitor the implementation of this policy. The policy will be formally reviewed at least annually and sooner where appropriate, including following:

- a serious allergic reaction
- a significant near miss
- a change in statutory guidance
- changes to emergency medication arrangements
- changes to the needs of pupils
- identified weaknesses in existing procedures
- learning from the annual emergency-response practice.

The purpose of review is not simply to record incidents but to identify learning and continually strengthen allergy safety at Kirkham and Wesham Primary School.

Policy Approval

Policy	Allergy Safety Policy
School	Kirkham and Wesham Primary School
Date	September 2026
Review	September 2027
Headteacher	Jane Smethurst