Allergy Safety Policy

St Mary's Church of England Primary School keeps children safe by ensuring and promoting the safeguarding and welfare of all children in its care: all policies support the most current "Keeping Children Safe in Education Guidance" and "Safeguarding Policy", are fully consistent with the "Every Child Matters" agenda, and fully support the principles of equal opportunities for all.

School: St Mary's CofE Primary School

Policy approved by: Governing Body

Date approved: September 2026

Review date: September 2027

Policy lead: Headteacher – Sharon Mannering

Designated allergy lead: Sharon Mannering

1. Introduction

At St Mary's, we recognise that allergies can be life-threatening and that anaphylaxis is a medical emergency. We are committed to providing a safe, inclusive environment in which children with allergies can participate fully in school life.

This policy has been developed in line with the Department for Education's Allergy Safety in Schools statutory guidance (2026) and the new statutory requirements relating to allergy safety in schools. The guidance requires schools to have a dedicated allergy safety policy, provide allergy awareness training for staff, develop Individual Healthcare Plans where appropriate, and record and learn from serious incidents and near misses.

Our approach is to reduce the risk of children being exposed to allergens while ensuring that children with allergies are not unnecessarily excluded or treated differently from their peers.

2. Aims

The aims of this policy are to:

- identify children and adults within school who have known allergies;

- reduce the risk of exposure to known allergens;
- ensure all staff can recognise the signs and symptoms of an allergic reaction and anaphylaxis;
- ensure all staff know how to respond appropriately in an emergency;
- ensure appropriate adrenaline auto-injectors (AAIs) are available and accessible;
- ensure Individual Healthcare Plans (IHPs) are in place for children who require them;
- ensure allergy information is communicated appropriately to staff, visitors, coaches and trip leaders;
- ensure allergies are considered during educational visits, sporting activities and other activities away from the normal classroom;
- record, report and learn from allergy incidents and near misses;
- work in partnership with parents and carers to keep children safe;
- ensure governors are informed about the school's arrangements for allergy safety;
- regularly review our procedures and make improvements where necessary.

3. Identification of Children with Allergies

Parents and carers must inform the school of any diagnosed allergy or suspected allergy.

Where a child has a known allergy, the school will maintain appropriate medical information and, where required, an Individual Healthcare Plan.

- To ensure that staff can quickly identify children who may require emergency treatment:
  allergy information is displayed in every classroom;
  an allergy poster is displayed in the school hall;
  posters include the child's photograph, name and relevant allergy information;
  relevant staff are informed of the child's allergy and emergency arrangements;
  allergy information is available to staff supervising children during lessons, playtimes, lunchtime, PE and other activities.

The school will ensure that information is shared sensitively and appropriately. Allergy and medical information is special category personal data and will only be shared where necessary to keep a child safe.

4. Individual Healthcare Plans

Children with significant allergies will have an Individual Healthcare Plan (IHP) where appropriate.

IHPs will be developed in partnership with parents/carers and, where appropriate, the child and relevant healthcare professionals.

- An IHP will include relevant information such as:
  the child's allergy/allergies;
  known triggers;
  symptoms and signs of an allergic reaction;
  emergency procedures;

medication and adrenaline auto-injector arrangements;
where medication is stored;
who should be contacted in an emergency;
arrangements for school trips and educational visits;
any reasonable adjustments required to enable the child to participate fully in school life.

IHPs will be reviewed at least annually and whenever there is a significant change in the child's medical circumstances or following a serious incident or near miss.

5. Staff Allergy and Anaphylaxis Training

All staff will receive allergy awareness and anaphylaxis training.

- Training will cover:
  what an allergy is;
  common allergens;
  signs and symptoms of an allergic reaction;
  recognition of anaphylaxis;
  how to respond to anaphylaxis;
  the use of adrenaline auto-injectors;
  the location of the school's spare AAIs;
  the school's emergency procedures;
  individual children's allergy needs;
  how to reduce the risk of allergen exposure;
  procedures for educational visits and trips;
  recording and reporting incidents and near misses.

Training will be completed annually and will be updated whenever there are significant changes to guidance, school procedures or individual children's needs.

New members of staff will receive allergy information and appropriate training as part of their induction.

All staff are expected to know how to access the school's emergency allergy procedures and where the spare AAIs are stored.

6. Spare Adrenaline Auto-Injectors

The school will maintain spare adrenaline auto-injectors for use in an emergency.

The school's spare AAIs are stored in the staff room, in the cupboard clearly labelled "SPARE ADRENALINE AUTO-INJECTORS".

All staff must know the location of the spare AAIs.

- The school will have:
  2 x 150 microgram (150mcg) AAIs for children under 6 years of age, including Nursery and Reception;

2 x 300 microgram (300mcg / 0.3mg) AAIs for children over 6 years of age, including Years 1–6.

These devices are held as emergency spare devices and do not replace a child's own prescribed medication.

Spare AAIs may be used in an emergency to save a life, including where an individual experiences anaphylaxis but is not known to have an allergy.

If a spare AAI is used, the emergency services must be contacted and the incident recorded. Used or expired AAIs will be replaced promptly.

7. Checking Medication and Equipment

- Mrs Goodwin will have responsibility for checking the expiry dates of:
  the school's spare adrenaline auto-injectors;
  children's prescribed adrenaline auto-injectors where appropriate;
  emergency inhalers;
  other relevant emergency medication held by the school.

These checks will be undertaken annually, with expiry dates recorded.

The school will also monitor medication during the school year and will take action where medication is approaching its expiry date.

Parents/carers remain responsible for ensuring that their child's prescribed medication is supplied to school and replaced when necessary.

8. Emergency Response

If a child or adult is suspected of experiencing anaphylaxis:
1. Give adrenaline immediately using the person's prescribed AAI where available.
2. If the person's prescribed AAI is unavailable, the school's spare AAI may be used in accordance with the emergency procedure.
3. Call 999 immediately and state that the person is experiencing anaphylaxis.
4. Follow the instructions of the emergency services.
5. A second AAI may be required if symptoms do not improve, following the relevant guidance and emergency procedure.
6. The individual should not be left alone.
7. Parents/carers should be contacted as soon as practicable.
8. The incident must be recorded and reviewed.

Staff should act promptly and reasonably in an emergency. The priority is to administer adrenaline and obtain emergency medical assistance.

9. Reducing the Risk of Allergen Exposure

The school will take reasonable steps to reduce the risk of exposure to known allergens.

- This includes:
  communicating allergy information to relevant staff;
  ensuring food provided by the school is appropriately checked;
  ensuring catering staff are aware of children's allergies;
  checking ingredients before food is given to children with allergies;
  considering allergies when planning cooking, food technology, celebrations and classroom activities;
  ensuring parents/carers are informed about arrangements for food brought into school;
  encouraging good handwashing and hygiene practices;
  ensuring surfaces and equipment are appropriately cleaned where food has been prepared or eaten;
  considering allergens when planning parties, rewards and special events.

Children with allergies will not routinely be excluded from activities or required to sit separately from other children. The school's aim is to manage risk while ensuring children remain fully included in school life.

10. Food and Natasha's Law

Where the school provides food, appropriate allergen information will be available.

Where food is prepacked for direct sale (PPDS), it must comply with the relevant allergen labelling requirements, commonly known as Natasha's Law. PPDS food must have the name of the food and a full ingredients list, with the 14 regulated allergens emphasised where they are present.

Staff responsible for preparing or serving food must follow the school's food allergy procedures and must never make assumptions about whether food is safe for a child with an allergy.

11. Visitors, Supply Staff and Sports Coaches

All visitors, supply staff, sports coaches and other adults working with children will be made aware of relevant allergy safety arrangements.

- Where appropriate, visitors and coaches will be informed:
  which children have allergies;
  how allergy information is displayed;
  what to do in an emergency;
  where the school's spare adrenaline auto-injectors are kept;
  who the designated first aider/allergy lead is;
  how to summon additional assistance.

Sports coaches and other external providers must receive appropriate information before supervising children.

The school will ensure that external staff are not expected to work with children without knowing the essential emergency arrangements.

12. Educational Visits and Trips

Allergies will be considered as part of the risk assessment and planning process for educational visits and trips.

- For a child at risk of anaphylaxis:
  their Individual Healthcare Plan and emergency arrangements will be checked before the visit;
  the child's own prescribed AAI will accompany them;
  trained staff will be identified;
  staff will know how to recognise anaphylaxis and administer adrenaline;
  allergy information will be communicated to relevant staff;
  food and catering arrangements will be checked in advance;
  appropriate emergency contact information will be available.

Where appropriate, the school may also take a spare AAI on a visit. This must not result in the school being left without its required spare emergency devices.

13. Sporting Activities

Allergies will be considered when planning PE, sports and extracurricular activities.

- Teachers and coaches will have access to relevant allergy information and will know:
  which children have allergies;
  where emergency medication is located;
  who is trained to respond to anaphylaxis;
  how to call for emergency assistance.

For activities taking place away from the main school building, appropriate medication must accompany the child.

14. Serious Incidents and Near Misses

The school will operate a no-blame approach to reporting allergy incidents and near misses. The purpose of reporting is to identify what happened, learn from it and improve safety.

- A near miss may include:
  a child being given food containing an allergen but not consuming it;
  incorrect allergen information being provided;
  an allergen being present where it should not have been;
  a child's medication being unavailable or difficult to locate;

an AAI being found to be out of date;
allergy information not being passed to a member of staff or visitor;
an allergy procedure not being followed.

All incidents and near misses must be reported to the Headteacher or designated allergy lead as soon as possible.

The school will:
1. record the incident/near miss;
2. establish what happened;
3. identify any contributing factors;
4. consider whether the existing procedures were effective;
5. identify actions required;
6. communicate with parents/carers where appropriate;
7. update the child's IHP or school procedures if necessary;
8. review the incident with relevant staff;
9. share learning with governors where appropriate.

15. Communication with Parents and Carers

The school will work closely with parents and carers to ensure children's allergies are managed effectively.

- Parents/carers will be informed of:
  this Allergy Safety Policy;
  arrangements for allergy management;
  their child's Individual Healthcare Plan;
  emergency medication arrangements;
  arrangements for trips and educational visits;
  any significant allergy-related incident involving their child.
- Parents will be encouraged to inform the school promptly of:
  a new diagnosis;
  changes to an allergy;
  changes to prescribed medication;
  changes to emergency procedures;
  changes to their child's healthcare plan.

The Allergy Safety Policy will be made available to parents through the school website.

The school will also raise awareness of allergy safety through newsletters, parent communications and other appropriate methods.

16. Governors

The governing body has overall responsibility for ensuring that appropriate arrangements are in place to support pupils with allergies.

- Governors will:
  receive the Allergy Safety Policy for approval;
  be informed of significant allergy incidents and near misses;
  monitor the effectiveness of the school's allergy arrangements;
  ensure appropriate resources and training are available;
  receive information about annual staff training;
  ensure the policy is reviewed annually.

17. School Website

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

This will ensure that parents, carers, staff, governors and other relevant stakeholders can access information about the school's approach to allergy safety.

The school will also use appropriate communications to raise awareness of the policy.

18. Monitoring and Review

This policy will be reviewed annually by the Headteacher and designated allergy lead.

- The review will consider:
  staff training completed during the year;
  expiry dates of emergency medication;
  allergy incidents;
  near misses;
  educational visits;
  changes in children's allergies or IHPs;
  feedback from parents/carers;
  feedback from staff;
  changes to statutory guidance;
  any recommendations from healthcare professionals or relevant authorities.

The policy will also be reviewed following a serious allergy incident or significant near miss where changes may be required.

19. Responsibilities

- Headteacher – Allergy lead
  The Headteacher will:
  ensure the policy is implemented;
  ensure staff receive annual allergy and anaphylaxis training;
  ensure appropriate emergency medication is available;
  ensure incidents and near misses are recorded and reviewed;
  support staff with allergy information

support the review of incidents and near misses;
ensure staff know where spare AAIs are stored;
ensure the policy is published on the school website.

- Mrs Goodwin
  Mrs Goodwin will:
  maintain allergy records;
  coordinate Individual Healthcare Plans;
  check expiry dates of AAIs and emergency inhalers annually;
  record expiry dates;;
  ensure relevant allergy posters are kept up to date;
- All Staff
  All staff will:
  complete annual allergy and anaphylaxis training;
  know which children they are responsible for have allergies;
  know where spare AAIs are kept;
  follow Individual Healthcare Plans;
  take allergy information seriously;
  report incidents and near misses;
  follow emergency procedures.
- Parents and Carers
  Parents/carers will:
  provide the school with accurate and up-to-date allergy information;
  provide prescribed medication where required;
  replace medication before it expires;
  inform the school of changes to their child's allergy or treatment;
  work with the school to develop and review the child's IHP.

20. Policy Statement

St Mary's is committed to creating a school environment where children with allergies are safe, supported and fully included.

We recognise that effective allergy management depends upon whole-school awareness, appropriate training, clear communication, accessible emergency medication, effective Individual Healthcare Plans and learning from incidents and near misses.

All members of the school community have a role to play in maintaining allergy safety.

Medication and Equipment Check Record

Medication	Location	Expiry Date	Date Checked	Checked By	Action Required
Spare AAI (150mcg)	Staff room – labelled cupboard			Mrs Goodwin	
Spare AAI (150mcg)	Staff room – labelled			Mrs Goodwin	

	cupboard				
Spare AAI (300mcg)	Staff room – labelled cupboard			Mrs Goodwin	
Spare AAI (300mcg)	Staff room – labelled cupboard			Mrs Goodwin	
Emergency inhaler				Mrs Goodwin	

Policy Sign-Off

Headteacher: __S. Mannering_____ Date: _06/09/2026___

Chair of Governors: _____ Date: _____