Allergy Safety Policy

Responsible Person	**Mrs L Stinchon**
Date Created	**September 2026**
Date to be Reviewed	**September 2027**

Every child matters; every moment counts.

Contents

1. Purpose and aims

Name of School is committed to providing a safe, inclusive environment in which pupils with allergies can participate fully in school life. This policy explains how the school will identify and reduce allergy risks, support individual pupils, maintain rapid access to emergency medication, respond to allergic reactions and learn from incidents and near misses.

The school aims to create a culture in which allergy is understood and taken seriously without unnecessarily restricting pupils or singling them out. No environment can be guaranteed to be completely free from allergens; therefore, the school will use proportionate, evidence-informed controls and individual planning.

2. Scope and legal framework

This policy applies to all pupils and to school activities on and off site, including breakfast and after-school clubs, educational visits, residential visits and sporting activities. Relevant arrangements also apply, as appropriate, to staff, volunteers and visitors with known allergies.

The policy has regard to section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, the Department for Education's statutory guidance on allergy safety in schools, statutory guidance on supporting pupils with medical conditions, equality duties, data protection requirements and current national guidance on emergency adrenaline auto-injectors.

3. Definitions

1. **Allergy:** an immune system response to a substance that is normally harmless. Allergies can include food allergy, asthma, eczema, hay fever and allergies to medicines, insect stings, animals, latex or other contact or airborne substances.
2. **Allergen:** a substance that can trigger an allergic reaction.
3. **Anaphylaxis:** a serious and potentially life-threatening allergic reaction requiring immediate emergency treatment.
4. **Adrenaline auto-injector (AAI):** a device that delivers a measured dose of adrenaline in an emergency.
5. **Near miss:** an event that did not cause harm but had the potential to do so.
6. **Individual Healthcare Plan (IHP):** a plan setting out the support a pupil needs at school because of a medical condition.

Food intolerance and coeliac disease are different from food allergy, but both may require careful management. The school will follow relevant medical advice and individual arrangements.

4. Roles and responsibilities

4.1 Governing Body

The Governing Body will ensure that appropriate allergy safety arrangements are in place, resources and training are sufficient, the policy is reviewed at least annually and after relevant incidents or near misses, and the policy is publicised across the school community and published on the school website.

4.2 Headteacher and named senior leader

The Headteacher retains overall responsibility. The named senior leader will lead implementation, maintain oversight of records and Individual Healthcare Plans, arrange training and induction, coordinate with families, healthcare professionals and caterers, ensure emergency medication is

available and checked, review incidents and report to governors. Day-to-day tasks may be delegated, but accountability remains with school leadership.

4.3 Staff, volunteers and contractors

All staff and regular volunteers with pupil-facing duties must complete required training, follow this policy and individual plans, take reasonable steps to prevent exposure, know how to obtain help and emergency medication, and promptly report concerns, reactions and near misses. Supply, agency, peripatetic and club staff must receive appropriate information before taking responsibility for pupils. Contractors without a pupil-facing role will be given relevant site safety information where their work may create an allergen risk.

4.4 Parents and carers

Parents and carers are expected to give accurate, up-to-date information about allergies, symptoms, triggers, treatment and emergency contacts; provide current medical or action plans and prescribed medication in its original labelled container; check and replace medication before expiry; notify the school promptly of changes; and work with the school on reasonable risk controls. Parents should not send food or products into school that conflict with agreed school arrangements.

4.5 Pupils

Pupils will be supported, according to age and understanding, to avoid known allergens, follow their plan, tell an adult immediately if they feel unwell or believe exposure has occurred, not share food, drinks, utensils or medication, and show respect for others' medical needs. Pupils who are competent to carry their own medication may do so where this is documented in their plan.

5. Staff training and induction

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, agency workers, peripatetic staff, staff serving breakfast and after-school clubs and regular volunteers. Catering staff will undertake appropriate allergy and food safety training. New staff will receive training during induction, and interim arrangements will ensure that untrained supply or cover staff are briefed and can obtain immediate support.

Training will cover the nature and impact of allergy; the difference between allergy, coeliac disease and intolerance; common triggers and symptoms; recognition of anaphylaxis and asthma attacks; the school's policy and individual plans; risk reduction; locating and administering prescribed and spare emergency medication; calling emergency services and informing parents; incident reporting; and practical use of relevant devices. Training records will include the date, content, trainer, attendees and renewal date. Additional competency-based instruction will be arranged where an individual pupil requires support beyond that covered by general allergy awareness.

6. Identification, records and transition

The school will request allergy information on admission and at least annually, and whenever a pupil transfers class, joins mid-year or returns with a new diagnosis. Information may be obtained from parents, the pupil, the previous setting and healthcare professionals, with appropriate authority. The school will maintain a secure, accessible record of known allergens, symptoms, medication, emergency contacts, action plans, IHPs and any reasonable adjustments. Relevant details will be available to staff who need them, including catering and visit staff, while avoiding unnecessary disclosure or public labelling.

The school will also invite staff and regular visitors to disclose allergies where this is necessary for their safety. Transition planning between settings or phases will begin early enough to share agreed information, update plans and train receiving staff.

7. Individual Healthcare Plans and action plans

An IHP will be developed where an allergy has a functional impact in school, places the pupil at risk of harm and requires arrangements additional to or different from those generally available. The plan will be developed with the pupil, parents, relevant staff and healthcare professionals as appropriate. It will describe the allergy and triggers, signs and symptoms, preventive measures, medication and dosage, storage and access, emergency actions, participation in activities and visits, self-management arrangements, information-sharing arrangements, staff training and review arrangements.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or clearly referenced in the IHP. The IHP will be reviewed at least annually and sooner following a change in diagnosis or treatment, a reaction, a near miss, an updated action plan or a significant change in school circumstances.

8. Minimising exposure to allergens

The school will use proportionate controls based on known risks and individual plans. Staff planning lessons, clubs, celebrations, fundraising, cooking, science, art, music, gardening, animal contact or other activities must consider ingredients and possible food, contact or airborne allergens in advance. Suitable alternatives and reasonable adjustments will be provided where needed.

1. Pupils will be encouraged to wash hands before and after eating; appropriate cleaning arrangements will reduce residue on tables, utensils and shared equipment.
2. Food, drinks, utensils and containers must not be shared.
3. Staff will supervise younger pupils and apply individual seating or serving arrangements only where necessary and agreed.
4. Parents will be told about controls for food brought from home, birthdays, events and packed lunches. The school will not describe itself as completely “allergen-free” unless this can be reliably achieved and is clinically justified.
5. Risk assessments will address airborne and contact allergens, including animals, plants, craft materials, latex and cleaning products, where a known risk exists.
6. Changes to suppliers, menus, ingredients, recipes or activities will be checked so that controls remain effective.

9. Food and catering arrangements

The school and its catering provider will comply with food information and food safety requirements and provide clear, accurate allergen information. The catering lead will have an up-to-date list of pupils with relevant food allergies and agreed meal arrangements. Menus, ingredient labels and supplier information will be checked; substitutions will not be made without an allergen check. Cross-contact risks will be controlled through storage, preparation, cleaning, serving procedures and staff training. Any uncertainty about a meal or ingredient will be resolved before it is served.

9.1 Free school meals and Early Years requirements

Pupils who are entitled to free school meals will be offered reasonable adjustments so that they can access a safe free school meal alongside their peers.

For children in the Early Years Foundation Stage, the school will obtain information about allergies, intolerances, special dietary and health requirements before admission, share it with staff who prepare or handle food and check it immediately before food or drink is served. Changes will be recorded and communicated without delay.

9.2 Trawden Forest Primary School arrangements

School meals are provided by Lancashire County Council School Meals Service. The catering allergy lead is S Greetham supported by D Crawshaw.

Parents and carers must inform the school of any allergy, intolerance, coeliac disease or medical dietary requirement. This information will be recorded and shared with relevant school and catering staff.

The catering team will check ingredients, recipes and substitutions, provide accurate allergen information and take reasonable steps to prevent cross-contact. Food will not be served if its suitability is uncertain.

Food brought from home or provided during clubs, celebrations and curriculum activities must follow agreed allergy arrangements. The school cannot guarantee an allergen-free environment.

Reasonable adjustments will enable eligible pupils with allergies to receive a safe free school meal.

EYFS allergy and dietary information will be obtained before admission and checked before food or drink is served.

Any incorrect meal, allergic reaction or near miss must be reported, recorded and reviewed.

10. Wellbeing, inclusion and bullying

The school recognises that living with allergy and the possibility of anaphylaxis can cause anxiety. Pupils will be listened to and involved in decisions appropriate to their age. Staff will promote safe participation, avoid unnecessary exclusion and make reasonable adjustments. Teasing, bullying, deliberate exposure to an allergen, tampering with medication or pressuring a pupil to eat or touch something will be treated seriously under the Behaviour and Anti-bullying Policy and safeguarding procedures. Support will be offered after a reaction or serious near miss.

10.1 Unacceptable practice

- sending a pupil who becomes unwell to the office or medical room without suitable supervision; in an allergic emergency, help must come to the pupil
- requiring, or making a parent or carer feel obliged, to attend school to administer medication or provide support that the school should provide
- excluding a pupil from meals, lessons, clubs, visits or other normal activities, or requiring a parent to accompany them, without a clear and justified risk-based reason
- penalising allergy-related absence, including excluding the pupil from attendance rewards where the absence results from their medical condition
- assuming that a pupil has no allergy merely because diagnosis or clinical investigation is incomplete

11. Medication and emergency equipment

11.1 Prescribed medication

Pupils prescribed AAIs must have rapid access to them at all times, including in classrooms, dining areas, playgrounds, sports areas, clubs and on visits. Arrangements must enable

adrenaline to be brought to the pupil within five minutes. Medication will be stored safely, visibly and accessibly in red first aid bags in the classrooms, not in a locked place that would delay emergency access. Individually prescribed devices will be clearly labelled and readily distinguishable from spare devices. Arrangements for competent pupils to carry medication, and for devices to travel between home and school, will be recorded in the IHP.

The school will record receipt and return of medication and will check availability, condition and expiry dates. Parents remain responsible for replacing prescribed items before expiry. Used or expired devices containing needles will be disposed of safely through an appropriate clinical waste route.

Pupils at risk of anaphylaxis should have access to both prescribed adrenaline devices at all times. All prescribed and spare adrenaline devices will be stored at room temperature, away from direct sunlight and extremes of heat, and will not be refrigerated. They will be unlocked and immediately accessible while remaining out of reach where a documented risk assessment shows this is necessary.

11.2 Spare AAIs and emergency asthma inhalers

The school will maintain spare AAIs in appropriate doses, stocked and stored in pairs, clearly marked as school emergency devices. They will be kept wall mounted in the Key Stage 1 and Key Stage 2 halls. The number and location of kits will reflect the size and layout of the site so that no pupil is more than five minutes from adrenaline. Each kit will contain 2 adult and 2 child AAIs and a nominated person will check stock, seals, condition and expiry dates at least termly. Used or expired items will be replaced promptly. The school will also manage any emergency salbutamol inhaler and spacers in accordance with its medical conditions arrangements.

Spare equipment will not replace a pupil's own prescribed medication. It will be used in accordance with current law, national guidance, the pupil's plan where one exists, and the emergency instructions supplied with the device. In an exceptional life-saving emergency involving a person not previously known to be at risk, staff will follow the direction of the emergency services and applicable national guidance.

12. Responding to an allergic reaction or anaphylaxis

Staff must follow the pupil's current Allergy Action Plan and their training. Anaphylaxis may involve airway, breathing or circulation problems and can occur without skin symptoms. If anaphylaxis is suspected, staff must act immediately; if in doubt, give adrenaline.

A mild to moderate reaction that does not involve airway, breathing or circulation problems will be managed in accordance with the pupil's Action Plan. The pupil will not be left unattended, their parent or emergency contact will be informed and they will be observed in a safe place for at least 60 minutes because symptoms can progress to anaphylaxis. Medication will only be given in accordance with the plan, consent and the school's medicines procedures.

- Stay with the pupil and send someone to bring the pupil's AAIs and the school emergency kit.
- Administer an AAI without delay in accordance with training and the device instructions.
- Call 999, state "anaphylaxis", give the school's address and access point, and arrange for someone to meet the ambulance.
- Keep the pupil lying flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk. If unconscious, place them in the recovery position; begin CPR if there are no signs of life.

- Give a second dose after five minutes if symptoms have not improved and another device is available.
- Contact parents or carers after emergency help has been summoned. Inform the Headteacher or senior leader.
- Send the pupil's action plan and details of medication administered with the ambulance. A pupil given adrenaline must be medically assessed and must not be left alone or allowed to return to normal activities.
- Record the incident and preserve relevant information, packaging or food samples where this can be done safely.

13. Educational visits, sport and off-site activities

Pupils with allergies will be enabled to take part safely. The visit leader will review the pupil's plan and complete an individual risk assessment covering travel, food, accommodation, activity providers, remoteness, communication and access to emergency care. The pupil's own medication must accompany them and remain immediately accessible; spare school devices should be taken where appropriate. At least one accompanying member of staff must be trained and confident to respond. The leader will check medication before departure and establish arrangements for storage, meals and emergencies with the venue. If safe arrangements cannot initially be secured, the school will work with the family and provider to identify reasonable alternatives rather than automatically exclude the pupil.

14. Incidents and near misses

All allergic reactions, administration of emergency medication, emergency service calls and near misses must be reported to the named senior leader as soon as possible and recorded using First Aid Log Book and CPOMS. Reports may also be made after the pupil has returned home, as delayed effects or the significance of an exposure may only become apparent later. The school will notify parents and any relevant authorities or agencies in line with legal and local reporting requirements.

The Headteacher or nominated senior leader will review what happened, including the cause, timeliness of the response, access to medication, communication, training and whether procedures were followed. Immediate controls will be introduced where required. Lessons and actions will be recorded, shared appropriately and monitored to completion. The Governing Body will receive anonymised assurance information and the policy or individual arrangements will be revised where necessary.

The incident or near-miss report will be shared with the pupil's parents and the Governing Body. Where applicable, the school will also notify the relevant healthcare professional, report an allergen-related food safety issue to the local authority and make any report required under RIDDOR. These decisions will follow the thresholds in current DfE, Food Standards Agency and HSE guidance.

15. Information sharing and data protection

Health information is special category personal data. The school will collect, use, store and share it lawfully, securely and only to the extent necessary to protect the pupil and provide appropriate support. Parents and pupils will be told how information is used. Relevant information may be shared with staff, caterers, visit providers, healthcare professionals and emergency services where necessary, but it will not be displayed or circulated more widely than required. Records will be retained and disposed of in accordance with the school's retention schedule and Data Protection Policy.

16. Raising awareness

This policy will be published on the school website, available in hard copy on request and brought to the attention of pupils, parents, staff, volunteers and relevant contractors at least annually. Staff will revisit it through annual training. Age-appropriate allergy awareness will be included in pupil education, with the involvement and agreement of affected pupils and parents. Friends may be taught how to seek adult help in an emergency, but pupil awareness will never replace trained staff response.

17. Complaints

Concerns should be raised promptly with the class teacher, named senior leader or Headteacher so that immediate safety issues can be addressed. Formal complaints will be considered under the school's Complaints Procedure. This does not prevent a parent from contacting emergency services or an appropriate external body where necessary.

18. Monitoring and review

The Governing Body will review this policy at least annually. It will also be reviewed sooner following a serious incident, near miss, change in statutory guidance or legislation, identified training or equipment gap, significant site or catering change, or feedback showing that arrangements may leave someone at risk. Review evidence will include training completion, medication checks, incident and near-miss themes, IHP review status, visit arrangements and feedback from pupils, families and staff.