USWORTH COLLIERY
PRIMARY SCHOOL

Allergy Policy

Designated Senior Leader: Victoria Moore

Designated member of staff: Laura Calcutt

Designated Governors: Jonathan Chicken and Rosey Walker

Approved by:	***	**Date:**	September 2026
Last reviewed on:	***		
Next review due by:	***		

Contents

1. POLICY STATEMENT

At [School Name], we are committed to providing a safe, inclusive and supportive environment for all pupils, including those with allergies. We recognise that allergies can be life-threatening and that allergic reactions can occur rapidly. We will take all reasonable steps to reduce risk, promote awareness and ensure an effective emergency response.

This policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Educational Visits Policy
- Safeguarding Policy
- Food and Nutrition Procedures

This policy is based on the Department for Education statutory guidance **Allergy Safety in Schools.** [gov.uk], [assets.pub...ice.gov.uk]

2. AIMS

The aims of this policy are to:

- Support pupils with allergies to participate fully in school life.
- Reduce the risk of exposure to known allergens.
- Ensure staff can recognise and respond appropriately to allergic reactions.
- Ensure emergency medication is available and accessible.
- Promote effective communication between school, parents, healthcare professionals and pupils.
- Record and learn from incidents and near misses. [gov.uk], [assets.pub...ice.gov.uk]

3. SCOPE

This policy applies to:

- All pupils
- All employees
- Volunteers
- Governors
- Contractors and visitors
- Before and after school provision
- Educational visits and residential activities

4. DEFINITION OF ALLERGY

An allergy is an immune system response to a normally harmless substance (an allergen).

Allergens may include:

- Foods (e.g. peanuts, tree nuts, milk, eggs, sesame, wheat, fish, shellfish)
- Insect stings
- Medicines
- Latex
- Environmental allergens

Some allergic reactions can develop into **anaphylaxis**, a severe and potentially life-threatening medical emergency requiring immediate treatment.

Allergic conditions

Common allergic conditions include:

• Hay Fever (Allergic Rhinitis), triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes. • 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. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.

• Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below). Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow’s milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.

• Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or 10 pollen. On average, there are two or three children with asthma in every classroom in the UK. • Less common allergic conditions in children include allergy to insect stings (e.g. bee, wasp) and medicines.

Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation (“ABC”) and can be treated with a non-drowsy oral antihistamine (available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

Allergens may include:

Foods (e.g. peanuts, tree nuts, milk, eggs, sesame, wheat, fish, shellfish)

Insect stings

Medicines

Latex

Environmental allergens

Some allergic reactions can develop into anaphylaxis, a severe and potentially life-threatening medical emergency requiring immediate treatment.

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Rarely, anaphylaxis may occur without obvious exposure to an allergen, for example, after exercise or in people with an

underlying “mast cell” disorder such as mast cell activation syndrome (MCAS). Such individuals should have a personalised plan provided by a healthcare professional to assist the school/educational setting. [assets.pub...ice.gov.uk]

5. ROLES AND RESPONSIBILITIES

Governing Body

The governing body will:

- Ensure the school has an up-to-date Allergy Safety Policy.
- Monitor implementation of the policy.
- Ensure adequate resources are available.

Headteacher

The Headteacher will:

- Ensure this policy is implemented.
- Appoint a designated member of staff to oversee allergy management.
- Ensure staff training is provided.
- Ensure emergency arrangements are maintained.

Designated Medical Needs Lead

The designated lead will:

- Maintain records of pupils with allergies.
- Coordinate Individual Healthcare Plans (IHPs).
- Arrange staff training.
- Review incidents and near misses.
- Liaise with parents and healthcare professionals.

Staff

All staff will:

- Be aware of pupils with allergies.
- Follow Individual Healthcare Plans.
- Know how to recognise allergic reactions.
- Know how to summon emergency assistance.
- Complete allergy awareness training.

Parents/Carers

Parents will:

- Inform the school of any allergy diagnosis.
- Provide up-to-date medical information.
- Provide prescribed medication as required.
- Review IHPs regularly.
- Notify school of any changes.

Pupils

Pupils will be encouraged, according to age and understanding, to:

- Avoid known allergens.
- Report symptoms promptly.
- Carry prescribed medication where agreed and appropriate.
- Follow medical advice.

6. INDIVIDUAL HEALTHCARE PLANS (IHPS)

The school will identify pupils who require an Individual Healthcare Plan.

The IHP will include:

- Details of diagnosed allergies.
- Signs and symptoms of a reaction.
- Medication requirements.
- Emergency procedures.
- Storage arrangements for medication.
- Contact details for parents and healthcare professionals.

IHPs will be reviewed:

- Annually
- Following any allergic reaction
- Following changes in medical advice

[gov.uk], [assets.pub...ice.gov.uk]

7. PREVENTION AND RISK REDUCTION

The school will:

Food Safety

- Work with catering providers to identify allergens.
- Children with significant identified allergies will use a different coloured plate.
- Ensure allergen information is available.
- Communicate dietary needs to catering staff.
- Risk assess classroom food activities.
- Consider allergies during celebrations and events.

Classroom Management

- Promote good handwashing before and after eating.
- Clean tables and eating areas appropriately.
- Discourage food sharing.

Educational Visits

- Allergy risks will be considered as part of visit planning.
- Medication will accompany pupils.
- Staff attending visits will be aware of emergency procedures.
- Staff and volunteers accompanying the visit will be aware of any allergies if necessary and in accordance with the pupil's IHP.

Clubs and Extended Provision

All allergy arrangements apply equally to:

- Breakfast clubs
- After-school clubs
- Holiday provision
- School trips

8. MEDICATION

The school will:

- Accept prescribed allergy medication in line with medical guidance.
- Store medication securely yet accessibly.
- Ensure medication is available immediately in an emergency.
- Monitor expiry dates.

Where appropriate, pupils may carry their own medication.

The school will maintain spare emergency medication, including adrenaline auto-injectors (AAIs), in accordance with current legislation and guidance. [anaphylaxis.org.uk], [gov.uk]

9. RECOGNISING AN ALLERGIC REACTION

Symptoms may include:

Mild to Moderate Symptoms

- Itching
- Rash or hives
- Swelling of lips or eyes
- Stomach pain
- Vomiting

Symptoms of Anaphylaxis

- Difficulty breathing
- Wheezing
- Persistent cough
- Swollen tongue
- Difficulty swallowing
- Sudden collapse
- Loss of consciousness

Any suspected anaphylaxis must be treated as a medical emergency. [assets.pub...ice.gov.uk]

10. EMERGENCY PROCEDURES

If a pupil is experiencing anaphylaxis:

1. Administer adrenaline auto-injector immediately.
2. Call 999 and state "anaphylaxis".
3. Contact parents/carers.
4. If symptoms do not improve and guidance permits, administer a second AAI.
5. Continue monitoring until emergency services arrive.
6. Ensure the pupil is taken to hospital even if symptoms improve.

All incidents will be recorded.

11. STAFF TRAINING

The school will provide:

- Allergy awareness training for all staff (including Teachers, Teaching assistants, Lunchtime supervisors, Office and administrative staff, Catering staff, Breakfast and after-school club staff, Caretakers/site staff, Minibus drivers and other support staff).
- Additional training for identified staff.
- Regular refresher training.
- Training for new employees as part of induction.

Training records will be maintained by the School Business Manager (Paula Thomson) and Medical Needs Lead (Laura Calcutt). [gov.uk], [anaphylaxis.org.uk]

12. RECORDING INCIDENTS AND NEAR MISSES

The school will record:

- Allergic reactions.
- Administration of emergency medication.
- Near misses.
- Lessons learned and actions taken.

See Appendix 2.

Records will be reviewed to improve practice and reduce future risks. [gov.uk]

13. COMMUNICATION

Information regarding a pupil's allergy will be shared with staff on a need-to-know basis.

The school will ensure relevant staff are aware of:

- Pupils with allergies.
- Emergency procedures.
- Location of medication.

Confidentiality and data protection requirements will be followed at all times.

14. MONITORING AND REVIEW

This policy will be reviewed:

- Annually
- Following any serious incident
- Following changes to legislation or statutory guidance

APPROVAL

Headteacher: _____

Chair of Governors: _____

Date: _____

Source: Department for Education, Allergy Safety in Schools statutory guidance (July 2026). [gov.uk], [assets.pub...ice.gov.uk]

15. APPENDIX 1: Example Individual Healthcare Plan for allergy.

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
</table>

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

16. APPENDIX 2

Allergy Near Miss Recording Form

To be completed for any allergy-related near miss in line with DfE Allergy Safety in Schools guidance.

Date of incident: _____

Time of incident: _____

Location: _____

Pupil(s) involved: _____

Class/Year Group: _____

Known allergy/allergies concerned: _____

1. Description of the Near Miss

Describe what happened, including any allergens involved.

2. How was the Near Miss Identified?

How was the issue discovered and by whom?

3. Immediate Actions Taken

Actions taken to prevent harm or exposure.

4. Parents/Carers Informed

Yes / No. If yes, record details and date/time of contact.

5. Contributory Factors / Root Cause

What factors led to the near miss occurring?

6. Lessons Learned

What has been learned from this incident?

7. Preventative Actions

Actions to prevent recurrence, responsible person and timescale.

Reviewed by Designated Allergy Lead: _____

Review Date: _____

Signature: _____