Cradley CE VA Primary School

Allergy and Anaphylaxis Policy

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1. Statement of intent

At Cradley CE Primary School, we are committed to ensuring that every child is safe, included, valued and able to participate fully in school life.

Our vision is:

Believe, belong, be happy; every child, every chance, every day.

We recognise that allergies can have a significant physical, emotional and educational impact on children and young people. Anaphylaxis is a potentially life-threatening medical emergency and requires a rapid, consistent and confident response.

This policy sets out how Cradley CE Primary School will:

- identify children and adults with known or suspected allergies;
- reduce reasonably foreseeable risks of exposure to known allergens;
- support pupils with allergies to participate fully in school life;
- provide appropriate arrangements for pupils with allergies, including Individual Healthcare Plans (IHPs);
- ensure rapid access to prescribed adrenaline devices;
- maintain appropriate spare adrenaline auto-injectors (AAIs) for emergency use;
- ensure staff understand how to recognise and respond to allergic reactions and anaphylaxis;
- support the wellbeing of pupils with allergies;
- prevent and respond to allergy-related bullying;
- record, report and learn from serious incidents and near misses;
- work collaboratively with parents/carers and relevant healthcare professionals.

The school cannot guarantee an entirely allergen-free environment. Our approach is therefore based on reasonable, proportionate and individualised risk reduction, together with robust emergency arrangements.

We will not unnecessarily exclude or isolate pupils because of their allergy. The aim of all arrangements is to enable pupils to be safe, included and able to flourish.

2. Legal framework

This policy has regard to, and should be read alongside, the following legislation and guidance:

- Children and Families Act 2014, including section 100;
- Children's Wellbeing and Schools Act 2026, including section 34 relating to allergy safety in schools;
- Human Medicines (Amendment) Regulations 2017;
- Human Medicines Regulations 2012, as amended, including provisions relating to emergency asthma inhalers;
- Food Information (Amendment) (England) Regulations 2019 (Natasha's Law);
- Department for Education, *Allergy safety in schools: Statutory guidance*, July 2026;

- Department for Education, *Supporting pupils at school with medical conditions*, statutory guidance;
- Department for Education, *Allergy guidance for schools*, updated July 2026;
- relevant Food Standards Agency guidance on allergens and food labelling;
- relevant NHS and healthcare professional advice;
- relevant MHRA and DHSC guidance concerning adrenaline devices.

This policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy;
- Administering Medicines Policy;
- Health and Safety Policy;
- Food Policy;
- Educational Visits and School Trips Policy;
- Behaviour Policy;
- Anti-Bullying Policy;
- Safeguarding and Child Protection Policy;
- Equality Policy;
- Animals in School arrangements;
- relevant individual risk assessments;
- individual healthcare plans and healthcare professional Allergy Action Plans.

The DfE's July 2026 guidance confirms that schools must have regard to the statutory guidance when fulfilling their statutory duty to have an allergy safety policy.

3. Scope:

This policy applies to:

- all pupils;
- all permanent staff;
- temporary and supply staff;
- agency and peripatetic staff;
- regular volunteers;
- catering staff;
- staff supporting breakfast and after-school provision;
- visitors where appropriate;
- pupils attending school activities, trips and visits.

It applies to all areas of school life, including:

- classrooms;
- the dining hall;

- playgrounds;
- Forest School and outdoor learning;
- sports activities;
- educational visits;
- residential activities;
- clubs and enrichment;
- food technology and cooking;
- science;
- art and craft;
- school celebrations and events;
- food brought into school;
- wraparound care.

4. Understanding allergy

An allergy occurs when the body's immune system reacts to a substance which is normally harmless.

Allergens may include, but are not limited to:

- peanuts;
- tree nuts;
- milk;
- eggs;
- wheat and other cereals containing gluten;
- soya;
- sesame;
- fish;
- crustaceans;
- molluscs;
- celery;
- mustard;
- lupin;
- sulphur dioxide and sulphites.

Allergic conditions may also include reactions to:

- insect stings;
- animals;
- pollen;

- mould;
- dust mites;
- medicines;
- latex;
- other environmental allergens.

Allergy is distinct from food intolerance and from coeliac disease. Staff will receive training to understand these differences.

Asthma, eczema and hay fever can coexist with allergy and may be relevant to the management of an individual pupil.

5. Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction.

It may develop very rapidly and can occur following exposure to a known allergen or as a first presentation in someone who has not previously been diagnosed with an allergy.

Symptoms may include:

- difficulty breathing;
- wheezing;
- persistent coughing;
- throat tightness;
- difficulty speaking or swallowing;
- hoarse or altered voice;
- swelling of the tongue or throat;
- dizziness or faintness;
- sudden weakness;
- pallor;
- collapse or unconsciousness;
- severe abdominal symptoms;
- widespread allergic symptoms.

Anaphylaxis does not always present in exactly the same way.

If in doubt, staff should treat a suspected anaphylactic reaction as an emergency.

6. Roles and responsibilities

6.1 Governing Board

The Governing Board will:

- ensure that an allergy safety policy is in place;

- ensure that the policy is reviewed at least annually;
- have regard to the DfE statutory guidance;
- ensure that appropriate arrangements are made to support pupils with allergies;
- receive appropriate information about serious incidents and near misses;
- monitor whether lessons from incidents are acted upon;
- ensure that the policy is published on the school website;
- ensure that complaints relating to allergy safety can be raised and investigated through the school's complaints procedure.

The Governing Board will not be involved in individual clinical decisions.

6.2 Headteacher

The Headteacher has overall responsibility for implementation of this policy and will:

- ensure that the school has effective allergy safety arrangements;
- ensure that a named senior leader is responsible for allergy safety;
- ensure appropriate staff training;
- ensure appropriate records are maintained;
- ensure emergency medication is accessible and appropriately managed;
- ensure risk assessments and IHPs are implemented;
- ensure incidents and near misses are reviewed;
- ensure parents/carers are informed following incidents and near misses;
- ensure the policy is communicated and published;
- ensure that appropriate actions are taken following learning from incidents.

6.3 Designated Allergy Lead – Mrs Humphries

The Designated Allergy Lead will:

- maintain the school's allergy register;
- coordinate IHPs for pupils with allergies;
- ensure relevant Allergy Action Plans are attached to IHPs;
- coordinate communication with parents/carers;
- oversee staff awareness and training;
- oversee the spare AAI arrangements;
- ensure monthly checks of emergency AAIs;
- maintain records of AAI checks, training and incidents;
- coordinate reviews following serious incidents and near misses;
- ensure relevant staff are aware of individual pupil arrangements;

- report significant themes and learning to the Headteacher and Governing Board.

6.4 All staff

All staff working with pupils will:

- attend required allergy awareness and emergency response training;
- know how to identify an allergic reaction and anaphylaxis;
- know how to access emergency medication;
- understand their responsibilities under this policy;
- be familiar with the IHPs and Allergy Action Plans relevant to pupils they work with;
- take reasonable steps to reduce known allergen exposure;
- respond immediately to suspected anaphylaxis;
- record and report incidents and near misses;
- maintain confidentiality when handling medical information;
- support pupils with allergies in an inclusive and respectful manner.

6.5 Catering staff

Catering staff will:

- comply with food allergen legislation;
- maintain accurate allergen information;
- check ingredients and product changes;
- prevent avoidable cross-contamination;
- ensure pupils' dietary requirements are communicated effectively;
- follow the school's arrangements for identifying pupils with allergies;
- report allergen-related errors or near misses immediately;
- maintain appropriate food safety and allergen records.

6.6 Parents and carers

Parents/carers are expected to:

- inform school promptly of any known or suspected allergy;
- provide relevant healthcare information and Allergy Action Plans;
- provide prescribed medication within agreed arrangements;
- ensure prescribed medication remains in date;
- inform school of changes to medication, allergy or medical advice;
- work collaboratively with school when an IHP or risk assessment is required;

- provide updated medical information when circumstances change.

Parents/carers will not be expected to provide a clinical diagnosis before the school takes reasonable steps to support a child where an allergy is suspected.

6.7 Pupils

Pupils will be supported, according to their age, maturity and individual circumstances, to:

- understand their allergy;
- recognise symptoms where they are able to do so;
- tell an adult immediately if they feel unwell or believe they have been exposed to an allergen;
- avoid sharing food;
- understand how to seek help in an emergency;
- develop appropriate independence in managing their allergy.

No pupil will be expected to manage their allergy independently if they are not developmentally or medically able to do so.

7. Identifying pupils with allergy

The school will establish clear arrangements for identifying pupils with known or suspected allergies.

Information may be obtained from:

- parents/carers;
- the pupil;
- previous educational settings;
- healthcare professionals;
- school nursing services;
- GPs or other relevant healthcare professionals;
- existing medical records and IHPs.

Where available, the school will seek copies of:

- an Individual Healthcare Plan;
- an Allergy Action Plan;
- an Asthma Action Plan;
- relevant medication instructions.

Information will be recorded on the school's confidential allergy/medical needs register.

The register will identify, where appropriate:

- pupil name;

- class;
- photograph;
- known allergen(s);
- type of allergy;
- whether the pupil has an IHP;
- whether an Allergy Action Plan is held;
- prescribed medication;
- location of medication;
- relevant emergency arrangements.

Information will be shared only with staff who need it to keep the pupil safe and support their inclusion.

The DfE guidance recommends that information about pupils with allergies is available to relevant staff, including in areas where food may be handled, while respecting the pupil's privacy.

8. Suspected allergy where no diagnosis is available

The school recognises that an allergy may be suspected before a formal diagnosis or healthcare advice is available.

The school will not dismiss a parent's or pupil's concerns simply because a formal diagnosis has not yet been made.

Where an allergy is suspected, the school will:

1. listen to the information provided by the child and parent/carer;
2. record relevant information about symptoms and possible triggers;
3. consider the functional impact and potential risk of harm;
4. put reasonable interim arrangements in place where appropriate;
5. seek appropriate healthcare advice where necessary;
6. consider whether an IHP is required;
7. review arrangements when further medical information becomes available.

The school will not attempt to make a clinical diagnosis.

Where an emergency allergic reaction or suspected anaphylaxis occurs, **the absence of a previous diagnosis must not delay emergency treatment**.

The DfE guidance specifically states that schools should support children with suspected allergy where no clinical advice is yet available, based on the best assessment that can reasonably be made, and should focus on functional impact and risk rather than attempting to make a clinical assessment.

9. Individual Healthcare Plans

An IHP will be considered where a pupil:

- has an allergy which has a functional impact in school;
- is at risk of harm as a result of their allergy; and
- requires arrangements additional to or different from those generally provided.

The IHP will be developed in partnership with:

- the pupil, where appropriate;
- parents/carers;
- relevant school staff;
- relevant healthcare professionals where appropriate.

An IHP is a **school document, not a clinical document**.

Where a healthcare professional has issued an Allergy Action Plan, this will be attached to the IHP and treated as the clinical document for emergency response.

The IHP will identify:

- known allergens;
- relevant symptoms;
- practical risk-reduction measures;
- prescribed medication;
- location of medication;
- emergency arrangements;
- staff responsibilities;
- arrangements for lunch and food;
- arrangements for educational visits;
- arrangements for curriculum activities;
- support for emotional wellbeing;
- reasonable adjustments;
- arrangements for inclusion;
- any relevant SEND considerations.

IHPs will be reviewed at least annually and sooner where:

- the pupil's circumstances change;
- medication changes;
- healthcare advice changes;
- there is a serious incident;
- there is a near miss;
- a significant change occurs in school arrangements.

The DfE guidance confirms that IHPs should refer to and attach relevant healthcare professional Allergy and/or Asthma Action Plans.

10. Allergy Action Plans

Where a healthcare professional has issued an Allergy Action Plan, it will be:

- attached to the pupil's IHP;
- accessible to relevant staff;
- kept with prescribed emergency medication where appropriate;
- reviewed whenever updated medical advice is received.

Staff will follow the healthcare professional's instructions.

The school will not create alternative clinical instructions which conflict with the healthcare professional's plan.

11. Reducing the risk of allergen exposure

The school will take reasonable and proportionate steps to minimise exposure to known allergens.

Measures may include:

- appropriate food preparation procedures;
- clear allergen information;
- safe storage;
- appropriate cleaning;
- preventing food sharing;
- handwashing;
- appropriate supervision;
- careful consideration of classroom activities;
- appropriate risk assessments;
- communication with catering providers;
- appropriate arrangements for trips and visits.

The school does not operate on the basis that the entire site can be guaranteed allergen-free.

Controls will be proportionate and individualised.

Pupils with allergies will not routinely be isolated or excluded from activities solely because they have an allergy.

12. Food allergy

The school will work with its catering provider to ensure that:

- allergen information is accurate and current;
- ingredient changes are checked;
- pupils with known food allergies are appropriately identified;
- food is prepared and served safely;
- avoidable cross-contamination is minimised;
- allergen information is available to relevant staff;
- special dietary requirements are communicated effectively.

The school will comply with the requirements of Natasha's Law in relation to food which is pre-packed for direct sale.

The 14 regulated allergens will be identified and appropriately managed.

Where menus or ingredients change, the dietary needs of pupils with allergies will be reconsidered before food is served.

13. Food brought from home

Food brought from home, including packed lunches, snacks and ingredients for curriculum activities, will be considered as part of allergy risk management.

The school will provide clear expectations for parents/carers regarding:

- labelling;
- safe preparation;
- safe storage;
- avoiding deliberate inclusion of known allergens where this presents a foreseeable risk;
- preventing food sharing.

The school may restrict particular foods where there is an identified and proportionate risk.

The school will not automatically operate a blanket "nut-free" policy unless a specific risk assessment identifies that this is necessary.

The DfE guidance specifically identifies food brought from home and food used in food technology as matters which schools should consider when developing allergy safety arrangements.

14. Curriculum and learning activities

Before using food, animals or other potential allergens in learning activities, staff will consider pupils' known allergies.

This includes, where relevant:

- food technology;
- cooking;
- science;

- art and craft;
- sensory activities;
- Forest School;
- gardening;
- animal handling;
- celebrations;
- practical activities.

Where a known allergen is necessary for an educational activity, staff will consider whether a safe alternative can be provided.

Pupils with allergies will be enabled to participate wherever reasonably possible.

15. School meals and lunchtime arrangements

The school will ensure that:

- catering staff have access to relevant allergy information;
- appropriate meal choices are available;
- food is appropriately labelled;
- staff supervising lunchtime understand relevant allergy arrangements;
- pupils are discouraged from sharing food;
- appropriate hygiene arrangements are followed;
- individual seating arrangements are considered where necessary as part of the pupil's IHP or risk assessment.

Pupils will not automatically be separated from peers because of an allergy.

Any additional seating arrangements will be proportionate and designed to reduce risk without unnecessarily singling out or isolating the pupil.

16. Animals and environmental allergies

Where pupils have known allergies to animals, pollen, plants or other environmental allergens, reasonable arrangements will be considered.

These may include:

- avoiding direct contact with known triggers;
- appropriate handwashing;
- consideration of animal-handling activities;
- appropriate cleaning;
- management of known environmental hazards;
- reasonable adaptations to outdoor learning;

- access to prescribed medication where required.

Where pupils have severe seasonal allergies, reasonable adjustments may be considered through their IHP.

17. Wellbeing and emotional support

The school recognises that living with an allergy can cause anxiety, embarrassment or a feeling of being different.

We will therefore:

- listen to pupils' concerns;
- reassure pupils that appropriate safety measures are in place;
- avoid unnecessarily drawing attention to their allergy;
- involve pupils in decisions about arrangements affecting them;
- consider the emotional impact of restrictions or adaptations;
- provide pastoral support where needed;
- work with parents/carers where concerns arise;
- consider whether additional support through the school's pastoral or nurture provision is appropriate.

Where an allergy is significantly affecting a pupil's emotional wellbeing, this will be considered as part of the IHP.

The school's approach will reflect its Christian values of **belonging, kindness, respect, courage, caring and resilience**.

18. Allergy-related bullying

Allergy-related bullying will not be tolerated.

This includes:

- teasing or mocking a pupil because of their allergy;
- deliberately exposing a pupil to an allergen;
- threatening to expose a pupil to an allergen;
- deliberately bringing a known allergen close to a pupil to frighten or intimidate them;
- deliberately excluding a pupil from activities because of their allergy;
- threatening to force-feed an allergen;
- sharing or distributing an allergen with the intention of causing distress or harm.

Such behaviour will be addressed under the school's Behaviour and Anti-Bullying Policy and, where appropriate, safeguarding procedures.

The school will use age-appropriate education to help pupils understand allergies, promote empathy and reduce stigma.

The DfE specifically expects allergy safety policies to address wellbeing and allergy-related bullying.

19. Allergy awareness training

All staff who are present when pupils are on site will receive allergy awareness and emergency response training at least annually.

This includes:

- permanent staff;
- temporary staff;
- supply teachers;
- agency workers;
- peripatetic staff;
- regular volunteers;
- catering staff;
- staff supervising breakfast or after-school provision.

New staff will receive appropriate allergy awareness information as part of induction.

Supply and cover staff will receive essential information before working with pupils.

Training will cover:

- what allergy is;
- food allergy;
- asthma;
- eczema;
- hay fever and other allergic conditions;
- food allergy, intolerance and coeliac disease;
- common allergen triggers;
- symptoms of allergic reactions;
- recognition of anaphylaxis;
- emergency response;
- use of prescribed adrenaline;
- use of spare AAIs;
- location of emergency medication;
- calling 999;
- informing parents/carers;
- IHPs and Allergy Action Plans;
- wellbeing;

- prevention of allergy-related bullying;
- reducing exposure to known allergens;
- recording incidents and near misses.

First aid training alone is not considered sufficient allergy awareness training.

The DfE specifically requires the allergy safety policy to set out arrangements for regular, at least annual, whole-school allergy awareness training and includes supply, temporary, agency, peripatetic, catering and regular volunteer staff within its scope.

20. Prescribed adrenaline devices

Pupils prescribed adrenaline devices must have rapid access to them throughout the school day.

This includes:

- classrooms;
- playgrounds;
- dining areas;
- sports areas;
- Forest School;
- trips and visits;
- clubs;
- wraparound provision.

Where developmentally appropriate, pupils will be encouraged to carry their prescribed devices.

Where a pupil cannot safely carry their own device, it will be stored in an unlocked, readily accessible location known to relevant staff.

Prescribed devices should be available with the pupil when travelling to and from school.

Parents/carers are responsible for ensuring prescribed medication is kept in date and replaced when necessary, with the school providing reminders and appropriate monitoring.

Where clinically prescribed, pupils should have access to two adrenaline devices.

The school's records will identify which pupils have prescribed adrenaline devices and where these are located.

21. Spare adrenaline auto-injectors

The school maintains spare AAIs for use in an emergency.

The school currently works with **Kitt Medical**, which provides an anaphylaxis safety service including emergency adrenaline devices, storage arrangements, training and monitoring.

The school will maintain the number and dosage of spare AAIs required for a primary school in accordance with current DHSC/DfE guidance and the ages of pupils attending.

For a primary school, this normally means:

- one pair of appropriate-dose spare AAIs for younger pupils; and
- one pair of appropriate-dose spare AAIs for pupils over six,

subject to current clinical, manufacturer and government guidance.

Spare AAIs:

- will always be stored in pairs;
- will be clearly labelled;
- will be kept at room temperature in accordance with manufacturer instructions;
- will be protected from direct sunlight and extremes of temperature;
- will not be refrigerated;
- will not be locked away;
- will be inaccessible to pupils where necessary for safety while remaining rapidly accessible to staff;
- will be available within five minutes of any location where anaphylaxis may occur.

The school's main emergency anaphylaxis kit is located in the **school hall**, with an additional emergency supply in the **first aid cupboard**, subject to ongoing assessment of access times.

The school will regularly test whether AAIs can be brought to any location on site within five minutes.

The DfE guidance states that spare AAIs should be stored in pairs and should be capable of being brought to the individual experiencing anaphylaxis within five minutes.

22. Spare AAI consent

The school will seek written parental consent for the use of spare AAIs as part of the IHP process where appropriate.

However, staff must understand that:

Emergency treatment must not be delayed because written consent cannot be located.

The Human Medicines (Amendment) Regulations 2017 permit schools to use spare AAIs in emergencies, and the DfE guidance makes clear that in an emergency anyone may take reasonable action to save a life without waiting for prior consent.

23. Managing and checking spare AAIs

The Designated Allergy Lead, supported by nominated staff, will check emergency AAIs at least monthly.

Checks will include:

- correct number of devices;
- correct dosage;
- expiry dates;

- condition of devices;
- accessibility;
- storage conditions;
- labelling;
- availability of instructions;
- replacement arrangements.

The school will maintain an AAI register/checking record.

Expired, damaged or used devices will be replaced promptly.

Used or expired AAIs will be disposed of safely in accordance with manufacturer instructions and appropriate medicines/sharps disposal arrangements.

Where appropriate, used AAIs will be handed to ambulance paramedics.

24. Emergency response to suspected anaphylaxis

Anaphylaxis is a medical emergency.

If a pupil, member of staff or visitor experiences suspected anaphylaxis:

1. Give adrenaline immediately

- Use the person's prescribed adrenaline device if available.
- If their prescribed device is unavailable, inaccessible or has misfired, use a spare school AAI where appropriate.
- If the individual has no known allergy or prescribed adrenaline, spare school AAI may be used in an emergency where anaphylaxis is suspected.

Do not wait for an ambulance before administering adrenaline.

2. Call 999

State clearly:

"Anaphylaxis – suspected severe allergic reaction."

Request an ambulance.

3. Position the individual

The individual should be placed flat with legs raised where possible.

They should not be allowed to stand or walk.

If they are unconscious and not breathing normally, follow emergency resuscitation procedures.

4. Stay with the individual

A member of staff must remain with the individual until emergency services arrive.

5. A second dose

If the individual's symptoms have not improved after five minutes, or as directed by their Allergy Action Plan and emergency guidance, a second adrenaline device should be administered if available.

6. Inform parents/carers

Parents/carers will be contacted as soon as practicable.

7. Provide information to emergency services

Staff should tell paramedics:

- the suspected allergen;
- known allergy information;
- symptoms observed;
- time of onset, where known;
- time adrenaline was administered;
- dose/device used;
- time of any second dose;
- any other medication administered.

8. Do not delay treatment

The absence of:

- a formal diagnosis;
- an IHP;
- parental consent;
- a prescribed AAI;

must not result in delay where a life-threatening allergic reaction is suspected.

The DfE guidance explicitly states that adrenaline should be given as soon as possible, within five minutes, and that staff should not wait to contact emergency services before administering it.

25. Mild to moderate allergic reactions

Symptoms may include:

- swollen lips, face or eyes;
- itchy or tingling mouth;

- hives or itchy rash;
- abdominal pain;
- vomiting;
- sudden change in behaviour.

The pupil should:

- remain with an adult;
- be taken to a safe area where appropriate;
- have their IHP/Allergy Action Plan checked;
- receive medication where this is authorised and required;
- be observed closely for deterioration.

A child experiencing a mild allergic reaction should be observed in a safe place for **at least 60 minutes**, because a mild reaction can progress to anaphylaxis.

Parents/carers will be informed of the reaction and any medication given.

If symptoms progress to anaphylaxis, the emergency response in section 24 will be followed immediately.

The DfE guidance specifically recommends observation for at least 60 minutes following a mild or moderate allergic reaction.

26. Asthma and allergy

The school recognises that asthma and allergy may coexist.

Staff will:

- understand that wheeze may occur in asthma and in anaphylaxis;
- follow the pupil's Allergy Action Plan and/or Asthma Action Plan;
- ensure prescribed asthma medication is accessible;
- follow the school's medical conditions and asthma arrangements;
- understand that asthma symptoms occurring alongside other signs of anaphylaxis should not delay administration of adrenaline where anaphylaxis is suspected.

Allergy awareness training will include awareness of asthma because the DfE specifically identifies asthma as an important co-existing condition.

27. Educational visits and trips

Pupils with allergies will be supported to participate fully in educational visits wherever reasonably possible.

Before a trip:

- the pupil's IHP will be reviewed;
- the Allergy Action Plan will be checked;

- prescribed medication will be checked;
- a proportionate risk assessment will be completed;
- relevant staff will be identified;
- trained staff will attend;
- food arrangements will be checked;
- emergency arrangements will be confirmed.

The pupil's prescribed adrenaline devices will accompany them.

Where appropriate, the school will also take spare AAIs, provided doing so does not compromise the emergency stock remaining on the school site.

Emergency medication must remain readily accessible and must not be stored in a vehicle boot or inaccessible luggage.

A pupil will not be excluded from a trip simply because they have an allergy where reasonable arrangements can be made to manage the risk.

28. Staff and visitor allergies

The school will consider appropriate arrangements for staff and visitors with known allergies.

Staff will be able to inform the Headteacher or appropriate line manager confidentially where they require support.

Visitors who are likely to be served food may be asked whether there are allergies which the school should be aware of.

The same principles of reasonable risk reduction and emergency response apply to adults experiencing anaphylaxis on the school premises.

29. Information sharing and confidentiality

Allergy information is sensitive health information and will be handled respectfully.

The school will share information where necessary to keep a pupil safe and enable them to participate fully in education.

Information will be shared with:

- relevant teaching staff;
- support staff;
- first aiders;
- catering staff;
- trip leaders;
- wraparound staff;
- appropriate temporary/supply staff;
- other adults who need the information to keep the pupil safe.

Information will not be shared more widely than necessary.

Where a pupil's photograph and allergy information are displayed for operational purposes, this will be limited to staff-accessible areas and handled in accordance with the school's data protection arrangements.

Parents/carers and pupils will be involved in decisions about the sharing of health information wherever appropriate.

30. Serious incidents and near misses

The school will record and respond to serious incidents and near misses involving allergy.

A **serious incident** is an event in which a child, young person, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required.

A **near miss** is an event relating to allergy which did not result in harm but had clear potential to do so.

Examples include:

- food containing a known allergen being served but identified before consumption;
- an incorrect meal being prepared for a pupil;
- an allergen label being incorrect;
- a prescribed AAI being unavailable;
- a spare AAI being inaccessible;
- failure to follow an IHP or Allergy Action Plan;
- a medication or allergy record being unavailable;
- a pupil being exposed to a known allergen without resulting harm;
- a communication failure which could reasonably have resulted in harm.

The DfE identifies near misses as particularly important because they may reveal weaknesses in policies, procedures, training or communication before serious harm occurs.

31. Recording an incident or near miss

Incidents and near misses will be recorded as soon as reasonably practicable.

The record will include:

- who was affected;
- what happened;
- when and where it happened;
- known or suspected cause;
- how staff responded;
- medication administered;

- whether emergency services were contacted;
- outcome;
- immediate actions taken;
- lessons identified;
- further actions required.

The incident will also be recorded in the school's Accident/Incident system where appropriate.

Parents/carers of pupils under 16 will be informed as soon as possible.

Where appropriate, the report will be shared with the pupil and parents/carers and they will be given an opportunity to contribute to the review.

Where an incident relates to a healthcare professional's care or action plan, the relevant healthcare professional will be informed where appropriate.

32. Learning from incidents and near misses

The school will adopt a **no-blame learning approach** to serious incidents and near misses.

Following an incident, the Designated Allergy Lead and relevant staff will consider:

- Could the incident reasonably have been foreseen?
- Could it have been prevented?
- Were existing arrangements followed?
- Was the IHP adequate?
- Was the Allergy Action Plan current?
- Was staff training adequate?
- Was communication effective?
- Was medication accessible?
- Were food safety arrangements followed?
- Does a risk assessment need to change?
- Does the IHP need to be reviewed?
- Does staff training need to be strengthened?
- Does the allergy policy or another school policy need amendment?

The child and parents/carers will be involved in reviewing arrangements where appropriate.

The Governing Board will receive periodic information about significant incidents and near misses and the actions taken as a result.

The DfE recommends that schools use serious incidents and near misses as opportunities to identify weaknesses and improve arrangements.

33. Allergy safety drills

The school will periodically undertake an allergy emergency drill or scenario-based exercise.

A drill may test:

- recognition of anaphylaxis;
- location of emergency AAIs;
- time taken to retrieve an AAI;
- calling 999;
- communication between staff;
- knowledge of pupil arrangements;
- use of emergency roles;
- recording arrangements.

Drills will use training devices only and will not involve administering medication to a pupil.

The outcome will be recorded and used to identify improvements.

The DfE identifies allergy safety drills and simulated anaphylaxis scenarios as good practice.

34. Communication and publication

This policy will be:

- published on the school website;
- available to parents/carers;
- shared with staff;
- included in staff induction;
- incorporated into annual allergy awareness training;
- made available to relevant catering and wraparound providers;
- explained to pupils in an age-appropriate way.

Pupils will receive appropriate allergy awareness education designed to promote understanding, respect and inclusion.

Where appropriate, and with the agreement of the pupil and family, peers may be taught how to seek adult help in an emergency.

The DfE guidance expects schools to publish their allergy safety policy and raise awareness of it among pupils, parents and staff.

35. Complaints

Any concerns regarding the school's allergy arrangements should initially be raised with the Headteacher.

Where a concern cannot be resolved informally, parents/carers may use the school's Complaints Policy.

The complaints procedure will allow concerns to be raised following a serious incident or near miss involving allergy.

36. Monitoring and review

The Headteacher and Designated Allergy Lead will monitor implementation of this policy.

The policy will be reviewed at least annually and sooner where:

- there is a significant incident;
- there is a near miss;
- legislation or statutory guidance changes;
- medication arrangements change;
- a significant new allergy risk is identified;
- school arrangements change.

The review will consider:

- incidents and near misses;
- training records;
- AAI checks;
- IHP reviews;
- feedback from pupils and parents/carers;
- catering arrangements;
- educational visits;
- allergy-related bullying;
- wellbeing;
- staff confidence;
- the effectiveness of emergency drills.

The Governing Board will receive appropriate assurance regarding the implementation and effectiveness of the policy.

This policy was produced September 2026 by Mrs Warford.

Approved by governors September 2026.

Due for review September 2027..

Pupil allergy declaration form

<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:</td></tr>
</table>

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.*	
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**:

Spare AAIs – Consent for use

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	**No**	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	