

Longlands Primary School

Allergy Safety Policy



<i>Last reviewed on:</i>	<i>01/09/2026</i>
<i>Next review due by:</i>	<i>01/09/2027</i>

1. Purpose and Scope

This policy sets out how Longlands Primary School will support pupils with allergies, including pupils at risk of anaphylaxis, and how the school will minimise allergy-related risks while ensuring pupils are included fully in school life.

This policy applies to pupils, staff, volunteers, visitors, contractors and others whose activities may affect allergy safety at Longlands Primary School.

The policy should be read alongside the Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, First Aid Policy, Educational Visits Policy, Anti-Bullying Policy, SEND Policy, Attendance Policy, Data Protection Policy and relevant catering/food-safety procedures.

The school will have regard to the Department for Education's Allergy safety in schools statutory guidance (published 6 July 2026) and will review this policy against any subsequent regulations, statutory guidance or clinical guidance that affects allergy safety.

2. Legal and Policy Framework

This policy is made within the school's duties for supporting pupils with medical conditions and allergy safety. The school will have regard to the following, as applicable:

- *Children and Families Act 2014, including section 100 and arrangements for supporting pupils with medical conditions.*
- *Children's Wellbeing and Schools Act 2026, section 34, which inserts statutory allergy-safety provisions into the school medical-conditions framework, including annual review and publication requirements.*
- *Department for Education, Allergy safety in schools statutory guidance, published 6 July 2026.*
- *Equality Act 2010, including the duty to make reasonable adjustments where a pupil with severe allergy is disabled within the meaning of the Act.*
- *Health and Safety at Work etc. Act 1974 and associated health and safety duties.*
- *Food Information Regulations 2014 and other applicable food-allergen requirements, including rules applying to prepacked for direct sale food.*
- *Data Protection Act 2018 and UK GDPR in relation to medical and allergy information.*
- *Human medicines and school medicines arrangements applicable to adrenaline auto-injectors (AAIs) and emergency medication.*

Where a later statutory requirement, regulation, clinical recommendation or DfE publication is more stringent than this policy, the school will review and amend the policy as necessary.

3. Responsibility for Allergy Safety

Mrs Emma Francis, SENCO, is the school's senior lead for allergy safety and will:

- *lead implementation and review of this policy;*
- *ensure appropriate staff training is arranged and recorded in liaison with the school nurse.*
- *oversee Individual Healthcare Plans (IHPs) and Allergy Action Plans;*
- *ensure appropriate emergency arrangements and access to medication are in place;*
- *ensure spare adrenaline auto-injectors (AAI) are available, accessible, checked and in date;*
- *ensure allergy incidents and near misses are recorded, investigated and used for learning;*
- *ensure relevant staff, governors, parents/carers and pupils receive appropriate information;*
- *ensure allergy safety is considered in risk assessments, educational visits and activities;*
- *ensure arrangements are reviewed following incidents, near misses or changes in clinical advice.*

4. Policy Review, Publication and Communication

This policy will be reviewed at least annually and following any serious allergy incident, near miss, significant change in clinical guidance, change in legislation, or evidence that existing arrangements may not adequately protect a pupil.

The governing body will ensure the policy is made generally known within the school and to parents, brought to the attention of pupils and staff at least annually, and published on the school website. A hard copy will be available on request.

Pupils with allergies and their parents/carers will be given appropriate opportunities to contribute to the development and review of arrangements that affect them, taking account of the pupil's age and understanding.

5. Staff Training and Awareness

All staff who may be present while pupils are on site will receive appropriate allergy-awareness training at least annually. This includes permanent, temporary, supply, agency, catering, breakfast-club, after-school-club staff and regular volunteers.

New staff will receive appropriate allergy awareness and emergency-response information as part of induction and, wherever practicable, before undertaking unsupervised pupil-facing duties. Supply and cover staff will receive key information about relevant pupils and emergency arrangements on arrival.

Training will cover:

- *what allergy is and how allergic reactions can occur;*

- food allergy, allergic asthma, eczema and allergic rhinitis, and the distinction between allergy, coeliac disease and food intolerance;
- individual allergens and where to find current pupil-specific information;
- signs and symptoms of allergic reactions and anaphylaxis;
- how to respond to suspected anaphylaxis, including prompt use of an AAI, calling 999 and following the pupil's action plan;
- how to locate and use prescribed and spare emergency medication;
- the importance of keeping emergency medication accessible;
- preventing avoidable exposure and cross-contact;
- inclusion, wellbeing and allergy-related bullying;
- confidentiality and appropriate sharing of medical information;
- reporting serious incidents and near misses.

Training records will be retained by the school. Allergy drills or scenario-based exercises will be used periodically to test whether staff can obtain emergency medication and respond effectively within the required timeframe.

6. Inclusion, Wellbeing and Bullying

The school recognises that living with allergy and the risk of anaphylaxis can cause anxiety and may affect wellbeing, participation and attendance.

The school will support pupils with allergies to participate safely and fully in education, enrichment, clubs, trips, sporting activities, celebrations and other school activities. Pupils will not be unnecessarily segregated or excluded because they have an allergy.

The school will consider reasonable adjustments where required under the Equality Act 2010. Allergy-related needs will be managed so far as reasonably practicable without placing the child at unnecessary disadvantage.

Allergy-related bullying, teasing, threats to expose a pupil to an allergen, deliberate exposure, or force-feeding will be treated as a serious behaviour and safeguarding concern and managed under the school's behaviour and anti-bullying procedures.

The school will provide age-appropriate allergy awareness education where appropriate, including through PSHE, to promote understanding and reduce stigma.

7. Identifying Pupils and Sharing Information

The school will identify pupils with allergies through admission information, information from parents/carers, previous settings, healthcare professionals and updates received during the school year.

Parents/carers will be asked to provide accurate, current information about diagnosed allergies, known triggers, previous reactions, prescribed medication and healthcare/action plans. Parents/carers should inform the school promptly of changes.

The school will maintain a secure medical-conditions record containing information needed to keep pupils safe, including allergies, IHPs/Action Plans and emergency medication arrangements.

Allergy and medical information is special category personal data. It will be processed and shared in accordance with the Data Protection Act 2018, UK GDPR and the school's Data Protection Policy. Staff will receive enough information to keep pupils safe, but unnecessary disclosure will be avoided.

Information may be shared with staff, catering personnel, trip leaders, first aiders, emergency services and other appropriate persons where there is a legitimate need to protect the pupil's health and safety.

Visible identification systems, including photographs, will only be used where they are proportionate, effective and consistent with the pupil's dignity, inclusion and privacy. The school will not require a pupil to display their diagnosis unnecessarily.

8. Individual Healthcare Plans (IHPs) and Action Plans

An IHP will be considered where a pupil's allergy has a functional impact in school, places the pupil at risk of harm, or requires arrangements that are additional to or different from those made generally for pupils.

IHPs will be developed with the pupil where appropriate, parents/carers, school staff and relevant healthcare professionals. Where an Allergy Action Plan or other clinical action plan is available, it will be attached to or referenced by the IHP.

The IHP should, as appropriate, record:

- *pupil identification and relevant photograph where appropriate;*
- *diagnosed allergy/allergens and known triggers;*
- *signs and symptoms and the pupil's individual emergency response;*
- *prescribed medication and where it is stored/carried;*
- *spare AAI arrangements where applicable;*
- *food and activity arrangements;*
- *arrangements for lessons, clubs, sports, trips and off-site activities;*
- *staff who need specific training or information;*

- emergency contacts and parental/carers information;
- arrangements for reviewing the plan.

IHPs will be reviewed at least annually and sooner when there is a significant change in the pupil's condition, treatment, action plan, school arrangements or following a significant incident.

9. Minimising Risk of Allergen Exposure

The school will take reasonable, proportionate measures to minimise avoidable exposure to known allergens. The school cannot guarantee an allergen-free environment and will not rely on a blanket 'nut-free' designation as a substitute for active risk management and emergency preparedness.

School-provided food: ICM (Independent Catering Management), the school's catering provider, provides allergen information for meals. Information will be available to parents/carers and relevant school staff, and catering staff will use current allergen information when preparing and serving meals for pupils with known food allergies. Information around allergens can be found on the menus on our school website or at www.independentcatering.co.uk/

At mealtimes, staff will use appropriate checks to ensure pupils receive the correct meal. The school may use agreed photographs or other proportionate identification methods, taking account of privacy and dignity.

Food brought from home: parents/carers are asked not to send nuts or nut products to school as we are a Nut-free school, to provide suitable food for their own child where required, and not to allow children to share food. Parents/carers should consider pupils with allergies when sending food for celebrations or events.

The school will consider cross-contact risks, food preparation, utensils, surfaces, cleaning, seating and supervision. Staff will follow the school's food-safety procedures and catering advice.

Airborne/contact allergens: where a pupil has a known airborne or contact allergy, the school will undertake an individual risk assessment and put reasonable measures in place, which may include cleaning, seating arrangements, activity adaptations or avoiding particular materials.

Activities: staff planning cooking, science, art/craft, music, animal-related or other activities involving potential allergens must check relevant medical information and consider whether an individual risk assessment or alternative arrangement is required.

10. Prescribed Adrenaline Auto-Injectors (AAIs)

Pupils prescribed adrenaline auto-injectors must have rapid access to their prescribed devices whenever they are on the school premises and when travelling to and from school.

Where a pupil can safely carry their own AAI(s), the school will support this arrangement in accordance with the pupil's IHP and clinical advice. Where a pupil cannot safely carry their own device, the school will store it in an agreed, clearly identified and readily accessible location that is known to relevant staff.

The pupil's prescribed devices must accompany them during lessons, lunchtime, playground activities, PE, sports, clubs, educational visits and other off-site activities. They must not be left in an inaccessible office or locked storage when the pupil is elsewhere.

They must be with the child at all times.

Where two prescribed AAIs have been supplied, both devices should be available to the pupil in accordance with the clinical action plan and DfE guidance.

Prescribed AAIs will be labelled appropriately, stored in accordance with manufacturer instructions and checked for expiry and condition. Parents/carers will be reminded to replace devices before expiry and to provide replacement devices following use.

For younger pupils who cannot safely manage their own medication, the school will agree a specific storage and access arrangement with parents/carers and, where appropriate, healthcare professionals. The arrangement will be tested to ensure medication can reach the pupil without delay.

On educational visits, the pupil's prescribed AAI(s) will be carried by a designated responsible adult where the pupil cannot safely carry them. A copy of the relevant IHP/Action Plan and emergency contact information will accompany the medication.

11. Spare Adrenaline Auto-Injectors

The school holds spare AAIs for emergency use in accordance with current DfE arrangements and applicable legal requirements.

Spare AAIs may be used in accordance with the school's procedures for a pupil at risk of anaphylaxis where the prescribed device is unavailable, inaccessible, defective, out of date, or where a pupil's allergy has not previously been identified, subject to the circumstances and current guidance.

For a primary school, the school's spare stock will comprise, as appropriate, one pair of 150 microgram devices and one pair of 300 microgram devices, with quantities and device types kept under review against current DfE requirements and clinical advice. On IHP's it needs to indicate the correct dosage- either 150 micrograms or 300 micrograms.

Current school storage locations are the School Hall, Playground, Field and Studio with devices stored in pairs. Devices must be readily accessible and not locked away, clearly labelled 'SPARE – EMERGENCY USE ONLY', and available to trained staff.

The school will periodically test whether spare AAIs can be brought to relevant parts of the school within five minutes. Any failure will trigger an immediate review of storage and response arrangements.

The school office will check spare AAIs at least each half term and after every use. Checks will include expiry, physical condition and availability. Used or expired devices will be replaced promptly and disposed of safely in accordance with applicable arrangements.

12. Emergency Procedures – Suspected Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction requiring immediate treatment. Not all symptoms will be present and symptoms can develop rapidly. Where anaphylaxis is suspected, staff must act immediately and should follow the pupil's Allergy Action Plan/IHP where available.

1. **CALL FOR HELP.** Alert the nearest responsible adult/senior leader and obtain the pupil's prescribed AAI immediately. If it is unavailable, obtain an appropriate spare AAI. Ask a member of staff to locate a 2nd one in case of failure or need.
2. **POSITION THE PUPIL.** Keep the pupil lying flat with legs raised where possible and do not allow them to stand or walk. Follow the IHP for positioning if breathing difficulties or vomiting are present, while ensuring the pupil does not stand or walk.
3. **GIVE ADRENALINE IMMEDIATELY.** Use the prescribed AAI if available, following the device instructions and the pupil's IHP. If the prescribed device is unavailable, use an appropriate spare AAI in accordance with school training and current guidance. Do not delay treatment while waiting for symptoms to become more severe.
4. **CALL 999.** One person should call 999 immediately while another administers adrenaline if possible. State that the child is experiencing anaphylaxis, give the school address, explain what happened and state what medication has been given.
5. **CONTACT PARENTS/CARERS.** Contact them as soon as possible after emergency services have been called, without delaying treatment.
6. **MONITOR CONTINUOUSLY.** Stay with the pupil, monitor breathing and consciousness, reassure them and follow emergency-service instructions. If there is no improvement after approximately five minutes, or symptoms return/worsen, a second adrenaline dose should be given where a second device is available and clinically appropriate.
7. **PREPARE FOR THE AMBULANCE.** Send a member of staff to meet the ambulance. Gather the IHP/Action Plan, emergency contacts and used AAIs. Follow the instructions of the emergency services.
8. **HOSPITAL.** The pupil should be transferred to hospital as directed by emergency services. If parents/carers have not arrived, the school will make appropriate arrangements for the pupil to be accompanied in accordance with the school's medical/emergency procedures.

Staff should act promptly and reasonably in accordance with their training, the pupil's IHP and emergency guidance. Concern about personal liability must not cause delay in life-saving emergency treatment.

13. What Staff Must Not Do During Anaphylaxis

- Do not delay adrenaline while waiting to see whether symptoms improve.
- Do not wait to call 999 before giving adrenaline.
- Do not make the pupil stand or walk, including to reach the medical room.

- Do not leave the pupil alone.
- Do not give food or drink to a pupil who is having difficulty swallowing or who may vomit.
- Do not assume the reaction will resolve without treatment.
- Do not send the pupil to obtain medication themselves.
- Do not allow an inaccessible storage arrangement to delay emergency medication.

14. Educational Visits, Trips, Clubs and Activities

Specific allergy arrangements will be considered as part of educational-visit and activity risk assessment. The assessment will consider food provision, cross-contact, medication access, trained staff, supervision, travel arrangements, location of medical services and emergency procedures.

The pupil's prescribed AAI(s), relevant IHP and emergency contact information must accompany the pupil on visits. Spare AAIs will be considered where appropriate to the circumstances and current guidance.

Staff supervising a pupil at risk of anaphylaxis must know how to recognise anaphylaxis, where the pupil's medication is located and how to obtain/use emergency medication.

Activities that involve potential allergens will be planned so that the pupil can participate safely wherever reasonably practicable. An alternative activity will not be used simply because a pupil has an allergy if the risk can be safely managed.

15. Attendance and Access to Education

The school will seek to avoid unnecessary absence, exclusion from learning, or disadvantage because of allergy. Medically necessary allergy-related absence will be managed fairly and in accordance with the school's Attendance Policy.

Pupils will not be routinely penalised in attendance recognition or educational opportunities because of medically necessary allergy-related absence. The school will support pupils to catch up following significant allergy-related absence where appropriate.

Parents/carers will not routinely be required to attend school to administer emergency or prescribed medication where the school can make appropriate arrangements within its policies, staffing and training. Any exceptional arrangement will be agreed with the family and recorded appropriately.

16. Serious Incidents, Near Misses and Learning

A serious allergy incident includes an event in which a pupil, staff member or visitor with an allergy is harmed or placed at immediate and significant risk of harm, including events requiring emergency medication, urgent clinical intervention or emergency services.

A near miss is an allergy-related event that did not result in harm but had clear potential to do so.

Serious incidents and near misses must be reported promptly to the Headteacher and recorded in the school's Allergy Book. The school will also record the incident on CPOMS where appropriate under the school's safeguarding and recording procedures. Recording of the incident may be delegated to a member of the Office Team.

Records should include, as appropriate: date, time and location; person affected; allergen/exposure; symptoms; medication and treatment; times of treatment; emergency-service involvement; staff involved; outcome; contributing factors; and actions taken.

Parents/carers may report incidents or near misses to the school, including incidents where symptoms or consequences become apparent after the pupil has left school.

Following a significant incident or near miss, the school will review what happened, identify procedural or training gaps, review the pupil's IHP/risk assessment, replace used medication, provide staff support where needed, and implement and record improvements.

Serious incidents and significant near misses will be reported to governors through the school's established governance arrangements, with information shared in a way that protects confidentiality.

17. After an Anaphylaxis Emergency

Immediately after the emergency, the school will ensure the pupil receives appropriate medical care, notify the Headteacher, replace used emergency medication promptly, and make the required records.

Within a reasonable period following the incident, the school will liaise with parents/carers and relevant healthcare professionals as appropriate to review the pupil's arrangements.

Before the pupil returns to normal school activities, the school will review the IHP medication, risk assessments and staff briefing where necessary.

Staff involved will be offered an opportunity to debrief and receive appropriate support.

18. Food and Catering Requirements

The school and its catering provider will maintain current allergen information for food served to pupils and will ensure staff responsible for food service understand the procedures for pupils with known food allergies.

Food information will be provided in a form that enables staff, pupils and parents/carers, as appropriate, to make safe choices. Catering arrangements will comply with applicable food-allergen legislation and school food requirements.

The school will work with ICM (Independent) to review allergy arrangements and respond to changes in menus, ingredients, suppliers or pupil medical information.

ICM have provided orange bands for all children with allergies to wear at lunchtime. These will help ensure that children with allergies are clearly identified.

The orange bands will be in classrooms for the identified children. These must be kept in a designated pot in the classroom.

The procedure is as follows:

- The named children should put their orange band on before leaving the classroom for lunch.
- They should wear the band throughout lunchtime.
- Once they return to the classroom, they should remove the band and return it to the pot.
- This needs to be done every day.

The kitchen will continue to have their usual list of children with allergies as before. However, the orange bands will provide an additional visual reminder and will be a great help to the catering team in identifying our pupils with allergies.

If a band is lost, classroom teachers should let the school office know and we will arrange a replacement.

19. Monitoring, Audit and Assurance

The Allergy Safety Lead and the Headteacher will monitor implementation of this policy and will maintain appropriate records of staff training, IHP reviews, medication checks, spare AAI checks, incidents, near misses and actions arising from reviews.

The school will periodically test emergency access to prescribed and spare AAIs, including out-of-class locations, playground/sports areas and educational visits where appropriate.

Governors will receive assurance through the school's established monitoring and reporting arrangements. Any significant risk identified through audit, incident review or training will be addressed promptly.

20. Links to Other Policies and Documents

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| • Supporting Pupils with Medical Conditions Policy | • Attendance Policy |
| • Health and Safety Policy | • Data Protection Policy |
| • First Aid Policy | • Behaviour Policy |
| • Educational Visits Policy | • Individual Healthcare Plans and Allergy Action Plans |
| • Anti-Bullying Policy | • Educational Visits risk assessments |
| • SEND Policy | |