Allergy Safety Policy 2026

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Version:	1
Reference:	Draft 3
Issued:	July 2026
Author:	CMM/PSH
Board Level:	FULL
Approved:	
Next Review:	July 2027
Location:	

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1. Allergy Safety Policy

This document details our arrangements for allergy management in our educational setting, in line with the statutory guidance:
www.gov.uk/government/publications/allergy-safety-in-schools

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that academies and LA maintained schools and must have an allergy safety policy.

2. Allergy Safety Policy Organisation

A named member of the senior leadership team in each school should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

Named member of the senior leadership team of

St. Margaret's CE Primary School, EDLAT

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3. School's Allergy Safety Management System

Allergy safety policies should be reviewed at least annually. Policies can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school's website and be made available in hard copy on request.

4. School's Allergy Safety Arrangements

Awareness training - Culture

Staff will be **trained** in allergy awareness and emergency response, annually, as directed by the named member of the senior leadership team.

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs.

It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy awareness and emergency response training will be arranged for new staff on induction. Arrangements will also be made to ensure supply and cover staff have received allergy awareness training.

Allergy awareness training should ensure all staff:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
  - calling emergency services and informing parents;
  - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's **allergy safety policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

The **wellbeing** of children and young people with allergy will be supported, both in providing reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

Measures to prevent and respond to bullying of children and young people with allergy will be implemented by following good practice such as:

- Regular communication to children, young people, parents and staff about allergy, ensuring ongoing awareness and appreciation of the severity of the potential risks.

- Proactive engagement with new joiners with known allergy, setting out the school's policies and the support available.

- Inviting new joiners with allergy to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment. This may reduce anxiety and helps everyone to get to know one another, which will support staff to identify children and young people with allergy, intolerances and coeliac disease in the dining hall.

- Introducing "allergy champion" roles for staff and students (not just within the catering team). Acting as a point of contact for children, young people and staff with allergy, they can share feedback and support new joiners or anxious children and young people.

Minimising risks of exposure to known allergens

The school will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens by implementing:

- Measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where children and young people have known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.
- An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Children and young people should not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most children and young people using a material which might contain an allergen known to affect one of the group (for example), alternatives will need to be found for the whole group which do not exclude individuals. Staff should consider:

• old food boxes or packaging may contain traces of allergens;

• some products contain wheat flour, including ”play dough”;
• some glues contain milk, wheat or soya;
• bird feed may contain nuts and sesame.

Food allergy

The school will manage the risk of food allergy and provide clear information on allergens in food provided as follows:

- Where children and young people require reasonable adjustments relating to food (for example avoiding specific foods), these are captured through an Individual Healthcare Plan.

- The Requirements for School Food Regulations 2014 (known as ‘The School Food Standards’) regulates the food and drink provided at breakfast service, lunchtime and across the school day. Compliance with the School Food Standards is mandatory for maintained schools and academies. Whilst schools must adhere to the School Food Standards, we expect schools to make reasonable efforts to cater for pupils with medical conditions, including food allergies and hypersensitivities. Headteachers and governors should work with caterers, parents and pupils to ensure risks are identified, minimised and managed effectively so that individuals with allergy and hypersensitivities can be fully included in meals.

- It is good practice to have at least two robust methods of identifying children and young people with known allergy at mealtimes to ensure they receive a safe meal, for example a member of staff checking who the children or young people with allergy are, and photographs alongside details of their allergy in the kitchen. The identification methods chosen will depend on the size of the school and the age of the children and young people. It is important to balance safety and inclusion. Children and young people with food allergies should not be segregated from their peers at mealtimes (e.g. by being required to sit at a separate table). Children and young people with allergy and food hypersensitivities should be able to enjoy school meals alongside their peers, with any risks managed effectively.

- Schools may substitute items from their usual menus if certain items are in short supply. If menus need to be adapted at short notice, the needs and safety of children and young people with food allergies and hypersensitivities, and statutory allergen requirements, must still be met and changes should be highlighted.

- Food brought from home, such as packed lunches or food used in food technology lessons, should also be considered when developing approaches to allergy safety. Clear expectations should be set for children, young people and parents on ensuring lunchboxes and classroom ingredients are clearly labelled, prepared and stored safely. With regards to packed lunch policies, while schools may wish to discourage certain allergens (for example, nuts) being brought on site it is more important to remain actively aware of the risk posed by allergens and to have robust emergency response plans.

Individual children and young people

Identification

Arrangements are in place for identifying individuals with allergy (not just children and young people but also members of staff and visitors), their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices).

A record will be kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan.

Arrangements are in place for gathering information about known allergies, for example from the child or young person, their parents and their previous setting.

Individual Healthcare Plans

Children and young people have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Children and young people with allergy who require specific support arrangements will have them documented through an **Individual Healthcare Plan**.
This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person’s Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline

The school will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices **at all times**, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips. Also in place will be:

- Arrangements for children, young people and parents to take individually prescribed adrenaline devices home (for example at the end of the day for the journey home) and for checking that they remain in date;

- Records will be kept of which children and young people have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

School-wide policies

“Spare” adrenaline devices

Anaphylaxis reactions are unpredictable. In addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of allergy. **We will stock “spare” pairs of adrenaline devices (ADs) of the correct dosage for our pupils, for use in emergency situations.**

Any ADs held by a school in this way should be considered a “spare” device and not a replacement for a child or young person’s own AD. **Children and young people at risk of anaphylaxis should have their prescribed ADs with them at school for use in an emergency and should have access to both of their two prescribed ADs at all times.**

In the event of an anaphylaxis reaction, adrenaline should be brought to the child or young person and administered within five minutes, i.e. **adrenaline devices should be no more than five minutes away from wherever they might be needed.**

“Spare” adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date; Processes are in place for replacing “spare” adrenaline devices when they are used or go out of date (including safe disposal of adrenaline auto-injectors as they contain a needle).

Visits and trips

Risk assessments will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises. Children and young people at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency

Arrangements and adjustments will be put in place to ensure children and young people with allergy are able to participate in **visits and trips**, and do so safely (including access to adrenaline where required.

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Serious incidents and “near misses”

The school will record, report and respond to serious incidents or “near misses” involving allergy safety.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident.

Information sharing

The school will share information about children and young people with allergy.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Awareness of the allergy safety policy

The school will raise awareness of the policy. The allergy safety policy will be published on the school's website. All staff will be aware of and understand the policy, as part of annual allergy awareness training.

Awareness of allergy safety will be raised among children and young people. Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training will be considered carefully and discussed with the child or young person and their parents, and should not replace staff emergency response arrangements.