Policy:	Allergy Safety Policy

Author:	Caroline Hawkins
Date:	September 2026
Last Version:	N/A

Key changes/notes:
This a new policy

Statutory Requirement:	Yes – Department of Education
Proposed Renewal Cycle:	Annually
Proposed annual review authority:	Head Teacher
Policy Section:	Governance

Let the children come to me and do not hinder them, for the kingdom of God belongs to such as these." (Luke 18:16)

This policy is based upon our Christian values of thankfulness, respect, honesty, love and resilience.

1. Policy statement and statutory context

St Mary's Primary School is committed to providing a safe, inclusive and supportive environment for pupils with allergies. The school will take reasonable and proportionate steps to reduce exposure to known allergens and maintain effective arrangements for responding to anaphylaxis and other allergy-related emergencies.

This policy has been developed with regard to the Department for Education's Allergy safety in schools statutory guidance, published 6 July 2026. The guidance is statutory guidance for schools in England and covers publication of an allergy safety policy, whole-school staff training, identification of pupils requiring Individual Healthcare Plans (IHPs), and recording and learning from serious incidents and near misses.

This policy is one part of implementation. The school will also ensure the arrangements described here operate in practice, including staff training, accurate records, accessible medication, IHPs, risk assessments and incident learning.

2. Scope

This policy applies to all pupils and to staff and adults working on or regularly attending the school site where their role may affect pupil safety, including permanent, temporary, supply, agency, peripatetic and catering staff and regular volunteers. Arrangements also apply to educational visits and other off-site activities.

3. Governance, leadership and responsibilities

Governing Body

- Ensure the school has a published allergy safety policy reviewed at least annually and following a serious incident or near miss.
- Ensure allergy risk is identified and actively managed through the school's risk-management arrangements.
- Receive periodic assurance information about training, medication arrangements, incidents and near misses.
- Ensure sufficient resources and suitable arrangements are in place.

Headteacher and Senior Leadership Team

- Ensure this policy is implemented consistently.
- Ensure a named senior leader has overall responsibility for allergy safety *(Caroline Hawkins, SENCo and Deputy Head).*
- Ensure staff have suitable training and access to relevant pupil information.
- Ensure the policy is published and communicated.

Allergy Safety Lead *(Caroline Hawkins, SENCo and Deputy Head).*

- Oversee the allergy register, IHPs and Allergy Action Plans.
- Coordinate training and induction records.

- Monitor prescribed and spare emergency medication arrangements and expiry checks.
- Coordinate post-incident reviews and learning.
- Maintain or oversee the Emergency Medication Location Schedule.

All staff

- Follow this policy and pupil-specific plans.
- Recognise anaphylaxis and obtain/administer emergency medication within training.
- Reduce foreseeable allergen exposure and report incidents and near misses.
- Never delay emergency treatment while waiting for a parent/carer.

Parents and carers

- Provide accurate, current allergy and medication information.
- Provide updated medication and healthcare information when circumstances change.
- Work with school and healthcare professionals on IHCPs and action plans.

4. Allergy awareness, training and wellbeing

The school will provide annual allergy-safety awareness and emergency-response training for relevant staff and induction for new staff who require it. This will include raising awareness of the allergy safety policy. First-aid training alone is not a substitute for allergy-specific training.

Training will cover allergy awareness; food allergy, coeliac disease and food intolerance; asthma including acute asthma and reliever inhalers; eczema and hay fever; triggers; symptoms; anaphylaxis; emergency response and calling 999; informing parents/carers; locating and administering adrenaline and asthma medication; device use; risk reduction; the school policy and IHP arrangements; incidents and near misses; and pupil wellbeing.

The school will promote an inclusive culture and prevent bullying, stigma or unfair treatment related to allergy. Pupils will not be expected to educate staff about their own medical condition. However, awareness of allergy safety will be raised among children and young people through PSHE sessions and assemblies. 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/carers and will not replace staff emergency response arrangement.

5. Identification, records and Individual Healthcare Plans

The school will identify pupils with diagnosed allergies and, where voluntarily disclosed and relevant to safety, allergy information for staff and regular visitors. Parents/carers and previous settings will provide relevant information including triggers, symptoms, prescribed medication and action plans.

An allergy register will record allergy, known allergens, relevant medication and whether an IHCP and/or Allergy Action Plan is in place. Information will be kept current and accessible to staff who need it.

An IHCP will be developed where allergy functionally affects school life, presents a risk of harm, or requires additional or different arrangements. Relevant Allergy Action Plans and Asthma Plans will be attached to or referenced within the IHCP.

6. Minimising risk

Food and drink

- Work with caterers to identify and manage allergen risks and provide appropriate allergen information.
- Manage food brought into school proportionately and according to individual risk assessments.
- Plan cooking, food sharing and celebrations with known allergies in mind.
- Require appropriate allergen information and safe procedures from food providers.

Curriculum, activities and environment

- Consider contact, ingestion and airborne exposure where relevant.
- Adapt science, art, craft, cooking, music, animal contact, gardening and other activities where necessary without unnecessary exclusion.
- Consider relevant contact and airborne allergens in classrooms and shared spaces.

7. Emergency medication and asthma

Prescribed adrenaline auto-injectors

Pupils at risk of anaphylaxis will have rapid access to prescribed adrenaline auto-injectors (AAIs) at all times, including lunch, play, PE, clubs, trips and off-site activities. Medication will be readily accessible and not be unnecessarily locked away.

Where anaphylaxis is suspected, adrenaline will be administered without delay in accordance with the pupil's action plan and staff training, emergency services will be called, and the pupil will be supervised continuously.

Spare adrenaline devices

Where the school maintains spare AAIs, they will be stored in clearly identified, readily accessible locations. A pupil should not be more than five minutes from appropriate emergency adrenaline. Expiry, condition, stock and replacement/disposal arrangements will be checked and recorded.

Asthma emergency medication

Where the school maintains a spare emergency asthma reliever inhaler, it will be managed under the school's asthma arrangements, with suitable spacers and records. Prescribed asthma reliever medication will be readily accessible in accordance with each pupil's IHP/Asthma Plan.

Emergency response

The response will prioritise immediate treatment, calling 999, obtaining emergency medication/first aid support, supervising the pupil, informing parents/carers and recording the incident. Treatment will not be delayed while waiting for a parent/carer.

8. Educational visits and off-site activities

Pupils with allergies will be supported to participate in visits, trips, residentials and activities wherever reasonably practicable. A parent/carer will not be required to attend solely to provide allergy support where suitable school arrangements can be made.

For a pupil at risk of anaphylaxis, the visit risk assessment will consider allergen exposure, medication access, trained staff, emergency services, travel, food and accommodation as relevant. Prescribed medication will accompany the pupil.

9. Serious incidents and "near misses"

All serious allergy incidents and relevant near misses will be recorded, reported and reviewed. Parents/carers and, where appropriate, healthcare professionals, will be involved. 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.

- Whether the incident was foreseeable.
- Whether preventative measures were identified and followed.
- Whether an IHP/action plan and risk assessment were in place and followed.
- Whether medication, training, supervision and emergency response were adequate.
- What changes are required to prevent recurrence.
- Whether pupil, parent/carer or healthcare-professional views indicate further action.

The school will maintain a route for parents/carers to raise concerns or make a complaint following a serious incident, near miss or prolonged failure to implement allergy-safety arrangements.

10. Information sharing and confidentiality

Allergy information is health information and will be handled respectfully and securely. Relevant information will be shared on a need-to-know basis with staff and adults who require it to keep the pupil safe, in accordance with UK GDPR and school data-protection arrangements.

11. Unacceptable practice

- Preventing or unnecessarily restricting access to prescribed emergency medication.
- Delaying emergency medication while waiting for a parent/carer.
- Sending an unwell pupil away without appropriate supervision or support.
- Requiring a parent/carer to attend solely because the pupil has an allergy where suitable school arrangements can be made.
- Preventing participation in education, clubs, visits or trips without a proportionate risk-based reason.
- Making a pupil responsible for educating staff about their condition.
- Ignoring relevant pupil/parent views or relevant clinical advice.
- Assuming all pupils with allergies require identical arrangements.
- Failing to act on known, foreseeable allergen risks where proportionate preventative measures are available.

12. Recording, risk management and assurance

Allergy risk will be incorporated into the school's risk-management arrangements and reviewed by leaders. Records will include allergy training, IHPs/action plans, medication checks, incidents and near misses.

13. Consultation and review

This policy will be reviewed at least annually and sooner following a serious incident or near miss, or significant change in guidance or school arrangements. Pupils with allergies, parents/carers, relevant staff and healthcare professionals will be involved where appropriate. The policy will be published on the school website and a hard copy provided on request.

14. School-specific emergency arrangements

Allergy Safety Lead	Caroline Hawkins (SENCo and Deputy Head)
Allergy register	Maintained securely; relevant information shared with staff who need it.
IHPs / Allergy Action Plans	Maintained for pupils meeting the IHP threshold; reviewed when needs or medication change.
Prescribed AAIs	Accessible with the pupil in accordance with their IHP/action plan throughout school and off-site.
Spare AAIs	Agreed labelled locations recorded in the Emergency Medication Location Schedule; stock, condition and expiry checked.
Spare asthma inhaler/spacers	Maintained where applicable; location recorded in the Emergency Medication Location Schedule.
Medication checks	Routine checks recorded; expired/damaged medication replaced and disposed of appropriately.
Emergency response	999; immediate emergency treatment; pupil supervised; parent/carer informed.
Training	Annual whole-school allergy safety training plus induction for relevant new/temporary/supply/agency staff.
Incidents and near misses	Recorded, reported and reviewed; learning shared and arrangements amended where necessary.

DfE reference

Department for Education (2026), Allergy safety in schools: statutory guidance, published 6 July 2026. The official DfE publication page provides the statutory guidance, allergy safety policy template and Individual Healthcare Plan template.