Allergy safety policy

Clifton Primary School

A WORLD OF LEARNING TOGETHER

Approved by:	The Governing Body	**Date:** 22/09/2026
Signed:	R. Ghani	Chair of Governors
Last reviewed on:	New Policy	
Next review due by:	09/2027	

Contents

1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Azra Bi (Deputy Headteacher).

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Overseeing the stock of the school's adrenaline auto-injectors (AAIs), ensuring that there is always a spare one available for pupils who need one
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline auto-injectors
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Learning Mentors

Mo Muhsen, Naomi Jones and Khaleda Khatun are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Keeping up to date registers of pupils and their medical records
- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Ensuring allergy lanyards are provided to all children that need them
- Carrying out other necessary related tasks delegated by the allergy lead

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils including what actions they must or must not take
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care and their plans and sharing this information with other relevant staff
- Reducing the risk to pupils with known allergies coming into contact with known allergens in everyday activities
- Ensuring the wellbeing and inclusion of pupils with allergies
- Ensuring all pupils with allergies wear their lanyards at the serving counter
- Ensuring pupils' allergy medication is at hand and kept safe at all times when they are outside of the classroom
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with an in-date adrenaline auto-injector and any other medication, including inhalers, antihistamine etc., making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens, the risks they pose and what they must and must not do

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens, the risks they pose and what they must and must not do

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

This will be achieved through the following measures:

- **Admission and enrolment procedures:** Parents/carers will be required to provide details of any known allergies, allergic conditions, prescribed medication, and emergency treatment requirements when a child joins the school.
- **Medical information forms:** Allergy information will be collected through pupil induction forms, annual data collection exercises, and medical information updates completed by parents/carers.
- **Parental communication:** Parents/carers are responsible for informing the school promptly of any new allergy diagnosis, changes to existing allergies, or changes to prescribed medication.
- **Transition arrangements:** Information regarding pupils with allergies will be shared appropriately when pupils transfer between classes, year groups, or educational settings to ensure continuity of care and support.

4.2 Identifying staff at risk

This will be achieved through the following measures:

> Asking new staff to provide details of any allergies in advance of their start date

> Asking staff to provide changes to their existing allergies

4.3 Individual healthcare plans (IHP)

The school will ensure that Individual Healthcare Plans (IHPs) are developed and maintained for pupils with significant allergies, particularly those at risk of anaphylaxis, to support their safety and wellbeing while in school.

The school will:

>Develop an IHP for any pupil whose allergy requires specific management, monitoring, medication, or emergency procedures.

>Work collaboratively with parents/carers, the pupil (where appropriate), and healthcare professionals to ensure that the IHP accurately reflects the pupil's medical needs.

>Ensure that each IHP clearly identifies:

- The pupil's allergens and known triggers.
- Signs and symptoms of an allergic reaction.
- Required preventative measures and reasonable adjustments.
- Details of prescribed medication, including adrenaline auto-injectors where applicable.
- Clear emergency procedures and actions to be taken in the event of an allergic reaction.
- Emergency contact details.

>Ensure that IHPs are completed before, or as soon as possible after, a pupil with a significant allergy starts at the school.

>Make relevant information from the IHP available to staff who have responsibility for the pupil, including teachers, teaching assistants, lunchtime supervisors, first aiders, educational visit leaders, and relevant support staff.

>Review IHPs at least annually and whenever there is a change in the pupil's medical condition, treatment, medication, or allergy management requirements.

>Ensure that prescribed medication is available, accessible, and stored in accordance with the pupil's healthcare plan.

>Provide appropriate training to staff to enable them to understand and implement the requirements of the IHP effectively.

>Consider the requirements of the IHP when planning educational visits, extracurricular activities, school events, and other activities to ensure that pupils with allergies can participate safely and inclusively.

>Maintain confidentiality whilst ensuring that all relevant staff have access to the information necessary to keep the pupil safe.

Through these arrangements, the school will ensure that Individual Healthcare Plans provide a consistent and effective approach to supporting pupils with allergies and responding appropriately in an emergency.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed adrenaline devices (and if so, what type and dose)
    - Where a pupil has been prescribed an adrenaline device, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept in medical boxes that follow the class to all locations and in the dining halls and can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

While the school cannot guarantee an allergen-free environment, it will take all reasonable measures to reduce the risk of pupils being exposed to known allergens and to create a safe environment for all members of the school community. The school will:

- Maintain up-to-date records of pupils with allergies and ensure that relevant staff are aware of known allergens and any associated risks.
- Work in partnership with parents/carers to identify practical measures that can be implemented to reduce the risk of allergen exposure.
- Promote good handwashing practices before and after eating, food preparation activities, and other relevant activities.
- Encourage effective cleaning procedures for tables, eating areas, equipment, and other surfaces that may come into contact with allergens.
- Ensure that food-related activities are planned carefully and that consideration is given to the needs of pupils with allergies.
- Consider the allergen content of foods provided by the school and ensure that allergen information is available where required.
- Take appropriate steps to minimise the sharing of food between pupils.
- Ensure that staff supervising meals and snacks are aware of pupils with significant allergies and any necessary precautions.
- Assess the risk of allergen exposure during curriculum activities, educational visits, school events, fundraising activities, and extracurricular clubs, implementing control measures where necessary.
- Encourage parents/carers to support the school's allergy management arrangements, including complying with any reasonable requests relating to specific allergens.
- Ensure that any catering providers or external organisations using school premises are informed of relevant allergy management procedures where appropriate.
- Promote awareness and understanding of allergies among pupils in an age-appropriate manner to help create a supportive and inclusive environment.
- Conduct individual risk assessments for pupils with severe allergies where additional precautions are required.
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

The school recognises that complete avoidance of allergens cannot always be guaranteed. Therefore, allergen minimisation measures will be supported by effective communication, staff training, Individual Healthcare Plans, and clear emergency procedures to ensure that any allergic reaction is managed promptly and appropriately.

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training through City Serve and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available on the website and in school for parents/carers and pupils to view with ingredients clearly labelled.
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal

requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Any food and drink should be covered

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupil's adrenaline devices will be taken on trips
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's adrenaline device protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- Staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school adrenaline device will only be used if:
    - The pupil does not have a prescribed adrenaline device
    - The pupil's prescribed adrenaline device is not available or misfires

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed ADs have them stored in a medical box which follows them around school at all times and on trips. Pupils have their own device and access to a spare one provided by the school. Parents are responsible for ensuring that they are in date but the school also carefully monitors this.

Parents must ensure their children have access to an adrenaline device on the way to school and on the journey home. Teachers will give parents adrenaline devices at the end of the school year to take home.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and emergency asthma reliever inhalers and ensuring they are stored according to the guidance.

- For each pupil with a prescribed AD, a spare AD will be required. ADs are sourced from the local pharmacy. (Epipen Jr AAI 0.15mg. Mylan and Salamol CFC-Free Inhaler 100micrograms Salbutamol sulfate IVAX.)

Spare ADs will be stored:

- In multiple, appropriate locations around the school site in unlocked containers and accessible to **staff only** at all times
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Mo Muhsen, Naomi Jones and Khaleda Khatun are responsible for:

- Checking monthly that spare ADs and emergency asthma reliever inhalers are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis will have their Ads readily available on school trips and off-site events. A spare AD provided by the school for emergency use will also be available.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident file, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents or individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Azra Bi (allergy safety lead and Deputy Headteacher). The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To the local authority: any allergen-related food safety incidents such as during breakfast club, snacks given to children including during clubs, lunchtimes or an incident as a result of selling food to raise funds.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Annual training includes 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that 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/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school'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')

The induction policy will form part of the induction for new staff and only supply teachers and agency staff who have had allergy training will be used.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

The school teaches pupils about allergies through the PHSE curriculum and through assemblies.

11. Wellbeing

Pupils with allergies are entitled to have additional support through:

- Pastoral care
- Regular check-ins with their teacher
- 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

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or ‘near miss’

The school recognises that an incident or a ‘near miss’ is a serious event with a potential impact not only on the pupil but their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or ‘near miss’.

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the governing body, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies and documents

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Behavior policy
- Safeguarding and PHSE curriculum