Ightenhill Primary School
Allergy Safety Policy

Model policy for schools to adapt to their own circumstances

Policy owner	Headteacher
Named senior leader for allergy safety	Mrs A Wilkinson
Named governor for allergy safety	Mrs K Knight
Approved by	Governing Body
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The policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Food and Catering Policy, Educational Visits Policy, Behaviour and Anti-bullying Policy, Data Protection Policy and Complaints Procedure.

1. Purpose and aims

Ightenhill Primary School is committed to providing a safe, inclusive environment in which pupils with allergies can participate fully in school life. This policy explains how the school will identify and reduce allergy risks, support individual pupils, maintain rapid access to emergency medication, respond to allergic reactions and learn from incidents and near misses.

The school aims to create a culture in which allergy is understood and taken seriously without unnecessarily restricting pupils or singling them out. No environment can be guaranteed to be completely free from allergens; therefore, the school will use proportionate, evidence-informed controls and individual planning.

2. Scope and legal framework

This policy applies to all pupils and to school activities on and off site, including breakfast and after-school clubs, educational visits, residential visits and sporting activities. Relevant arrangements also apply, as appropriate, to staff, volunteers and visitors with known allergies.

The policy has regard to section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, the Department for Education's statutory guidance on allergy safety in schools, statutory guidance on supporting pupils with medical conditions, equality duties, data protection requirements and current national guidance on emergency adrenaline auto-injectors.

3. Definitions

- **Allergy:** an immune system response to a substance that is normally harmless. Allergies can include food allergy, asthma, eczema, hay fever and allergies to medicines, insect stings, animals, latex or other contact or airborne substances.
- **Allergen:** a substance that can trigger an allergic reaction.
- **Anaphylaxis:** a serious and potentially life-threatening allergic reaction requiring immediate emergency treatment.
- **Adrenaline auto-injector (AAI):** a device that delivers a measured dose of adrenaline in an emergency.
- **Near miss:** an event that did not cause harm but had the potential to do so.
- **Individual Healthcare Plan (IHP):** a plan setting out the support a pupil needs at school because of a medical condition.

Food intolerance and coeliac disease are different from food allergy, but both may require careful management. The school will follow relevant medical advice and individual arrangements.

4. Roles and responsibilities

4.1 Governing Body

The Governing Body will ensure that appropriate allergy safety arrangements are in place, resources and training are sufficient, the policy is reviewed at least annually and after relevant incidents or near misses, and the policy is publicised across the school community and published on the school website.

4.2 Headteacher and named senior leader

The Headteacher retains overall responsibility. The named senior leader will lead implementation, maintain oversight of records and Individual Healthcare Plans, arrange training and induction, coordinate with families, healthcare professionals and caterers, ensure emergency medication is available and checked, review incidents and report to governors. Day-to-day tasks may be delegated, but accountability remains with school leadership.

4.3 Staff, volunteers and contractors

All staff and regular volunteers with pupil-facing duties must complete required training, follow this policy and individual plans, take reasonable steps to prevent exposure, know how to obtain help and emergency medication, and promptly report concerns, reactions and near misses. Supply, agency, peripatetic and club staff must receive appropriate information before taking responsibility for pupils. Contractors without a pupil-facing role will be given relevant site safety information where their work may create an allergen risk.

4.4 Parents and carers

Parents and carers are expected to give accurate, up-to-date information about allergies, symptoms, triggers, treatment and emergency contacts; provide current medical or action plans and prescribed medication in its original labelled container; check and replace medication before expiry; notify the

school promptly of changes; and work with the school on reasonable risk controls. Parents should not send food or products into school that conflict with agreed school arrangements.

4.5 Pupils

Pupils will be supported, according to age and understanding, to avoid known allergens, follow their plan, tell an adult immediately if they feel unwell or believe exposure has occurred, not share food, drinks, utensils or medication, and show respect for others' medical needs. Pupils who are competent to carry their own medication may do so where this is documented in their plan.

5. Staff training and induction

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, agency workers, peripatetic staff, staff serving breakfast and afterschool clubs and ensure your catering staff have undertaken their own training.. New staff will receive training during induction, and interim arrangements will ensure that untrained supply or cover staff are briefed and can obtain immediate support.

Training will cover the nature and impact of allergy; the difference between allergy, coeliac disease and intolerance; common triggers and symptoms; recognition of anaphylaxis and asthma attacks; the school's policy and individual plans; risk reduction; locating and administering prescribed and spare emergency medication; calling emergency services and informing parents; incident reporting; and practical use of relevant devices. Training records will include the date, content, trainer, attendees and renewal date. Additional competency-based instruction will be arranged where an individual pupil requires support beyond that covered by general allergy awareness.

6. Identification, records and transition

The school will request allergy information on admission and at least annually, and whenever a pupil transfers class, joins mid-year or returns with a new diagnosis. Information may be obtained from parents, the pupil, the previous setting and healthcare professionals, with appropriate authority. The school will maintain a secure, accessible record of known allergens, symptoms, medication, emergency contacts, action plans, IHPs and any reasonable adjustments. Relevant details will be available to staff who need them, including catering and visit staff, while avoiding unnecessary disclosure or public labelling.

The school will also invite staff and regular visitors to disclose allergies where this is necessary for their safety. Transition planning between settings or phases will begin early enough to share agreed information, update plans and train receiving staff.

7. Individual Healthcare Plans and action plans

An IHP will be developed where an allergy has a functional impact in school, places the pupil at risk of harm and requires arrangements additional to or different from those generally available. The plan will be developed with the pupil, parents, relevant staff and healthcare professionals as appropriate. It will describe the allergy and triggers, signs and symptoms, preventive measures, medication and dosage, storage and access, emergency actions, participation in activities and visits, self-

management arrangements, information-sharing arrangements, staff training and review arrangements.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or clearly referenced in the IHP. The IHP will be reviewed at least annually and sooner following a change in diagnosis or treatment, a reaction, a near miss, an updated action plan or a significant change in school circumstances.

8. Minimising exposure to allergens

The school will use proportionate controls based on known risks and individual plans. Staff planning lessons, clubs, celebrations, fundraising, cooking, science, art, music, gardening, animal contact or other activities must consider ingredients and possible food, contact or airborne allergens in advance. Suitable alternatives and reasonable adjustments will be provided where needed.

- Pupils will be encouraged to wash hands before and after eating; appropriate cleaning arrangements will reduce residue on tables, utensils and shared equipment.
- Food, drinks, utensils and containers must not be shared.
- Staff will supervise younger pupils and apply individual seating or serving arrangements only where necessary and agreed.
- Parents will be told about controls for food brought from home, birthdays, events and packed lunches. The school will not describe itself as completely “allergen-free” unless this can be reliably achieved and is clinically justified.
- Risk assessments will address airborne and contact allergens, including animals, plants, craft materials, latex and cleaning products, where a known risk exists.
- Changes to suppliers, menus, ingredients, recipes or activities will be checked so that controls remain effective.

9. Food and catering arrangements

The school and its catering provider will comply with food information and food safety requirements and provide clear, accurate allergen information. The catering lead will have an up-to-date list of pupils with relevant food allergies and agreed meal arrangements. Menus, ingredient labels and supplier information will be checked; substitutions will not be made without an allergen check. Cross-contact risks will be controlled through storage, preparation, cleaning, serving procedures and staff training. Any uncertainty about a meal or ingredient will be resolved before it is served.

The school’s local arrangements are: [insert catering provider, responsible person, method for recording dietary needs, menu and labelling arrangements, process for substitutions, packed lunches and special events].

10. Wellbeing, inclusion and bullying

The school recognises that living with allergy and the possibility of anaphylaxis can cause anxiety. Pupils will be listened to and involved in decisions appropriate to their age. Staff will promote safe participation, avoid unnecessary exclusion and make reasonable adjustments. Teasing, bullying, deliberate exposure to an allergen, tampering with medication or pressuring a pupil to eat or touch

something will be treated seriously under the Behaviour and Anti-bullying Policy and safeguarding procedures. Support will be offered after a reaction or serious near miss.

11. Medication and emergency equipment

11.1 Prescribed medication

Pupils prescribed AAIs must have rapid access to them at all times, including in classrooms, dining areas, playgrounds, sports areas, clubs and on visits. Arrangements must enable adrenaline to be brought to the pupil within five minutes. Medication will be stored safely, visibly and accessibly in the child's classroom and not in a locked place that would delay emergency access. Individually prescribed devices will be clearly labelled and readily distinguishable from spare devices. Arrangements for competent pupils to carry medication, and for devices to travel between home and school, will be recorded in the IHP.

The school will record receipt and return of medication and will check availability, condition and expiry dates [monthly and prior to any off site visits. Parents remain responsible for replacing prescribed items before expiry. Used or expired devices containing needles will be disposed of safely through an appropriate clinical waste route.

11.2 Spare AAIs and emergency asthma inhalers

The school will maintain spare AAIs in appropriate doses, stocked and stored in pairs, clearly marked as school emergency devices. They will be kept in the office. The number and location of kits will reflect the size and layout of the site so that no pupil is more than five minutes from adrenaline. Each kit will contain:

- 2 x 150mcg dose for children under the age of 6 or <30kg
- 2x 300mcg for anyone over the age of 6 or >30kg.

A nominated person will check stock, seals, condition and expiry dates monthly. Used or expired items will be replaced promptly. The school will also manage any emergency salbutamol inhaler and spacers in accordance with its medical conditions arrangements.

Spare equipment will not replace a pupil's own prescribed medication. It will be used in accordance with current law, national guidance, the pupil's plan where one exists, and the emergency instructions supplied with the device. In an exceptional life-saving emergency involving a person not previously known to be at risk, staff will follow the direction of the emergency services and applicable national guidance.

12. Responding to an allergic reaction or anaphylaxis

Staff must follow the pupil's current Allergy Action Plan and their training. Anaphylaxis may involve airway, breathing or circulation problems and can occur without skin symptoms. If anaphylaxis is suspected, staff must act immediately; if in doubt, give adrenaline.

1. Stay with the pupil and send someone to bring the pupil's AAIs and the school emergency kit.

2. Administer an AAI without delay in accordance with training and the device instructions.
3. Call 999, state “anaphylaxis”, give the school’s address and access point, and arrange for someone to meet the ambulance.
4. Keep the pupil lying flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk. If unconscious, place them in the recovery position; begin CPR if there are no signs of life.
5. Give a second dose after five minutes if symptoms have not improved and another device is available.
6. Contact parents or carers after emergency help has been summoned. Inform the Headteacher or senior leader.
7. Send the pupil’s action plan and details of medication administered with the ambulance. A pupil given adrenaline must be medically assessed and must not be left alone or allowed to return to normal activities.
8. Record the incident and preserve relevant information, packaging or food samples where this can be done safely.

13. Educational visits, sport and off-site activities

Pupils with allergies will be enabled to take part safely. The visit leader will review the pupil’s plan and complete an individual risk assessment covering travel, food, accommodation, activity providers, remoteness, communication and access to emergency care. The pupil’s own medication must accompany them and remain immediately accessible; spare school devices should be taken where appropriate. At least one accompanying member of staff must be trained and confident to respond. The leader will check medication before departure and establish arrangements for storage, meals and emergencies with the venue. If safe arrangements cannot initially be secured, the school will work with the family and provider to identify reasonable alternatives rather than automatically exclude the pupil.

14. Incidents and near misses

All allergic reactions, administration of emergency medication, emergency service calls and near misses must be reported to the named senior leader as soon as possible and recorded using the schools reporting system. Reports may also be made after the pupil has returned home, as delayed effects or the significance of an exposure may only become apparent later. The school will notify parents and any relevant authorities or agencies in line with legal and local reporting requirements.

The Headteacher or nominated senior leader will review what happened, including the cause, timeliness of the response, access to medication, communication, training and whether procedures were followed. Immediate controls will be introduced where required. Lessons and actions will be recorded, shared appropriately and monitored to completion. The Governing Body will receive anonymised assurance information and the policy or individual arrangements will be revised where necessary.

15. Information sharing and data protection

Health information is special category personal data. The school will collect, use, store and share it lawfully, securely and only to the extent necessary to protect the pupil and provide appropriate support. Parents and pupils will be told how information is used. Relevant information may be shared with staff, caterers, visit providers, healthcare professionals and emergency services where necessary, but it will not be displayed or circulated more widely than required. Records will be retained and disposed of in accordance with the school's retention schedule and Data Protection Policy.

16. Raising awareness

This policy will be published on the school website, available in hard copy on request and brought to the attention of pupils, parents, staff, volunteers and relevant contractors at least annually. Staff will revisit it through annual training. Age-appropriate allergy awareness will be included in pupil education, with the involvement and agreement of affected pupils and parents. Friends may be taught how to seek adult help in an emergency, but pupil awareness will never replace trained staff response.

17. Complaints

Concerns should be raised promptly with the class teacher, named senior leader or Headteacher so that immediate safety issues can be addressed. Formal complaints will be considered under the school's Complaints Procedure. This does not prevent a parent from contacting emergency services or an appropriate external body where necessary.

18. Monitoring and review

The Governing Body will review this policy at least annually. It will also be reviewed sooner following a serious incident, near miss, change in statutory guidance or legislation, identified training or equipment gap, significant site or catering change, or feedback showing that arrangements may leave someone at risk. Review evidence will include training completion, medication checks, incident and near-miss themes, IHP review status, visit arrangements and feedback from pupils, families and staff.

Appendix A: School-specific information to complete

Item	**School arrangement**
Named senior leader	Mrs A Wilkinson
Deputy or cover arrangement	Mrs K Dunderdale
Prescribed medication location(s)	Class rooms of children with prescribed medication
Spare AAI location(s) and doses	School office Kitt Medical

	• 2 x 150mcg dose for children under the age of 6 or <30kg • 2x 300mcg for anyone over the age of 6 or >30kg.
Emergency inhaler location	Office
Person responsible for school spare medication, plans and storage of medication,	Mrs Duckworth
Frequency and record of checks	Monthly
Emergency access point and school address	Ightenhill Primary School, Alder Street, Burnley, Lancashire BB12 6ED Main office What 3 words: value.driver.usage
Catering provider and allergy lead	LCC Derek Wright (LCC Catering Services Manager)
Incident reporting system	CPOMS Medical Tracker KITT Medical
Training provider and renewal cycle	Kitt medical (annual training) School nurse training (annual training)
Out-of-hours clubs and lettings arrangements	School run breakfast and afterschool club