Allergy Safety Policy

Approved by: Local Governing Board
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Policy lead: Katherine Ofsarnie
Named governor: Sue Nutall
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1. Aims

Millbrook Primary and Nursery School is committed to providing a safe, inclusive and supportive environment in which pupils with allergies can participate fully in school life.

We aim to:

- reduce the risk of pupils, staff and visitors being exposed to known allergens;
- identify pupils with allergies promptly and maintain accurate, accessible information;
- ensure emergency medication can be reached and administered without delay;
- prepare all relevant staff to recognise and respond to allergic reactions and anaphylaxis;
- promote the physical and emotional wellbeing of pupils with allergies; and
- learn from all allergic reactions, medication errors and near misses.

This policy applies during the school day and to breakfast clubs, after-school clubs, educational visits, sporting activities, residential visits and any other activity organised by the school.

2. Legislation and Statutory Guidance

This policy has been written with regard to:

- Section 34 of the Children's Wellbeing and Schools Act 2026, commonly referred to in this context as Benedict's Law;
- the Department for Education statutory guidance on allergy safety in schools (June 2026);
- the Department for Education guidance Supporting pupils at school with medical conditions;
- the Human Medicines (Amendment) Regulations 2017 relating to spare adrenaline auto-injectors in schools;
- the Food Information Regulations 2014 and allergen information requirements;
- the Equality Act 2010;
- the Children and Families Act 2014;
- the UK General Data Protection Regulation and Data Protection Act 2018; and

- relevant health and safety, safeguarding and RIDDOR requirements.

The policy will be made available on the school website and in hard copy on request.

3. Definitions

Allergy: An immune-system reaction to a substance that is usually harmless. Symptoms may be mild, moderate or severe.

Allergen: A substance capable of causing an allergic reaction. Examples include foods, medicines, insect venom, latex, pollen and animal dander.

Anaphylaxis: A severe and potentially life-threatening allergic reaction. It may affect the airway, breathing or circulation and requires immediate treatment with adrenaline.

Adrenaline auto-injector (AAI): A prescribed emergency device used to inject adrenaline into the outer thigh. Examples include EpiPen® and Jext®.

Near miss: An event in which exposure or harm was narrowly avoided, or where systems did not operate as intended, even though no allergic reaction occurred.

Food intolerance: A reaction to food that does not involve the immune system. It is different from food allergy.

Coeliac disease: An autoimmune condition triggered by gluten. It is not a food allergy, but requires strict dietary management.

4. Roles and Responsibilities

4.1 Local Governing Board

The governing board will:

- approve this policy and ensure it is reviewed at least annually;
- hold school leaders to account for effective implementation;
- ensure appropriate resources, training and monitoring arrangements are in place;
- consider patterns in incidents and near misses; and
- appoint Sue Nutall as the named governor for allergy safety.

4.2 Headteacher and Named Senior Leader

Katherine Ofsarnie is the named senior leader responsible for implementing this policy. She will:

- lead and coordinate the school's approach to allergy safety;
- ensure responsibilities are allocated clearly and understood by staff;
- maintain oversight of the allergy register, Individual Healthcare Plans and action plans;
- ensure annual allergy and anaphylaxis training is completed by all relevant staff;
- arrange whole-staff practical training, including anaphylaxis drills;
- ensure new, temporary, supply, agency and regular volunteer staff receive appropriate information and training;
- ensure emergency medication and spare devices are stored, checked and accessible appropriately;
- review incidents and near misses and ensure learning is acted upon; and
- report significant concerns and the annual policy review to governors.

4.3 Office and Administrative Staff

- gather allergy information on admission and when notified of a new diagnosis;
- maintain an up-to-date allergy register and record which pupils have prescribed AAIs, inhalers and action plans;
- ensure current action plans are available with medication and shared securely with relevant staff;

- check school-held medication at least termly and remind parents/carers before expiry;
- record consent for use of school spare AAIs and the spare emergency inhaler where applicable; and
- ensure information is included in transition and transfer arrangements.

4.4 All Staff

- complete annual online training in allergy awareness and anaphylaxis and take part in whole-staff practical training and drills;
- know which pupils in their care have allergies and where their plans and medication are kept;
- take reasonable steps to prevent exposure to known allergens;
- check planned lessons, rewards and activities for allergy risks;
- recognise symptoms and follow the pupil's Allergy Action Plan, Asthma Action Plan and emergency procedures;
- administer emergency medication without delay when required and call 999;
- never leave a pupil experiencing a suspected severe reaction alone; and
- report allergic reactions, medication use, errors and near misses promptly.

4.5 Catering Staff and Catering Provider

- comply with legal allergen-information requirements;
- maintain accurate ingredient and allergen information for food served;
- follow documented procedures to reduce cross-contact during storage, preparation and service;
- receive relevant pupil allergy information in a secure and proportionate form;
- have a clear process for checking a pupil's meal at the point of service; and
- report any error, substituted ingredient or near miss immediately.

4.6 Parents and Carers

- inform the school of allergies at admission and as soon as a diagnosis or management plan changes;
- provide current medical information, an Allergy Action Plan and/or Asthma Action Plan where issued;
- provide prescribed medication in the original labelled container and replace it before expiry;
- ensure the school has two in-date AAIs where these have been prescribed, unless an alternative arrangement is agreed with a healthcare professional;
- give written consent for emergency treatment and use of a school spare AAI where appropriate;
- work with the school and catering provider to agree safe arrangements; and
- notify the school of a reaction linked to possible exposure at school, even where symptoms appeared after the pupil returned home.

4.7 Pupils

- tell an adult immediately if they feel unwell or believe they have eaten or touched an allergen;
- avoid swapping or sharing food, drinks, cutlery or medication;
- follow agreed hygiene and safety routines;
- carry their own medication only where this is appropriate to their age, maturity and individual plan; and
- contribute to their Individual Healthcare Plan and risk assessment where appropriate.

5. Identifying Pupils with Allergies

The school will identify pupils with allergies through:

- admission forms and parent/carer declarations;
- information from previous settings, health professionals and the school nursing service;
- updates supplied by parents/carers during the year;
- medical information gathered before visits, clubs and residential activities; and

- review of any allergic reaction or suspected reaction occurring in school.

The school will maintain a central allergy register recording, as appropriate:

- the pupil's name, photograph and class;
- known allergens and typical symptoms;
- whether the pupil is at risk of anaphylaxis;
- prescribed medication and where it is stored;
- whether an Individual Healthcare Plan, Allergy Action Plan and/or Asthma Action Plan is in place;
- consent for use of spare emergency medication; and
- important adjustments for meals, lessons, playtimes, clubs and visits.

The register will be reviewed at least termly and whenever new information is received. Staff will not rely on memory or informal messages alone.

6. Individual Plans and Information Sharing

6.1 Individual Healthcare Plans

A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in school, places them at risk of harm, or requires arrangements that are additional to or different from those made generally.

The IHP will describe the pupil's needs, agreed adjustments, medication, staff responsibilities and emergency arrangements. It will be developed with the pupil where appropriate, parents/carers, relevant school staff and healthcare professionals.

6.2 Allergy and Asthma Action Plans

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 school will use recognised professional plans, including BSACI Allergy Action Plans, rather than creating clinical instructions itself.

When an updated action plan is received, the pupil's IHP and risk assessment will be reviewed promptly.

6.3 Sharing Information

Health information is special-category personal data. It will be shared only with people who need it to keep the pupil safe, and in a respectful and proportionate way.

Relevant staff, including class staff, lunchtime staff, club staff, supply staff and catering staff, will receive the information they need. Emergency plans may be displayed in agreed staff-only areas or kept with medication where this supports rapid action. The pupil and parents/carers will be involved in decisions about wider awareness among peers.

7. Reducing Exposure to Allergens

Millbrook will take reasonable and proportionate steps to reduce the risk of exposure while recognising that no school can guarantee a completely allergen-free environment.

School-wide measures include:

- handwashing with soap and water before and after eating and food-based activities where appropriate;
- prompt cleaning of tables, food preparation surfaces and shared equipment;
- discouraging the sharing of food, drinks, bottles, cutlery and utensils;
- clear labelling of lunch boxes, drinks and food intended for an individual pupil;
- checking ingredients and packaging before food is used in lessons, rewards or celebrations;
- risk assessing cooking, baking, craft, science, sensory, musical and animal-related activities;

- avoiding food rewards where a safe alternative is more appropriate;
- considering airborne and contact allergens, including latex, pollen, animals and cleaning products;
- communicating relevant restrictions or precautions to families and visitors; and
- ensuring contractors and visiting providers receive necessary safety information where they have a pupil-facing role.

Any school-wide restriction, such as avoiding a particular food, will be based on identified need and risk assessment. Such restrictions support risk reduction but do not replace individual plans, supervision, good hygiene or emergency preparedness.

8. Food Allergy and Catering

The school and catering provider will work together to ensure that food-allergic pupils can access safe and inclusive meal arrangements.

- Parents/carers will provide accurate information about diagnosed allergies and dietary requirements through the school and catering provider's agreed processes.
- The catering provider will make allergen information available for food supplied and will manage recipes, substitutions and ingredient changes.
- Food for a pupil with an allergy will be prepared and served using procedures designed to reduce cross-contact.
- Staff will use the agreed identification and checking process at the point of service.
- Food brought into school for parties, fundraising, rewards or curriculum activities must be checked in advance. Food will not be given to a pupil with a known food allergy without agreed parental/carer permission.
- Packed lunches, bottles and snacks should be clearly named.
- Where safe provision cannot be confirmed, the school will agree an alternative with the family rather than excluding the pupil from the activity.

Any catering error, suspected cross-contact or ingredient uncertainty will be treated seriously. The food will not be served until safety has been confirmed, and the event will be recorded as an incident or near miss as appropriate.

9. Medication and Emergency Arrangements

9.1 Supply and Storage of Individual Medication

- Medication must be supplied in the original container, labelled with the pupil's name and instructions.
- Pupils prescribed AAIs should normally have access to two devices, in line with their clinical plan.
- Medication will be stored so it is readily accessible, not locked away in an emergency, protected from direct sunlight and temperature extremes, and no more than five minutes from the pupil.
- Medication taken off site for a visit, club or sporting event will remain immediately accessible to the responsible adult.
- Parents/carers remain responsible for replacing prescribed medication, while school staff will carry out at least termly checks and issue reminders.
- Used AAIs will be handed to ambulance staff where possible or disposed of safely as sharps.

9.2 Spare Emergency Medication

The school may hold spare AAIs and a spare salbutamol inhaler in line with national guidance. Spare AAIs will be:

- kept in clearly marked emergency anaphylaxis kits at designated, accessible locations communicated to all staff;
- stored in pairs and in the correct dose(s) for the pupils who may require them;
- checked regularly and replaced promptly when used, damaged or expired; and

- used only in accordance with legal requirements, the pupil's action plan and recorded parental/carer consent, except where emergency clinical advice directs otherwise.

Operational locations and checking records will be maintained separately so they can be updated immediately without waiting for policy review. The arrangement will ensure that adrenaline can be brought to any pupil on site within five minutes.

9.3 Emergency Response

Anaphylaxis must be treated as a medical emergency. Staff will follow the pupil's action plan and Appendix 1. In summary:

- keep the pupil where they are, call for help and do not leave them alone;
- lay the pupil flat with legs raised; if breathing is difficult, allow them to sit up briefly but do not make them stand or walk;
- administer an AAI immediately into the outer thigh when anaphylaxis is suspected and note the time;
- call 999 and state "anaphylaxis";
- give a second AAI after five minutes if there is no improvement or symptoms return;
- start CPR if there are no signs of life;
- contact parents/carers as soon as emergency treatment is underway; and
- ensure the pupil is taken to hospital, even if they appear to recover.

An AAI may be administered through clothing if necessary. Delay in giving adrenaline is a greater risk than giving it when anaphylaxis is suspected.

9.4 Asthma and Allergy

Asthma can increase the risk associated with anaphylaxis and symptoms may overlap. Where a pupil has both conditions, their Allergy Action Plan, Asthma Action Plan and IHP must be read together. Adrenaline takes priority where anaphylaxis is suspected; the emergency services should be called and asthma medication given as directed by the pupil's plans.

10. Educational Visits, Clubs and Off-site Activities

Pupils with allergies will be included in visits, clubs, sports and residential activities with reasonable adjustments and careful planning.

- The visit or activity risk assessment will consider food, travel, accommodation, animals, plants, insect stings, medicines, remote locations and access to emergency services.
- The trip leader will check the pupil's IHP and action plans and consult parents/carers where needed.
- Two in-date AAIs and any other required medication will accompany the pupil and remain immediately accessible.
- A member of staff able and prepared to administer emergency medication will be present.
- Venues and providers will be informed of relevant needs in advance, using proportionate information sharing.
- Safe meal arrangements and alternatives will be agreed before departure.
- Emergency contact details, action plans and the location of the nearest medical help will be available.
- Medication will not be left in a vehicle, suitcase or inaccessible first-aid bag.

If required medication is unavailable or out of date, the visit leader will pause and seek a safe solution with the parent/carer and senior leader. The aim will be to resolve the issue and include the pupil; a pupil will not be excluded from an activity without a documented safety decision and consideration of reasonable adjustments.

11. Staff Training and Anaphylaxis Drills

All staff complete online training in allergy awareness and anaphylaxis annually. This includes permanent staff and, proportionately, temporary staff, supply teachers, agency staff, peripatetic staff, catering staff, club staff and regular volunteers who may be responsible for pupils.

The school also provides whole-staff training that includes practical anaphylaxis drills. Training will cover:

- common allergens and how allergic reactions occur;
- the difference between allergy, coeliac disease and food intolerance;
- mild, moderate and severe symptoms, including airway, breathing and circulation signs;
- how to locate and read Allergy Action Plans, Asthma Action Plans and IHPs;
- how and when to administer individual and spare AAIs and emergency inhalers;
- calling 999, positioning the pupil, timing a second dose and starting CPR;
- preventing allergen exposure and cross-contact;
- the impact of allergies on wellbeing and the importance of avoiding stigma;
- incident and near-miss reporting; and
- the requirements of this policy.

New staff will receive allergy-safety information as part of induction. Supply and cover staff will be given essential pupil-specific and emergency information before taking responsibility for a class or group. Training records will be retained and reviewed by the named senior leader.

Anaphylaxis drills will test communication, access to medication, staff roles, emergency positioning, 999 information and the five-minute access standard. Learning from drills will be recorded and acted upon.

12. Inclusion, Wellbeing and Safeguarding

Pupils with allergies will not be unnecessarily excluded from curriculum activities, meals, celebrations, visits or clubs. The school will make reasonable adjustments and plan alternatives where required.

The possibility of a serious reaction can cause anxiety for pupils and families. Staff will:

- listen to the pupil and involve them in age-appropriate decisions;
- avoid drawing unnecessary attention to the pupil or discussing medical information publicly;
- support growing independence without transferring adult responsibility prematurely;
- respond to anxiety through trusted-adult support and pastoral arrangements;
- challenge teasing, food-related threats, deliberate exposure and bullying immediately under the school's safeguarding and behaviour procedures; and
- work with parents/carers and health professionals where anxiety is affecting attendance, participation or learning.

Deliberately exposing another person to an allergen, threatening to do so, or interfering with emergency medication will be treated as a serious safeguarding and behaviour matter.

13. Incident and Near-miss Reporting

All allergic reactions, suspected reactions, emergency medication use, medication errors, catering errors and near misses will be recorded promptly using the school's agreed reporting system.

The record will include, where known:

- the pupil, date, time and location;
- the suspected allergen and route of exposure;
- symptoms and their progression;
- treatment given, device used and times administered;
- who called emergency services and parents/carers;

- the outcome and any medical advice received;
- possible contributing factors; and
- actions required to reduce recurrence.

Parents/carers will be encouraged to report delayed reactions that become apparent after the pupil has left school. Serious incidents will be escalated to the headteacher, governing board, local authority, trust and relevant external bodies as required, including consideration of RIDDOR reporting.

Following a significant incident or near miss, the named senior leader will lead a timely review of the pupil's plans, risk assessment, staff response and school systems. The review will focus on learning, not blame.

14. Monitoring and Review

The named senior leader will monitor implementation through:

- termly checks of allergy records, plans and medication;
- training and induction records;
- anaphylaxis drill records and response times;
- incident and near-miss analysis;
- feedback from pupils, parents/carers, staff and catering providers; and
- checks that visit and curriculum risk assessments include allergy safety where relevant.

This policy will be reviewed at least annually. It will be reviewed sooner following a serious incident, a significant near miss, updated statutory guidance or a material change in school arrangements. The Local Governing Board will approve the policy and receive assurance about its implementation.

15. Links with Other Policies

This policy should be read alongside:

- Supporting Pupils with Medical Conditions Policy;
- Administration of Medicines procedures;
- Asthma Policy and emergency inhaler procedures;
- Intimate Care Policy;
- Safeguarding and Child Protection Policy;
- Relational Inclusion/Behaviour Policy;
- Educational Visits Policy;
- First Aid Policy;
- Health and Safety Policy;
- Food and Catering procedures;
- Data Protection Policy; and
- SEND Policy and SEN Information Report.

The Supporting Pupils with Medical Conditions Policy and Intimate Care Policy will reference this Allergy Safety Policy and the requirements introduced by the June 2026 statutory allergy-safety guidance. Where there is any conflict, the most current statutory guidance and the pupil's clinical action plan will take precedence.

Appendix 1: Emergency Response to Suspected Anaphylaxis

Step	Action	What to do
1	**Recognise**	Suspect anaphylaxis where there is sudden airway swelling, breathing difficulty, wheeze, collapse, faintness, confusion, pale/clammy skin, or rapidly worsening symptoms following possible allergen exposure.
2	**Call for help**	Keep the pupil where they are. Send someone to bring the pupil's medication and the emergency kit. Do not leave the pupil alone.
3	**Position**	Lay the pupil flat with legs raised. If breathing is difficult, they may sit up briefly. Do not let them stand or walk.
4	**Give adrenaline**	Administer an AAI immediately into the outer thigh and note the time. It may be given through clothing.
5	**Call 999**	State: "ANAPHYLAXIS". Give the school address, exact location, pupil's age, symptoms and treatment given.
6	**Second dose**	If there is no improvement after 5 minutes, or symptoms return, administer the second AAI.
7	**Support**	Give asthma reliever medication if directed by the pupil's plans. Start CPR if there are no signs of life.
8	**Hospital**	The pupil must be assessed in hospital even if they appear to recover. Contact parents/carers as soon as emergency action is underway.

Never delay adrenaline while waiting for a parent/carer, senior leader or healthcare professional.

Appendix 2: Operational Allergy Safety Checklist

Area	Check	Completed / notes
Pupil information	Allergy register current; photographs and allergens accurate; IHP/action plans reviewed; relevant staff informed.	
Medication	Two prescribed AAIs available where required; inhalers/antihistamines present; labels intact; expiry dates checked; storage accessible.	
Spare equipment	Spare AAIs and emergency inhaler in date; correct doses available; locations clearly marked; staff know where they are.	
Catering	Catering list current; menus/ingredients checked; cross-contact controls followed; substitutions communicated.	
Curriculum	Food, craft, science, sensory and animal activities risk assessed; safe alternatives available.	
Visits and clubs	Plans and medication checked; trained adult identified; venue informed; emergency access considered.	
Training	Annual online training complete; new/supply staff inducted; practical whole-staff training and anaphylaxis drill completed.	
Incidents	Reactions and near misses recorded; parents informed; learning reviewed; plans and risk assessments updated.	
Wellbeing	Pupil voice considered; no unnecessary exclusion; bullying or anxiety addressed.	
Policy assurance	Policy published; annual review scheduled; governor oversight recorded; linked policies updated.	