



ENGLEFIELD CE PRIMARY SCHOOL ALLERGY SAFETY POLICY

Sowing the seeds for a flourishing future

1. Policy Statement and Principles

Englefield CE Primary School is committed to providing a safe, inclusive and welcoming environment in which every child is known, valued and cared for as a unique and precious individual.

As a Church of England school, our approach to allergy safety reflects our Christian vision and our commitment to the dignity, wellbeing, inclusion and flourishing of every member of our school community. We recognise that allergies can have a significant impact on a child's physical health, emotional wellbeing and participation in school life.

We will take reasonable and proportionate steps to minimise the risk of exposure to known allergens and ensure that appropriate arrangements are in place for pupils at risk of anaphylaxis.

This policy is informed by the Department for Education's Allergy Safety in Schools statutory guidance (July 2026) and should be read alongside the school's Medical Conditions Policy, First Aid Policy, Safeguarding and Child Protection Policy, Food Policy, Educational Visits Policy and Behaviour Policy.

The school will:

- identify pupils with allergies and ensure relevant information is securely shared with staff who need it;
- maintain appropriate Individual Healthcare Plans (IHPs) and allergy action plans;
- ensure appropriate emergency medication is available and accessible;
- provide allergy awareness and emergency response training for staff;
- assess and manage risks associated with allergens in school activities and educational visits;
- respond promptly and appropriately to allergic reactions and anaphylaxis;
- record and learn from incidents and near misses; and
- ensure that pupils with allergies are included fully in school life.

The policy will be reviewed at least annually and following any significant incident, near miss or relevant change in guidance.

2. Understanding Allergy and Anaphylaxis

An allergy occurs when the body's immune system reacts to a normally harmless substance known as an allergen. Allergens may include food, medication, insect venom, latex and other substances. Allergic reactions vary in severity. Anaphylaxis is a serious, potentially life-threatening allergic reaction requiring immediate treatment.

Symptoms may include:

- swelling of the lips, face, tongue or throat;
- difficulty breathing, wheezing or persistent coughing;
- difficulty swallowing or a hoarse voice;
- dizziness, confusion, collapse or loss of consciousness;
- vomiting or abdominal pain;
- widespread rash or hives; and
- a sudden change in behaviour or becoming unusually sleepy or pale.

Anaphylaxis can occur without all of these symptoms being present. Where anaphylaxis is suspected, adrenaline should be administered without delay and 999 called.

Food intolerance and coeliac disease are different from food allergy. Food intolerance does not cause anaphylaxis, and coeliac disease cannot cause anaphylaxis, although a person with coeliac disease may also have a separate allergy that can cause anaphylaxis.

3. Emergency Response to Anaphylaxis

All staff must know how to respond to a suspected allergic reaction and where emergency medication is located.

If anaphylaxis is suspected:

1. Stay with the pupil and call for help.
2. Administer the pupil's prescribed adrenaline device without delay, following the device instructions.
3. Call 999 and state that the pupil is experiencing anaphylaxis.
4. Keep the pupil lying down, with legs raised where appropriate. If breathing is difficult, they may sit up briefly, but should not stand or walk.
5. Note the time adrenaline was administered.
6. If there is no improvement after five minutes, administer a second adrenaline device if available and appropriate.
7. If there are no signs of life, commence CPR.
8. Contact the parent/carer as soon as practicable.
9. The pupil must be medically assessed in hospital following anaphylaxis, even if symptoms improve.

The pupil should not be sent to the school office or medical room during an emergency. Help and medication should come to the pupil.

Where a pupil has both severe allergy and asthma, and there is uncertainty about whether the symptoms represent anaphylaxis or an asthma attack, adrenaline should be administered first.

Where a pupil experiences a mild or moderate allergic reaction that does not involve the airway, breathing or circulation, staff will follow the pupil's IHP and any Allergy Action Plan, administer prescribed medication where appropriate, contact the parent/carer or emergency contact as required, and ensure the pupil is supervised and observed for at least 60 minutes. If symptoms worsen or anaphylaxis is suspected, adrenaline will be administered without delay and 999 called

4. Minimising Risk and Exposure to Allergens

The school will take reasonable and proportionate measures to reduce the risk of exposure to known allergens while ensuring that pupils with allergies are fully included in school life.

A school-wide approach will include:

- maintaining an up-to-date register of pupils with known allergies;
- ensuring relevant staff understand pupils' individual needs;
- using IHPs and allergy action plans to identify specific risk-reduction measures;
- considering allergies when planning curriculum activities, particularly food preparation and cooking;
- considering allergen risks when planning educational visits, sporting activities and special events;
- maintaining appropriate hygiene and cleaning arrangements;
- preventing unnecessary food sharing or swapping between pupils;
- considering food brought into school by families or staff;
- ensuring appropriate arrangements for school celebrations and treats; and
- reviewing arrangements following incidents or near misses.

The school will not introduce blanket bans on individual foods unless a specific risk assessment demonstrates that this is necessary and proportionate.

The school will have appropriate arrangements for identifying and supporting staff and regular visitors with significant allergies where relevant, including consideration of known allergens and access to emergency medication.

Risk management will be based on the individual pupil's needs and medical advice.

5. Food Provision and Catering

The school will work with its catering provider (Stir Food) to ensure that pupils with allergies can access food safely and inclusively.

The school and catering provider will:

- maintain accurate and up-to-date allergen information;
- ensure information about pupils' allergies is communicated securely and promptly;
- follow appropriate food hygiene and allergen-management procedures;
- prevent cross-contamination wherever reasonably practicable;
- ensure food provided for pupils is appropriately labelled or otherwise clearly identifiable;
- ensure staff involved in food preparation and service understand their responsibilities; and
- provide appropriate arrangements for pupils with allergies during breakfast and after-school provision.

Where food is provided by parents or carers for celebrations or other school events, the school will consider allergy requirements in advance and make reasonable arrangements to ensure inclusion and safety.

Pupils will be taught not to share or exchange food, utensils or food containers.

Pupils entitled to free school meals will be supported to access their entitlement safely, with reasonable adjustments made where necessary to meet their allergy-related needs.

At mealtimes, pupils with known food allergies will be identified through the school's agreed allergy information system and a second check by the responsible member of staff/catering staff before food is served.

Where external providers operate food provision on the school's behalf, the school will ensure that relevant allergy safety requirements are communicated and appropriately managed.

6. Medication and Adrenaline Devices

Pupils prescribed adrenaline should have two in-date adrenaline devices available in school, in accordance with their medical advice and IHP.

Adrenaline must be accessible without delay and accompany the pupil when they move around school and when they take part in educational visits or activities away from the normal classroom.

Where it is not appropriate for a pupil to carry their own medication, it will be stored in an agreed, clearly identified and readily accessible at all times, not locked away or kept in a location where access is restricted, while being stored safely to prevent unauthorised access.

Adrenaline devices must be stored in accordance with the manufacturer's instructions and protected from excessive heat, cold and direct sunlight.

The school will maintain appropriate records of prescribed medication and check expiry dates regularly.

Where prescribed adrenaline is normally stored by the school, arrangements will ensure that it is available to the pupil for the journey to and from school and is taken home as agreed with parents/carers.

7. Spare Adrenaline Devices

In accordance with current statutory guidance, Englefield CE Primary School will maintain an appropriate supply of spare adrenaline devices for use in an emergency. Spare devices are not a replacement for a pupil's prescribed medication.

The school will maintain spare adrenaline auto-injectors in pairs, in the appropriate dosage for the pupils within the school. They will be stored in a clearly labelled emergency anaphylaxis kit in the First Aid room next to the school office, which is accessible within five minutes from all areas of the school.

Spare adrenaline devices will be:

- stored in clearly identified emergency containers;
- readily accessible to trained staff;
- checked regularly to ensure they remain in date and suitable for use; and
- replaced before expiry.

In an emergency, a spare adrenaline device may be used for a child, young person or adult experiencing anaphylaxis where prescribed adrenaline is unavailable, inaccessible or has misfired, or where the individual does not have prescribed adrenaline.

8. Pupil Self-Management

Pupils will be supported to develop age-appropriate knowledge and confidence in managing their allergy.

Where appropriate, pupils will be encouraged to understand:

- their allergy and known triggers;
- how to reduce the risk of exposure;
- the symptoms of an allergic reaction;
- when and how to seek help; and
- the importance of carrying or having rapid access to prescribed medication.

The level of independence expected will reflect the pupil's age, maturity, individual circumstances and medical advice.

Staff will remain prepared to administer emergency medication where a pupil is unable to do so safely or independently.

9. Staff Training and Emergency Preparedness

All staff will receive allergy awareness and emergency response training at least annually, including recognition and emergency response to anaphylaxis and acute asthma. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers and staff involved in catering or wraparound provision where applicable.

Training will include:

- awareness of allergy and anaphylaxis;
- recognition of allergic reactions and anaphylaxis;
- recognition and emergency response to acute asthma, including knowing how to access and support the use of prescribed or emergency asthma medication where applicable;
- appropriate emergency response;
- the location and use of adrenaline devices;

- the school's allergy safety procedures;
- awareness of pupils with known allergies;
- understanding and implementing IHPs and allergy action plans;
- reducing allergen exposure and preventing cross-contamination; and
- recording and reporting incidents and near misses.

Allergy safety will form part of induction for new staff, including temporary and supply staff where appropriate. Staff will have opportunities to practise using adrenaline trainer devices.

The school will periodically review its emergency arrangements to ensure that staff know how to access emergency medication and respond appropriately.

10. Roles and Responsibilities

Headteacher / Allergy Lead

The Headteacher will ensure that the school's allergy safety arrangements are implemented and reviewed.

The Allergy Lead will:

- maintain the school's allergy register;
- coordinate IHPs and allergy action plans;
- ensure relevant staff receive appropriate information and training;
- oversee arrangements for prescribed and spare adrenaline devices;
- ensure allergy considerations are incorporated into relevant risk assessments;
- coordinate communication with parents/carers and relevant health professionals;
- ensure incidents and near misses are recorded and reviewed; and
- report significant issues to the Headteacher and governing body as appropriate.

All Staff

All staff are responsible for:

- knowing which pupils they teach or supervise have allergies;
- following relevant IHPs and allergy action plans;
- taking reasonable steps to reduce allergen exposure;
- recognising and responding to allergic reactions;
- knowing how to access emergency medication;
- reporting incidents and near misses; and
- ensuring that pupils with allergies are fully included in school life.

Governors

The governing body will provide appropriate oversight and challenge through its normal monitoring arrangements and will ensure that the school has an appropriate allergy safety policy in place.

Parents and Carers

Parents and carers are responsible for:

- providing accurate and up-to-date information about their pupil's allergy;
- providing prescribed medication in date and in accordance with the school's arrangements;
- informing the school promptly of any changes to their pupil's allergy or treatment;
- contributing to the development and review of IHPs; and
- working collaboratively with the school to support safe and inclusive participation.

11. Identification of Pupils with Allergies

Information about allergies will be collected as part of the school's admission and medical-information processes. Allergy information will be shared on a need-to-know basis with staff responsible for teaching, supervising, feeding or caring for the pupil. Appropriate information will also be available to staff covering lessons, educational visits and other activities where required to keep the pupil safe. Information will be managed in accordance with the school's data protection arrangements. UK GDPR should not be treated as a barrier to necessary sharing of health information where this is required to keep pupils safe.

Information will be updated when:

- a pupil joins the school;
- a new allergy is identified;
- medical advice or treatment changes;
- an incident or near miss occurs; or
- an IHP is reviewed.

Allergy information will be considered as part of transition arrangements, including transition between classes and schools. Staff will be informed of relevant allergy information in a proportionate and confidential manner.

12. Individual Healthcare Plans and Allergy Action Plans

Where appropriate, pupils with allergies will have an Individual Healthcare Plan (IHP) developed with parents/carers and, where appropriate, the pupil and relevant health professionals.

The IHP will identify the specific support required, including what needs to be done, when, how and by whom, including arrangements for emergencies, meals, activities, educational visits and access to medication. The IHP is a school document and is not a clinical assessment or medical plan. Relevant allergy or asthma action plans provided by healthcare professionals will be attached or referenced within it.

IHPs will be reviewed at least annually and sooner where there is a significant change in circumstances, following an incident or near miss, or where medical advice changes.

The school will ensure that relevant information is available to staff, including temporary or supply staff who may supervise the pupil.

13. Educational Visits and Activities

Pupils with allergies will be fully included in educational visits, sporting activities, clubs and other school activities wherever reasonably practicable.

Relevant risk assessments will consider:

- known allergens and potential exposure;
- access to prescribed and spare adrenaline;
- supervision;
- food and catering arrangements;
- transport;
- emergency procedures; and
- access to emergency medical assistance.

Trip leaders will ensure that required medication is available before departure and throughout the activity.

Where additional measures are required, these will be agreed with the Allergy Lead and parents/carers in advance.

The school will not require a parent/carer to accompany a pupil solely because they have an allergy unless this is genuinely necessary and supported by an individual risk assessment.

14. Incidents and Near Misses

The school will adopt a no-blame, learning-focused approach to allergy incidents and near misses.

Examples include:

- accidental exposure to an allergen;
- incorrect or unclear food labelling;
- medication not being immediately available;
- failure to follow an IHP; or
- an allergic reaction.

Serious incidents and near misses will be recorded promptly, including incidents reported by pupils, parents/carers or other relevant individuals. They will be reported to the pupil's parents/carers and the governing body, alongside any statutory reporting requirements, and investigated and reviewed to identify lessons and any changes required to practice, policy, risk assessments or individual healthcare arrangements.

15. Wellbeing, Inclusion and Pupil Voice

Allergy management will support pupils' physical safety while also protecting their emotional wellbeing, dignity and sense of belonging.

The school will:

- plan celebrations and shared experiences inclusively;
- avoid unnecessary restrictions on pupils with allergies;
- listen to pupils and take their views into account;
- support pupils who are anxious about their allergy;
- ensure that allergy-related needs do not unnecessarily limit participation; and
- respond promptly to teasing, bullying or stigma associated with allergy or dietary requirements.

Allergy safety education may be incorporated appropriately into PSHE, assemblies and wider health and wellbeing education.

16. Safeguarding and Unacceptable Practice

The school recognises that failure to provide appropriate support for a pupil with a known allergy may place them at risk of harm.

Safeguarding procedures will be followed where there are concerns that a pupil is being neglected or placed at significant risk through repeated failure to provide essential information or medication.

Unacceptable practice includes:

- preventing a pupil from accessing prescribed emergency medication in accordance with their IHP;
- assuming that pupils with the same condition require identical support;
- assuming that older pupils no longer require support;
- ignoring the views of the pupil, parents/carers or relevant health professionals;
- assuming that an allergy is not genuine because diagnosis is incomplete;
- sending a pupil experiencing a suspected emergency away from supervision rather than bringing help to them;
- unnecessarily restricting participation in school activities or educational visits; or
- requiring parents/carers to attend school to provide routine medical support where appropriate arrangements can reasonably be made by the school.

17. Policy Review and Publication

This policy will be:

- reviewed at least annually;
- reviewed following a significant allergy incident or near miss where appropriate;
- updated in response to changes in statutory guidance or relevant medical advice;
- published on the school website; and
- made available in hard copy on request.

Staff will be made aware of its requirements through induction and annual allergy awareness training. Age-appropriate allergy awareness will be promoted through the curriculum, assemblies and school routines where appropriate.

The Headteacher, as Allergy Lead, will oversee implementation and review, with appropriate oversight from the governing body.

Further Information and Guidance

The school's arrangements are informed by:

- Department for Education – Allergy Safety in Schools statutory guidance (2026)
- Children's Wellbeing and Schools Act 2026
- Department for Education – Allergy guidance for schools
- Anaphylaxis UK
- Allergy UK
- Benedict's Law

Management of Policy

Policy Lead: Headteacher / Allergy Lead

Implementation: All staff and relevant volunteers, with catering and wraparound providers as applicable

Governor oversight: Governing Body

Review: Headteacher/Allergy Lead, with governing-body oversight and approval through normal governance arrangements

Reviewed: Summer 2026

Next Review: Summer 2027