



Allergy Safety Policy	
Originated by:	Nadine Fairweather
Reviewed by:	Nadine Fairweather
Review date:	September 2026
Distributed to:	All Staff
Distribution date:	September 2026
Signature of Chair of Governors:	
Next review date	September 2027

1. Statement of Commitment

At Barrow CEVC Primary School, the health, safety and wellbeing of every pupil is a high priority. We are committed to an allergy-aware culture in which pupils with allergies are safeguarded, included and enabled to participate as fully as possible in school life, including trips and extra-curricular activities.

This policy is the school's dedicated allergy safety policy and has been developed with regard to the Department for Education statutory guidance Allergy safety in schools (July 2026). It supports the school in meeting its duties under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.

It should be read alongside the school's Supporting Pupils with Medical Conditions policy, First Aid and Medicines procedures, Behaviour/Anti-Bullying policy, Educational Visits procedures and Data Protection policy. Relevant wider duties include the Equality Act 2010, Health and Safety at Work etc. Act 1974, safeguarding duties and the common law duty of care.

Allergic reactions, including anaphylaxis and acute asthma, can be medical emergencies requiring prompt treatment. If anaphylaxis is suspected, adrenaline must not be delayed.

2. Scope and Definitions

This policy applies whenever pupils are under the care of the school, including during the school day, wraparound care, extra-curricular activities, educational visits and residentials. It also informs arrangements for staff, regular volunteers and visitors where relevant.

Allergy is a medical condition in which the immune system reacts to a normally harmless substance. Allergies may include food allergy, allergic asthma, eczema, allergic rhinitis/hay fever, insect-sting allergy, medicine allergy and reactions to contact or airborne allergens such as latex, pollen or animal dander. Coeliac disease and food intolerance are not allergies, but may also require separate risk-management arrangements.

Anaphylaxis is a potentially fatal allergic reaction affecting the Airway, Breathing or Circulation (ABC). A person may have anaphylaxis without a rash or other mild symptoms.

3. Aims

The school will:

- Maintain a whole-school system for identifying and managing allergy risks.
- Take reasonable steps to minimise exposure to known allergens without creating unnecessary exclusion or anxiety.
- Ensure staff receive regular, at least annual, allergy awareness and emergency-response training.

- Use Individual Healthcare Plans (IHPs) where pupils require arrangements additional to or different from those made generally.
- Ensure pupils prescribed adrenaline devices have rapid access to them and maintain spare adrenaline auto-injectors (AAIs) for emergency use.
- Ensure pupils with allergies can participate safely and fully in school life, including visits and trips.
- Record, report, investigate and learn from serious allergy incidents and near misses.
- Promote pupils' wellbeing and address allergy-related bullying or deliberate exposure to allergens.

4. Responsibilities

Governing Body

The Governing Body will:

- Ensure the school has a dedicated allergy safety policy, reviews it at least annually and publishes it on the school website.
- Have regard to the current Department for Education statutory guidance on allergy safety.
- Monitor implementation, including significant risks, serious incidents and near misses, and ensure sufficient resources are available.
- Ensure allergy-related risks are appropriately reflected in the school's risk-management arrangements.

Headteacher

The Headteacher will:

- Ensure this policy is implemented and understood across the school.
- Appoint a named senior leader as Allergy Lead.
- Ensure appropriate training, emergency arrangements and access to medication are in place.
- Ensure serious incidents and near misses are reviewed and any necessary changes are made.

Allergy Lead

The Allergy Lead will:

- Maintain the allergy register and coordinate IHPs and associated Allergy/Asthma Action Plans.
- Coordinate annual training and induction arrangements for new, supply and cover staff.
- Monitor prescribed and spare medication arrangements, including expiry checks and replacement.
- Liaise with parents/carers, catering staff and healthcare professionals as appropriate.

- Review incidents and near misses and identify learning for practice and policy.

All Staff

All staff present while pupils are scheduled to be on site must:

- Complete required allergy awareness and emergency-response training.
- Know how to access the allergy register, IHPs and relevant Allergy/Asthma Action Plans.
- Know how to recognise allergic reactions, anaphylaxis and acute asthma and how to summon help.
- Know where emergency medication is kept and how to access it quickly.
- Take reasonable steps to prevent exposure to known allergens and report concerns, incidents and near misses.
- Never delay adrenaline where anaphylaxis is suspected; if in doubt, treat as anaphylaxis.

Parents and Carers

Parents/carers are expected to:

- Tell the school promptly about known allergies, triggers, symptoms and changes in medical advice.
- Provide current prescribed medication and relevant Allergy/Asthma Action Plans or other clinical information.
- Ensure prescribed medication is replaced before expiry and notify school of any changes.
- Work with the school in drawing up and reviewing IHPs and risk-management arrangements.

Pupils

Pupils will be supported, in an age-appropriate way, to understand and manage their allergy, avoid sharing food or drinks where relevant, tell an adult if they feel unwell, and carry or know how to access their medication where this is agreed in their IHP.

5. Identification and Allergy Register

The school will seek information about allergies on admission and when pupils transfer into the school, and will update information when families or healthcare professionals notify the school of changes. Where possible, arrangements will be in place for the start of the relevant term or promptly following a new diagnosis or mid-year admission.

A central allergy register will be maintained and will include, as appropriate:

- Pupil photograph and class/year group.
- Known allergens and relevant triggers.

- Nature and severity of the allergy and known symptoms.
- Medication prescribed and where it is kept.
- Whether an IHP and Allergy/Asthma Action Plan is in place.
- Emergency contacts and review dates.

Relevant information will be accessible to staff who need it for safety while being shared proportionately and respectfully in accordance with UK GDPR and the school's data protection arrangements. Health information is special category data and will not be displayed or shared more widely than necessary.

The school will also consider how known allergies affecting staff, regular volunteers and relevant visitors should be identified and safely managed.

6. Individual Healthcare Plans (IHPs)

A pupil should have an IHP for allergy where the allergy has a functional impact in school, places the pupil at risk of harm, and requires arrangements that are additional to or different from those made generally. This includes pupils who require medication, flexibility, reasonable adjustments or specific emergency arrangements.

The IHP will be developed collaboratively with the pupil where appropriate, parents/carers and relevant healthcare professionals, and will normally include:

- Known allergens, triggers and symptoms.
- Preventive measures and reasonable adjustments.
- Medication, dosage, access and administration arrangements.
- Emergency procedures and who will do what.
- Arrangements for meals, curriculum activities, wraparound care, clubs, visits and trips where relevant.
- Emergency contacts and review arrangements.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be attached to or explicitly referenced in the IHP. The school will follow clinical instructions in those plans and will not substitute its own clinical judgement.

IHPs will be reviewed at least annually and sooner following a reaction, serious incident or near miss, a change in medical advice or medication, or a significant change in school arrangements.

7. Minimising Exposure to Known Allergens

The school will take reasonable, proportionate steps to minimise known allergy risks. Measures will be based on the needs of individual pupils and the school environment rather than assumptions that all allergy risk can be eliminated.

- Promoting effective handwashing and appropriate cleaning of surfaces and eating areas.
- Discouraging food and drink sharing where this could create risk.
- Supervising meals and ensuring staff know which pupils have relevant food allergies.
- Considering allergens in food brought into school as well as food supplied by the school.
- Risk assessing activities involving food, cooking, science, craft materials, musical activities, animals, plants, latex or other contact/airborne allergens.
- Considering allergies when planning celebrations, rewards, fundraising, clubs and visitors.
- Putting individual risk assessments in place for visits and other activities where required.

The school cannot guarantee an allergen-free environment. Blanket bans on particular foods will not normally be used because they can create a false sense of security; a restriction may be introduced where a specific, documented risk assessment identifies it as a reasonable and proportionate control measure.

8. Food and Catering

The school will work with its catering provider to meet applicable food-allergen requirements and to provide clear allergen information for food supplied. Catering arrangements will include procedures to reduce the risk of cross-contact and to ensure staff preparing or serving food have the information they need.

Parents will be informed in advance where planned curriculum or enrichment activities involve food when this is relevant to pupil safety. Reasonable adjustments will be made so pupils with allergies can participate without avoidable exclusion.

9. Prescribed Adrenaline and Other Emergency Medication

Pupils prescribed adrenaline devices must have rapid access to them at all times, including in classrooms, dining areas, playgrounds, sports areas and on visits. Clinical advice is that people at risk of anaphylaxis should have two prescribed adrenaline devices available.

Where a pupil is able and it is appropriate, they will be encouraged to keep their prescribed adrenaline devices with them, including for journeys to and from school. Where this is not appropriate, devices will be kept in class medical bags, which are stored in a readily accessible location and close enough to be brought to the pupil within five minutes.

A copy of the pupil's Allergy Action Plan should be kept with or readily accessible alongside their emergency medication. Medication expiry dates will be monitored and parents/carers reminded to provide replacements.

10. Spare Adrenaline Auto-Injectors (AAIs)

The school will maintain spare AAIs for emergency use in accordance with current statutory guidance and applicable medicines regulations. Spare AAIs will supplement, not replace, a pupil's own prescribed devices.

- Spare AAIs will be stored in clearly labelled emergency anaphylaxis kit(s), in pairs, in unlocked and readily accessible locations known to staff. (medical cupboard in the main office.)
- Arrangements will ensure that adrenaline can be brought to any pupil experiencing anaphylaxis as soon as possible and within five minutes.
- The Allergy Lead or delegated member of staff will check the kits regularly, including device type/dose, integrity and expiry date, and will arrange prompt replacement after use or before expiry.
- Used AAIs will be handed to ambulance staff where possible or disposed of safely as sharps in accordance with local arrangements.
- Spare AAIs may be used in an emergency where anaphylaxis is suspected and the pupil's own device is unavailable, inaccessible, expired or has misfired, in line with current legal and clinical guidance.

In a life-threatening emergency, staff and other persons may take reasonable action to save life. Treatment must not be delayed while seeking parental confirmation. Parents/carers must be contacted as soon as practicable after emergency action has begun.

11. Staff Training and Induction

All staff present while pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes teaching and support staff, office staff, lunchtime staff, catering staff, wraparound staff, temporary and supply staff, peripatetic staff, agency workers and regular volunteers with pupil-facing responsibilities.

Training will include:

- The range of allergic conditions and the difference between allergy, coeliac disease and food intolerance.
- How allergic reactions can occur and how to reduce exposure to known allergens.
- Recognition of mild/moderate allergic reactions, anaphylaxis and acute asthma.
- How to locate and use prescribed and spare emergency medication, including practical instruction in the use of AAIs.

- Calling emergency services and contacting parents/carers.
- Using IHPs and Allergy/Asthma Action Plans.
- The impact of allergy on wellbeing and the school's approach to inclusion and bullying.
- How to report allergic reactions, serious incidents and near misses.

First-aid training alone is not treated as sufficient allergy awareness training. Training records will be maintained. New staff will receive allergy-safety information as part of induction, and supply/cover staff will be given the essential information they need before taking responsibility for pupils.

12. Wellbeing, Inclusion and Bullying

The school recognises that living with allergy, particularly the possibility of anaphylaxis, can cause anxiety and may affect participation, eating, friendships and school attendance. Staff will listen to pupils and families and make reasonable adjustments so pupils can participate as fully as possible without being unnecessarily singled out.

Allergy-related bullying, teasing, threats or deliberate exposure to a known allergen will be taken seriously and addressed under the school's Behaviour and Anti-Bullying procedures. Age-appropriate allergy awareness will be promoted among pupils while protecting individual pupils' dignity and privacy.

13. Educational Visits, Residential and Extra-Curricular Activities

Pupils with allergies will be enabled to participate in visits, residential and extra-curricular activities unless there is an unavoidable and significant risk that cannot reasonably be managed.

Before relevant visits or activities, staff will review the pupil's IHP and Action Plan, complete an individual allergy risk assessment where required, consider food and environmental exposures, ensure emergency medication is immediately available and ensure staff know how to respond. Pupils at risk of anaphylaxis must have access to their prescribed adrenaline devices and trained staff will accompany them as required.

14. Recognising Allergic Reactions

Mild to Moderate Symptoms

- Swelling of lips, face or eyes.
- Itchy/tingling mouth or mild throat tightness.
- Hives or itchy skin rash.
- Abdominal pain or vomiting.
- Runny nose, sneezing or watery/itchy eyes.

- Sudden change in behaviour.

Mild reactions can worsen. Follow the pupil's Allergy Action Plan, do not leave the pupil unattended, inform parents/carers and continue observation in accordance with the plan and current guidance.

Signs of Anaphylaxis - Airway, Breathing, Circulation (ABC)

- Airway: swelling in the throat, tongue or upper airway; throat tightness; hoarse voice; difficulty swallowing.
- Breathing: sudden wheeze, difficulty breathing, persistent cough or noisy breathing.
- Circulation: dizziness, faintness, sudden sleepiness, confusion, pale/clammy appearance, collapse or loss of consciousness.

If there is any doubt whether a reaction is anaphylaxis, treat it as anaphylaxis. A skin rash does not have to be present.

15. Emergency Procedure for Suspected Anaphylaxis

If anaphylaxis is suspected:

1. Give adrenaline immediately using the pupil's prescribed device or, if this is not available, an appropriate spare AAI. Follow the individual Allergy Action Plan where available.
2. Call 999 immediately and state "anaphylaxis". Send another adult to bring the second/spare adrenaline device and emergency information if necessary.
3. Do not allow the pupil to stand or walk. Bring help and medication to the pupil. Keep the pupil in the position recommended by their Action Plan and emergency operator; if breathing is difficult, they may need to sit up, while a faint/collapsed pupil should generally remain lying down.
4. Stay with and continuously monitor the pupil. Do not send them to the office or medical room unaccompanied.
5. Give a further dose of adrenaline if there is no improvement after 5 minutes, using a second device.
6. If the pupil also has asthma and remains wheezy, follow their Action Plan; a reliever inhaler must never be used instead of adrenaline to treat anaphylaxis.
7. Contact parents/carers as soon as possible after emergency treatment and the ambulance call have been initiated.
8. Give used devices and relevant plans/information to ambulance staff and record the incident.

Adrenaline should never be delayed while waiting for confirmation of diagnosis or parental contact. Emergency services must always be called for suspected anaphylaxis.

16. Serious Incidents, Near Misses and Learning

The school will record, report and respond to serious allergy incidents and near misses. A near miss includes an event that could reasonably have resulted in harm but did not, for example an allergen being served but identified before consumption, or emergency medication being unavailable when it should have been present.

Following a serious incident or near miss, the school will:

- Ensure parents/carers are informed and enable pupils, parents/carers or healthcare professionals to report incidents that become apparent after the pupil has left school.
- Record the facts, response and outcome, and complete any required local authority, RIDDOR, food-safety, safeguarding or other statutory reporting as applicable.
- Investigate what happened and identify contributory factors and lessons learned.
- Review relevant risk assessments, the pupil's IHP/Action Plan, medication arrangements, training and this policy where necessary.
- Report serious incidents and significant near misses to the Governing Body in an appropriate, confidential manner and monitor actions to completion.
- Provide appropriate wellbeing support following a serious incident.

17. Information Sharing and Communication

Information about a pupil's allergy will be shared with staff on a need-to-know basis so that the pupil can be kept safe and included. Temporary, supply, wraparound, catering and trip staff will receive the information relevant to the pupils in their care.

This policy will be published on the school website, made available in hard copy on request, and brought to the attention of staff, pupils and parents/carers at least annually. All staff will be reminded of it through annual training. Pupil awareness will be age appropriate and, where individual pupils are discussed, will be planned sensitively with them and their parents/carers.

18. Review and Monitoring

The Governing Body will review this policy at least annually. It will also be reviewed sooner where a serious incident, near miss, change in statutory guidance, change in medical practice or other significant event indicates that amendment may be required.

The school will use incident records, near-miss reports, training records, medication checks, feedback from pupils and families, and relevant risk assessments to evaluate whether arrangements remain effective.

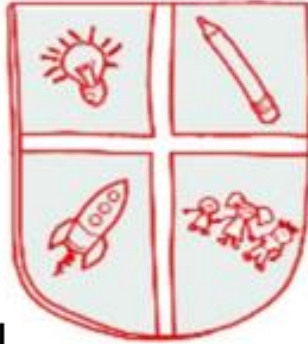


**Barrow CEVC
Primary School**
Inspire, Create, Discover, Together

Appendix 2 - Individual Healthcare Plan



Barrow CEVC
Primary School
Inspire, Create, Discover, Together



My Health Care Plan

Name:

Year Group:



Barrow CEVC Primary Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Nadine Fairweather/Jo Woodland

Nadine Fairweather/Jo Woodland



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Arrangements for school visits/trips etc

--

Other information

--

Describe what constitutes an emergency, and the action to take if this occurs

--



Plan developed with

Nadine Fairweather

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

To be completed by school

Staff training needed/undertaken – who, what, when

--

Form copied to

--



Appendix 4

MEDICAL EMERGENCY PROCEDURES

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

Your telephone number	01284 810223
Your name	
Your location – school / setting address	Barrow CEVC Primary School Colethorpe Lane Barrow Suffolk



State the postcode <i>(please note that postcodes for satellite navigation systems may differ from the postal code)</i>	IP29 5AU
Provide the exact location of the patient within the school setting	
Provide the name of the patient and a brief description of their symptoms	
Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient	