Allergy safety policy

Greenmount Primary School

Approved by: **Samantha Taylor**		**Date:** 29.09.2026
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1. Aims

This policy sets out the school's approach to allergy safety. It aims to reduce the risk of exposure to known allergens; ensure clear emergency arrangements; support pupils with allergies to be safe, healthy and fully included; maintain allergy awareness and staff training; and promote effective partnership with parents/carers and relevant healthcare professionals.

2. Legislation and guidance

This policy has regard to the Department for Education's statutory guidance on Allergy safety in schools and Supporting pupils with medical conditions at school, and relevant guidance on emergency adrenaline devices. It also reflects relevant requirements under the Children and Families Act 2014 (as amended), the Children's Wellbeing and Schools Act 2026, the Human Medicines Regulations 2012 (as amended), the Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019.

3. Roles and responsibilities

3.1 The governing board

The governing board retains overall responsibility for allergy safety. It will ensure that allergy risks are managed, this policy is reviewed annually, appropriate staff training is provided and effective emergency arrangements are in place. Day-to-day implementation is delegated to the Allergy Safety Lead.

3.2 Allergy Safety Lead

The nominated Allergy Safety Lead is Samantha Taylor. She is responsible for coordinating implementation and review of this policy; maintaining allergy awareness; ensuring relevant allergy information, IHPs and action plans are up to date and accessible; coordinating staff training and risk-management arrangements; and reviewing serious incidents and near misses.

3.3 Headteacher

The headteacher retains overall responsibility for Individual Healthcare Plans (IHPs), supports implementation of this policy and ensures appropriate staffing and reasonable adjustments are in place. Where agreement cannot be reached about whether an IHP is required, the headteacher will make the final decision.

3.4 Designated staff responsible for spare ADs

Samantha Taylor and Tammy Carlile are responsible for the school's spare adrenaline devices (ADs), including monthly checks, records, safe storage and arranging replacement before expiry or following use.

3.5 Teaching and support staff

Staff must complete appropriate allergy training, be aware of pupils with allergies in their care, follow relevant IHPs and action plans, reduce known exposure risks, know where emergency medication is stored, follow the emergency procedure and report allergy incidents or near misses.

3.6 Parents/carers

Parents/carers must provide up-to-date information about their child's allergies and medication, supply current action plans and prescribed medication where applicable, replace medication before expiry, and inform the school promptly of any changes. They will work with the school and healthcare professionals on an IHP where required.

3.7 Pupils

Pupils with allergies will be supported to develop age-appropriate awareness of their allergens, avoid known triggers and tell an adult immediately if they feel unwell. Pupils are not routinely expected to carry or administer their own ADs. Other pupils will be encouraged to follow allergy-safety rules, show respect and alert an adult if a peer appears unwell.

4. Identifying individuals at risk

Allergic reactions can range from mild symptoms to anaphylaxis, a severe and potentially life-threatening reaction. Allergies may include food, airborne, skin, insect-sting, medication and animal allergies.

4.1 Identifying pupils at risk

Parents/carers of new starters will be asked for medical information before their child starts school. New diagnoses or changes must be reported promptly. Allergy information will be reviewed annually, recorded securely and shared with relevant staff where necessary.

4.2 Identifying staff and visitors at risk

Staff and visitors should inform the school of any allergy that may require consideration. Relevant information will be shared appropriately and confidentially, and reasonable precautions will be taken where required. Staff and visitors remain responsible for carrying their own prescribed emergency medication.

4.3 Individual Healthcare Plans (IHPs)

A pupil should have an IHP where their allergy has a functional impact at school, places them at risk of harm, and requires arrangements that are additional to or different from those made generally. A formal diagnosis is not essential. Not every pupil with an allergy will require an IHP.

The headteacher retains overall responsibility for IHPs. Samantha Taylor and Tammy Carlile coordinate their development and review with the pupil where appropriate, parents/carers, relevant staff and healthcare professionals. The school will aim to put appropriate arrangements in place within two weeks, or by the start of term for a new pupil, with interim measures where necessary.

IHPs will be reviewed at least annually and sooner following relevant changes, incidents or near misses. Where agreement cannot be reached about whether an IHP is required, the headteacher will make the final decision.

4.4 Allergy and Asthma Action Plans

Parents/carers will be asked to provide an up-to-date healthcare-professional action plan for pupils with relevant food, insect-sting or asthma needs. Plans will set out symptoms, medication and emergency action, will be accessible to relevant staff and, where applicable, form part of the pupil's IHP.

4.5 Register of Pupils with Known Allergies

The school maintains an up-to-date allergy register including pupils' photographs, known allergens and essential emergency information. A register is available in the dining hall and relevant information is accessible in each classroom. At lunchtime, pupils with identified allergies wear a yellow allergy lanyard as an additional visual prompt.

These arrangements supplement, rather than replace, IHPs, action plans and emergency procedures. Allergy information will be handled in accordance with the school's data-protection procedures.

5. Assessing risk

The school will take a proportionate, risk-based approach where an activity or change could expose a pupil to a known allergen. Relevant IHPs and action plans will be considered and appropriate controls put in place.

This may include activities involving food, animals, science, art or sensory materials, outdoor learning, celebrations, extended-school provision and educational visits. Where required, staff will complete an allergy-specific risk assessment, ensure emergency medication is accessible and review arrangements following changes, incidents or near misses.

6. Minimising risk

6.1 Hygiene and food procedures

Pupils use their own named water bottles and lunchboxes and must not share food, drinks, containers or utensils. Appropriate cleaning and food-handling procedures are used to reduce cross-contamination.

For pupils with identified food allergies, school meals and desserts are prepared and identified separately; meals are wrapped and labelled with the pupil's name and class. Yellow allergy lanyards provide an additional lunchtime prompt. On educational visits, school-provided allergy packed lunches are supplied in clearly named white bags, with standard lunches in brown bags.

Staff will consider known allergies when food is used in classroom activities or brought into school and will follow any relevant IHP, action plan or risk assessment.

6.2 Catering

Catering staff receive appropriate allergen training and are made aware of identified food allergies. The school works with its catering provider to meet food-allergen requirements, check ingredient information and minimise cross-contamination. If the suitability of food is uncertain, it will not be given to the pupil until confirmed.

6.3 Insect stings

Reasonable precautions will be taken to reduce insect-sting risk. Pupils will be encouraged not to disturb stinging insects and staff will consider increased risks during outdoor activities. For pupils with a known sting allergy, relevant action plans will be followed and emergency medication kept readily accessible.

6.4 Animals

Known animal allergies will be considered before activities involving animals. Where necessary, reasonable adjustments and a risk assessment will be put in place. Pupils will wash their hands after direct animal contact and relevant areas will be cleaned. Pupils will not automatically be excluded; an alternative activity will be provided only where safe participation cannot be achieved.

6.5 Visits and trips

Pupils will not be excluded from visits solely because of an allergy. Trip planning will consider known allergies, relevant IHPs/action plans, food arrangements and any necessary risk assessment. Prescribed emergency medication must accompany the pupil and remain readily accessible to the responsible member of staff. Staff will liaise with parents/carers and venues where necessary. AD arrangements are set out in section 8.6.

7. Procedures for Handling an Allergic Reaction

All staff are trained to recognise the signs and symptoms of an allergic reaction, including anaphylaxis, and to respond appropriately. All staff are trained in the administration of adrenaline devices (ADs) so that adrenaline can be administered without unnecessary delay in an emergency.

Where a pupil has an allergy action plan and/or Individual Healthcare Plan (IHP), staff will follow the emergency procedures set out in that plan.

7.1 Mild or Moderate Allergic Reaction

If a pupil develops symptoms of a mild or moderate allergic reaction, staff will:

- Remain with the pupil and seek assistance where required.
- Follow the pupil's allergy action plan and administer any medication specified in the plan.
- Monitor the pupil closely for any change or worsening of symptoms.
- Ensure that the pupil's prescribed ADs are readily available in case symptoms progress.
- Contact the pupil's parents/carers in accordance with the pupil's individual arrangements.

The pupil will be observed in a safe place for at least 60 minutes following a mild or moderate reaction. If symptoms worsen or there are signs or symptoms of anaphylaxis, staff will follow the emergency procedure below immediately.

7.2 Suspected Anaphylaxis – School Emergency Procedure

Anaphylaxis is a medical emergency. If signs or symptoms of anaphylaxis are observed or anaphylaxis is suspected, staff must act immediately.

The school's emergency procedure is:

1. **Raise the alarm**. The member of staff will immediately use the school radio and state: “Paediatric first aid allergy – [class name].”
2. **Respond with the AD.** A paediatric first aider will respond immediately, taking an appropriate AD with them. They will be accompanied by a member of the administration team or Senior Leadership Team (SLT).
3. **Administer adrenaline where required**. The paediatric first aider will assess the pupil's signs and symptoms and follow the pupil's allergy action plan. Where anaphylaxis is suspected, adrenaline will be administered without delay. As all staff are trained to administer ADs, any member of staff who is with the pupil may administer adrenaline where required. Staff must not wait for the paediatric first aider to arrive if doing so would delay necessary emergency treatment.
4. **Move other pupils to a safe space**. Where appropriate, the teacher or teaching assistant will calmly move the remainder of the class or group to a separate safe space. The pupil experiencing the reaction will not be moved unnecessarily.
5. **Call 999.** The member of the administration team or SLT who accompanied the paediatric first aider will call 999, state that anaphylaxis is suspected and follow the instructions given by the emergency call handler. Calling 999 must not be delayed while waiting to see whether the pupil improves following adrenaline.
6. **Contact the pupil's emergency contact**. The accompanying member of staff, or another nominated member of staff where necessary, will contact the pupil's parent/carer or other emergency contact. This must not delay the administration of adrenaline or the call to 999.
7. **Remain with the pupil**. The paediatric first aider, or another appropriately trained member of staff, will remain with and continuously monitor the pupil until the ambulance service arrives and responsibility for the pupil's care is transferred to the paramedics.
8. **Further treatment.** If there is no improvement after 5 minutes, a further dose of adrenaline will be administered where available, in accordance with the pupil's allergy action plan and the instructions of the emergency services.

Throughout the emergency, the pupil should be positioned appropriately and should not be allowed to stand or walk. Staff will follow the pupil's allergy action plan and emergency first-aid guidance regarding positioning.

7.3 Following an Allergic Emergency

The incident will be recorded and reported to the Allergy Safety Lead in accordance with section 9. Any used AD will be dealt with safely and replacement medication obtained as required.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Parents/carers will provide the pupil's prescribed ADs for use in school, including two in-date devices where prescribed. School-held prescribed devices remain in school and pupils are not routinely expected to carry or administer them during the school day. Parents/carers are responsible for ensuring that the pupil has appropriate access to their prescribed adrenaline when travelling to and from school, in line with the pupil's clinical advice.

Prescribed ADs are clearly identified and stored in an accessible, unlocked cupboard marked with the first aid symbol, in accordance with manufacturer instructions. A current allergy action plan is kept with, or immediately accessible alongside, the medication. Pupils remain within five minutes of their prescribed ADs while on the school site.

Tammy Carlile monitors expiry dates. Parents/carers will be asked to provide replacements before expiry or following use.

8.2 Spare ADs

The school holds two EpiPen Jr 0.15 mg (150 microgram) devices and two EpiPen 0.3 mg (300 microgram) devices, sourced through a local pharmacy. Tammy Carlile oversees purchasing and replacement.

Spare ADs are kept in pairs in a clearly identified closed box in the cupboard at the back of the school office, separate from pupils' prescribed devices and accessible to staff without unnecessary delay. Samantha Taylor and Tammy Carlile ensure monthly checks are recorded and replacements arranged as required.

8.3 Emergency inhaler

The school maintains an emergency reliever inhaler and spacer, stored in an unlocked and readily accessible cupboard in the school office. Tammy Carlile is responsible for checking the inhaler, monitoring expiry dates and arranging replacement supplies as required. The emergency inhaler will be used in accordance with current guidance and the school's procedures for supporting pupils with asthma.

8.4 Disposal

ADs are single-use. Used devices will be handled in accordance with manufacturer and healthcare-professional instructions and, where appropriate, passed to the ambulance crew for disposal. Expired or unusable devices will not be placed in general waste.

8.5 Use of spare ADs without prior consent

The school will normally obtain appropriate authorisation and advance consent for a pupil known to be at risk of anaphylaxis. In an exceptional emergency involving suspected anaphylaxis, a school-held spare AD may be administered to save life where prior consent or authorisation is not in place. Staff will follow the emergency procedure in section 7.2 and record any use.

8.6 Use of ADs off school premises

A pupil's prescribed ADs will accompany them on trips and off-site activities and be carried by the member of staff responsible for their group. If responsibility changes, the devices must be handed directly to the new responsible adult. The school's spare ADs will normally remain on the school premises and will not routinely be taken off site.

Before departure, the trip leader will ensure prescribed ADs and relevant emergency information are present and that accompanying staff know which pupils have allergies and who is carrying their medication.

9. Serious incidents and near misses

A serious incident is an allergy-related event causing harm or immediate significant risk of harm. A near miss is an event that caused no harm but had clear potential to do so.

9.1 Recording and reporting

Serious incidents and near misses will be recorded as soon as reasonably practicable using the school's allergy incident/near-miss form. The record will include what happened, who was affected, the response, any medication or emergency-service involvement, the outcome and any immediate action taken.

Parents/carers will be informed as soon as reasonably practicable. Records will be passed to Samantha Taylor, Allergy Safety Lead, who will consider lessons learned and any changes required to IHPs, action plans, risk assessments, training or school procedures. Relevant learning will be shared with staff, and the governing body will receive appropriate reports on serious incidents and near misses.

Parents/carers should inform the school of delayed reactions occurring after the pupil has left school. Where required, incidents will be reported to the appropriate external body or healthcare professional.

10. Allergy awareness

10.1 Staff training

All staff who are present when pupils are on site will receive allergy awareness training at least annually. All staff completed Benedict's Law allergy awareness training in September 2026; this will be repeated annually. New permanent staff will complete appropriate training as part of induction.

Training covers allergy awareness; recognising and responding to allergic reactions, anaphylaxis and acute asthma; administering ADs; locating emergency medication; following IHPs and allergy/asthma action plans; reducing exposure risks; supporting wellbeing; and reporting incidents or near misses. Training devices are available for practice.

Long-term supply staff will be asked for evidence of relevant current training and will complete the school's training if necessary. All supply, temporary and cover staff will receive essential allergy and emergency information before taking responsibility for pupils.

10.2 Awareness of this policy

This policy will be published on the school website, made available in hard copy on request, and brought to the attention of pupils, parents/carers and all people who work at the school at least annually. Staff awareness and understanding of the policy will form part of annual allergy training.

11. Wellbeing

The school recognises that allergies may affect some pupils' emotional wellbeing. Where a need is identified, appropriate support may include pastoral support, check-ins with a trusted adult and reassurance about the school's allergy-safety arrangements.

Bullying, teasing or deliberate behaviour relating to a pupil's allergy will be addressed in accordance with the school's Behaviour Policy and anti-bullying procedures. Following an incident or near miss, appropriate support will be considered for those affected where required.

12. Information sharing

Information about an individual's health is special category data under UK GDPR. Relevant allergy information will be shared only with staff and others who need it to keep the pupil safe and included, and will be handled in accordance with the school's Data Protection Policy.

13. Monitoring arrangements

This policy will be monitored by the Allergy Safety Lead and reviewed at least annually, or sooner where a serious incident, near miss or significant change identifies a need. Reviews will take account of relevant incidents and feedback from people affected by allergy. The governing board retains overall responsibility for approval and oversight.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy