Allergy Safety Policy

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Developing the roots to grow and wings to fly

1. Purpose and Aims

Chadsmead Primary Academy is committed to keeping pupils with allergies safe, included and able to participate fully in school life. This policy sets out the school's arrangements for identifying and reducing allergy-related risks, supporting individual pupils and responding effectively to allergic reactions and anaphylaxis.

This policy has been written with regard to the Department for Education statutory guidance Allergy safety in schools (July 2026) and sits alongside the school's Supporting Children with Medical Conditions Policy and relevant CAT policies.

- Identify pupils with allergies and put appropriate arrangements in place.
- Reduce the risk of exposure to known allergens.
- Ensure staff understand how to recognise and respond to allergic reactions and anaphylaxis.
- Ensure pupils at risk of anaphylaxis can access prescribed adrenaline devices and that school-held spare AAIs are available.
- Support pupils with allergies to participate fully and safely in school life; and
- Record and learn from serious allergy-related incidents and significant near misses.

2. Scope

This policy covers allergies that may require support or adjustments in school, including food allergy, insect venom allergy, medication allergy, latex/contact allergy and airborne or environmental allergies. Asthma may co-exist with allergy and will be considered where relevant to a pupil's allergy management.

Food intolerance and coeliac disease are not allergies and do not cause anaphylaxis. They will be supported through the school's wider medical conditions and food provision arrangements.

3. Roles and Responsibilities

3.1 School Standards Committee / Trust

The Trust and School Standards Committee (SSC) provide governance oversight and assurance that appropriate allergy safety arrangements are in place. Allergy-related risks will be considered within the school's risk management arrangements. Serious allergy-related incidents and significant near misses will be reported to the Trust so that lessons and any required actions can be considered.

3.2 Headteacher / Named Senior Leader

The Headteacher is the named senior leader with responsibility for allergy safety and implementation of this policy. The Headteacher will ensure that:

- The school maintains appropriate information about pupils with allergies.
- Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) are in places where required and are accessible to relevant staff.
- Allergy awareness and emergency response training is provided and recorded.
- Prescribed and school-held spare adrenaline devices are stored, checked and accessible.
- Allergy risks are considered in school activities, food provision, and educational visits; and
- Incidents and significant near misses are reviewed and any necessary improvements are made.

Administrative tasks may be delegated to appropriate staff, including the Bursar, while overall responsibility remains with the Headteacher.

3.3 All Staff

All staff have a role in allergy safety. Staff must know which pupils in their care have allergies, know how to access relevant plans and emergency medication, recognise signs of an allergic reaction and anaphylaxis, follow emergency procedures without delay, and report concerns or incidents through the school's established procedures.

3.4 Parents and Carers

Parents/carers should provide the school with accurate and up-to-date information about their child's allergy, prescribed medication and any clinical plans; provide replacement medication when required; and inform the school promptly of any change in diagnosis, treatment or emergency arrangements.

3.5 Pupils

Pupils will be encouraged, in an age-appropriate way, to understand their allergy, avoid known allergens, tell an adult immediately if they feel unwell or are worried, and take increasing responsibility for their own medication and safety where appropriate.

4. Identifying and Supporting Pupils with Allergies

Allergy information will be requested when pupils join the school and updated when new information is received. The school will maintain a central allergy record identifying known allergens, relevant medication and whether pupils have an IHP and/or Allergy Action Plan. Relevant staff will be informed of the needs of pupils in their care.

Where the school becomes aware of a new or suspected allergy, interim arrangements will be put in place where necessary while further information is sought. Allergy information will be transferred appropriately when a pupil moves class, phase or school.

The school will also identify members of staff with allergy through the induction process, and will ask visitors about known allergy in advance where they are likely to be served food on site.

5. Individual Healthcare Plans and Allergy Action 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 and requires arrangements that are additional to or different from those generally available. This includes pupils who require specific reasonable adjustments or allergy medication, including emergency medication.

IHPs will be developed with the pupil and parents/carers, taking account of relevant clinical advice. They will record the pupil's allergens, medication and emergency arrangements, risk-reduction measures, level of self-management, arrangements for activities and visits, and who needs access to the information, the potential impact of the allergy on the pupil's education and wellbeing, and how educational progress will be maintained where absence or missed learning occurs due to allergy. IHPs will be reviewed at least annually and sooner if needs or arrangements change.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be attached to and form part of the pupil's IHP. The format of these plans is a clinical decision for the issuing healthcare professional; Chadsmead Primary Academy will accept any current, signed plan they provide, and recognises the BSACI Paediatric Allergy Action Plan as its preferred format where families are asking a prescriber which to request.

For pupils at risk of anaphylaxis: a current IHP and clinical Allergy Action Plan should be in place, with ready access to prescribed adrenaline devices.

6. Allergy Awareness and Staff Training

All staff who are present when pupils are on site will receive allergy awareness and emergency response training at least annually. This includes relevant permanent, temporary, catering and club staff. New staff will receive appropriate information and training as part of induction, and arrangements will be made for supply and cover staff.

Training will cover the recognition of allergic reactions and anaphylaxis, emergency response, how to locate and use adrenaline devices, relevant acute asthma response, risk reduction, use of individual plans and the school's reporting procedures. First-aid training alone is not treated as sufficient allergy awareness training. Training will also cover the distinction between food allergy, coeliac disease and food intolerance, and how staff can check whether a pupil is on the school's allergy record.

Where a pupil requires individual clinical support beyond whole-school allergy awareness, any additional training or competency requirements will be arranged as appropriate.

7. Reducing the Risk of Allergen Exposure

The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens. Measures will reflect the individual, activity and level of risk rather than relying on blanket allergen bans. This includes risks arising from food provided by school or brought in by others, and from airborne or contact allergens where relevant.

- Relevant allergy information is available to staff who need it.
- Pupils are discouraged from sharing or swapping food.
- Appropriate handwashing and cleaning arrangements are promoted around food.
- Allergy risks are considered when planning activities, including cooking or food tasting, craft, science, music, activities involving animals, celebrations, and events.
- Reasonable adjustments are made where environmental, animal, latex or seasonal allergens present a known risk; and
- Specific controls are recorded in the pupil's IHP and/or relevant risk assessment where needed.

Chadsmead Primary Academy operates an **allergy-aware** environment rather than a "nut-free" policy. Blanket bans on named allergens can create a false sense of security, since precautionary "may contain" labelling and hidden ingredients mean risk cannot be removed entirely by banning one food. Certain foods (including nuts) may still be discouraged for specific activities or areas where a pupil's known allergy requires it, but the school's primary safeguard is active allergen awareness, robust routines and a swift emergency response, not the assumption that any single food has been eliminated from the site.

8. Food and Catering

School food provision will comply with relevant food safety and allergen requirements. This includes compliance with the Food Information Regulations 2014, which require the school and its catering provider to give clear information on the 14 regulated food allergens present in food served, and, where applicable, compliance with pre-packed for direct sale (PPDS) labelling requirements under the Food Information (Amendment) (England) Regulations 2019 ("Natasha's Law"). The school and catering provider will maintain clear arrangements for identifying pupils with food allergies, providing suitable meals, managing cross-contamination risks and ensuring relevant allergen information is available to catering and supervising staff.

Individual dietary requirements, including any advice about precautionary allergen labelling such as 'may contain', will be managed in accordance with the pupil's healthcare arrangements and information provided by parents/carers and healthcare professionals. Food brought into school by pupils, parents/carers or staff will be managed in line with school arrangements to reduce known allergen risks. Parents/carers remain responsible for the safety of food they provide from home for their own child.

9. Medicines and Adrenaline Auto-Injectors (AAIs)

9.1 Prescribed Medication

Allergy medication will be managed in line with the school's Supporting Children with Medical Conditions Policy. Emergency medication must be readily accessible. Arrangements will aim to ensure that a pupil experiencing anaphylaxis can receive adrenaline as soon as possible and within five minutes, including in dining areas, playgrounds, sports areas and on visits.

Pupils prescribed adrenaline should have access to both prescribed devices. Storage and, where appropriate, arrangements for pupils/parents to take devices home will be agreed through the pupil's IHP. The school will keep a record of pupils provided with prescribed AAIs and Allergy Action Plans and will monitor expiry information, with parents/carers responsible for providing in-date prescribed devices. Where appropriate, pupils may carry their own medication.

9.2 School-Held Spare AAIs

Chadsmead Primary Academy holds school-purchased spare AAIs for emergency use in accordance with current legislation and government guidance. Spare devices will be managed so that adrenaline can be brought to a person experiencing suspected anaphylaxis as soon as possible and within five minutes.

- Spare AAIs are clearly labelled and kept in a clearly signposted, unlocked and readily accessible location in the Medical Room.

- The Headteacher/Bursar will ensure spare devices are checked regularly, including expiry dates, and replaced promptly when used or approaching expiry; expired or used devices will be disposed of safely.
- The school will hold an appropriate range of devices/doses having regard to the pupils on roll and current guidance.
- Spare AAIs are stocked and stored in pairs: one pair of the lower (150 microgram) dose for pupils under 6, and one pair of the higher (300 microgram) dose for pupils aged 6 and over, in line with DfE guidance for primary schools.
- A pupil's own prescribed adrenaline device should be used first where it is immediately available and suitable. A school-held spare may be used where appropriate in an emergency, including where the prescribed device is unavailable or fails, or where a person with no previous diagnosis develops suspected anaphylaxis.
- Lack of prior parental consent must not delay life-saving emergency treatment. Staff will act in line with current government guidance and call 999.

9.3 Spare Asthma Reliever Inhalers

Chadsmead Primary Academy holds an emergency salbutamol reliever inhaler and spacer, for use where a pupil already prescribed a reliever inhaler cannot access their own device. This spare inhaler is stored alongside the school's spare adrenaline devices. It may only be used for a pupil with a known asthma diagnosis and existing prescription, where written parental consent has been given, and must never be used in place of adrenaline to treat suspected anaphylaxis. Where a pupil is wheezy as part of an allergic reaction, adrenaline is given first, followed by a reliever inhaler via spacer if prescribed. Spare inhalers and spacers are checked regularly, including for expiry, and replaced promptly when used or approaching expiry.

10. Recognising and Responding to Allergic Reactions

Allergic reactions can be unpredictable and may worsen rapidly. Staff must take concerns seriously, stay with the pupil and follow the pupil's Allergy Action Plan where one is available.

10.1 Mild to Moderate Reaction

For a mild or moderate reaction, staff will remove the allergen where this can be done safely, give prescribed medication in accordance with the pupil's plan, monitor the pupil closely for at least 60 minutes and seek further help if symptoms worsen. Parents/carers will be informed as appropriate.

10.2 Suspected Anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY. If anaphylaxis is suspected, adrenaline must be administered without delay and 999 called immediately. Do not wait for symptoms to worsen or for parental consent.

- Keep the pupil where they are and send for the adrenaline device; do not make them walk to the office or medical room.
- Lay the pupil flat with legs raised. If breathing is difficult, they may sit with legs extended. Do not allow them to stand or walk.
- Administer an AAI immediately, following the instructions for the device.
- Call 999 and state "anaphylaxis".
- If there is no improvement after 5 minutes, give a second AAI if available.
- Stay with the pupil, monitor breathing, and begin CPR if necessary.
- Contact parents/carers as soon as possible. The pupil must be assessed by emergency medical services and should go to hospital following anaphylaxis.

The quick-reference emergency procedure in Appendix A should be used alongside the pupil's individual Allergy Action Plan.

11. Educational Visits, PE and Extended Activities

Allergy needs will be considered as part of planning educational visits and other off-site activities. Where a pupil at risk of anaphylaxis is taking part in an off-site visit, the visit's risk assessment will include a specific, clearly identified section addressing their allergy, covering known allergens and triggers relevant to the venue or activity, arrangements for keeping their prescribed adrenaline devices with them and readily accessible throughout the visit, and confirmation that the staffing team includes at least one member of staff able to administer an AAI.

A designated Visit Leader will be present on the visit and have overall responsibility for its management, with a second named member of staff identified who can take over responsibility if required, including during a medical emergency. Relevant allergy information will be shared with staff and venues where appropriate, and reasonable adjustments will be made to enable safe participation.

The same principles apply to PE, sporting fixtures, clubs and before- or after-school provision. Where provision is delivered by a third party, appropriate arrangements will be made to share relevant information, maintain access to prescribed medication and ensure an appropriate emergency response.

12. Inclusion, Wellbeing and Allergy Awareness

The school recognises that allergies may affect a pupil's wellbeing, confidence and participation. Pupils with allergies will be supported to participate fully and safely in school life and reasonable adjustments will be considered where needed.

Allergy awareness will be promoted in an age-appropriate way. Allergy-related bullying, stigma or exclusion will be addressed through the school's existing behaviour, anti-bullying and safeguarding procedures. Any concerns about a pupil's wellbeing or safety will be responded to through established pastoral and safeguarding arrangements.

As good practice, the school may identify allergy champions among staff and pupils to act as a point of contact, support new joiners with allergy and help raise everyday awareness.

13. Unacceptable Practice

It is not acceptable to:

- Prevent or unnecessarily delay a pupil's access to prescribed emergency allergy medication.
- Delay appropriate emergency action where anaphylaxis is suspected.
- Send a pupil experiencing a suspected allergic reaction to seek help alone.
- Exclude a pupil from school activities solely because of their allergy where reasonable adjustments can enable participation.
- Disregard relevant medical advice, the pupil's IHP/AAP, or individual needs; or
- Rely on a parent/carer attending school to administer an AAI in an emergency instead of having appropriate emergency arrangements in place.
- Penalise a pupil's attendance record, or exclude them from attendance-related rewards, where their absence is due to their allergy (for example hospital appointments or health management);
- Assume an older pupil no longer needs support because they can take on some responsibility for managing their allergy, or assume a pupil does not have an allergy because they do not yet have a formal diagnosis; or
- Require a parent/carer to accompany their child on a visit or trip because of their allergy, where reasonable adjustments would otherwise enable safe participation.

14. Serious Incidents, Near Misses and Learning

Serious allergy-related incidents and significant near misses will be recorded and reported through the school's established health and safety procedures. Parents/carers will be informed where their child is involved, and the Trust receive appropriate information. Pupils, parents/carers and healthcare professionals can also report a suspected school-related allergic reaction or near miss identified after the pupil has left school.

Following an incident or significant near miss, the school will review what happened and identify any necessary actions to reduce the risk of recurrence. This may include reviewing the pupil's IHP/AAP, risk assessments, procedures, staff training or wider school arrangements. Any safeguarding concerns arising from an incident will be managed through the school's safeguarding procedures.

15. Information Sharing, Complaints and Indemnity

15.1 Information Sharing

Information about a pupil's allergy will be managed in accordance with the school's data protection and safeguarding procedures. Relevant information will be shared with staff and others who need it to keep the pupil safe, while respecting privacy and confidentiality.

15.2 Complaints

Any concerns about a pupil's allergy support should be raised with the school in the first instance so that they can be addressed promptly. Formal complaints will be managed in accordance with the CAT Complaints Policy.

15.3 Liability and Indemnity

Chadsmead Primary Academy is covered by the DfE Risk Protection Arrangement (RPA). Staff acting within the scope of their responsibilities and in accordance with school procedures are appropriately covered when supporting pupils with allergies, including administering an AAI in an emergency. Appropriate insurance and indemnity arrangements are maintained in accordance with Trust requirements.

16. Monitoring, Review and Publication

The school will monitor its allergy safety arrangements on an ongoing basis. The Headteacher will ensure that key information, medication arrangements and staff training remain current and that identified concerns are addressed.

This policy will be reviewed at least annually and sooner where a serious incident, significant near miss, change in guidance or change in school arrangements indicates that a review is needed.

The 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 in an appropriate way. All staff will be expected to be aware of and understand the policy through annual allergy awareness training.

17. Related Policies and Guidance

This policy should be read alongside relevant school and Trust policies, including:

- Supporting Children with Medical Conditions
- Child Protection and Safeguarding
- Health and Safety
- First Aid
- Equality
- SEND
- Behaviour and Anti-Bullying
- Attendance and Punctuality
- Data Protection
- Complaints
- Educational Visits.

This policy has regard to the DfE statutory guidance Allergy safety in schools (July 2026), the Children and Families Act 2014 as amended by the Children's Wellbeing and Schools Act 2026, the Equality Act 2010, relevant Human Medicines Regulations, and current government food-allergen and adrenaline-device guidance. Supporting resources include BSACI Paediatric Allergy Action Plans, Anaphylaxis UK and Allergy UK.

APPENDIX A: Anaphylaxis Emergency Quick Reference

ANAPHYLAXIS - ACT IMMEDIATELY Do not leave the pupil alone. Do not make them walk to medication. Bring the adrenaline device to them.

Step	Action
1	Recognise suspected anaphylaxis: problems with Airway, Breathing or Circulation, or sudden serious deterioration after possible allergen exposure.
2	Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk.
3	Administer an adrenaline auto-injector immediately, following the instructions for the device.
4	Call 999 and say “ANAPHYLAXIS”. Send another person to call if possible so the pupil is not left alone.
5	If there is no improvement after 5 minutes, administer a second adrenaline device if available.
6	Monitor continuously. If unconscious and not breathing normally, begin CPR.
7	Contact parents/carers as soon as possible. Give used devices to paramedics. The pupil should go to hospital following anaphylaxis.

Signs of anaphylaxis - ABC

- AIRWAY: throat or tongue swelling, tightness, hoarse voice, difficulty swallowing, or noisy breathing.
- BREATHING: wheeze, persistent cough, shortness of breath or difficulty breathing.
- CIRCULATION: pale/clammy appearance, dizziness, confusion, collapse, or loss of consciousness.

Anaphylaxis can occur without a skin rash. If in doubt, treat suspected anaphylaxis as an emergency and follow the pupil’s Allergy Action Plan.

APPENDIX B: Allergy Action Plan

Every pupil at risk of anaphylaxis should have an individual Allergy Action Plan (AAP), **completed and signed by their prescribing healthcare professional**. The content and format of the AAP is a clinical decision for the prescriber, not the school, so Chadsmead Primary Academy will accept any current, signed AAP a healthcare professional provides. Where a family is asked which format to request, the school's preference is the BSACI Paediatric Allergy Action Plan (adrenaline auto-injector version), as it is widely recognised and used by prescribers; this is a recommendation to help with consistency, not a requirement, and a plan in a different format is equally valid provided it is signed and current. A copy of each pupil's signed AAP is attached to their Individual Healthcare Plan, and a further copy is kept with their emergency adrenaline devices, so that it can be followed immediately by any member of staff responding to a reaction.

This is a clinical document. It is issued and signed by the pupil's healthcare professional and must not be amended, summarised or reissued by school staff. Where a pupil's circumstances change, an updated plan should be requested from the prescriber rather than the existing plan being altered.

Section	What the plan records
Pupil identification	Pupil's name, date of birth, known allergens and an emergency contact number.
Recognising a reaction	The individual signs of a mild-to-moderate reaction for this pupil, and the signs across Airway, Breathing and Circulation that indicate anaphylaxis.
Mild-to-moderate treatment	Named medication (for example a specific antihistamine and dose) and when to contact the pupil's parent or emergency contact.
Anaphylaxis treatment	The pupil's prescribed adrenaline device and dose, step-by-step instructions for using it, and the sequence of calling 999, positioning the pupil and giving a second dose if there is no improvement after five minutes.
Authorisation and sign-off	Parental consent for staff to administer the listed medication, and the name, role and signature of the healthcare professional who issued the plan, with the date.

Blank Allergy Action Plan forms for a prescriber to complete are available directly from BSACI at www.sparepensinschools.uk.

The Bursar/Headteacher is responsible for ensuring a signed plan is requested for every pupil prescribed an adrenaline device, for checking it is reviewed at least annually or sooner if the pupil's allergy changes, and for updating the pupil's IHP whenever a new version is received.