KIRK ELLA ST ANDREW'S PRIMARY SCHOOL
ALLERGY SAFETY POLICY 2026–27

Kirk Ella St Andrew's Primary school strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school. To effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

Policy owner / named senior allergy lead	Leah Hodgson
Governor oversight	Michael Hogan, Chair of Governors
Approved by	Governing Body
Approval date	_____ 2026
Effective from	1 September 2026
Review date	September 2027, or sooner following guidance, an incident or near miss

1. Purpose and statutory basis

Kirk Ella St Andrew's Primary School is committed to safeguarding, including and supporting pupils with allergies. Allergies can affect physical health, emotional wellbeing, attendance and participation. The school will take reasonable, proportionate steps to identify and reduce exposure to known allergens and will respond promptly and effectively to allergic reactions and anaphylaxis.

This dedicated policy fulfils the school's duty under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026 (commonly referred to as Benedict's Law). It has regard to the Department for Education's Allergy safety in schools statutory guidance, published July 2026 and effective from 1 September 2026.

It should be read alongside the school's Supporting Pupils with Medical Conditions, First Aid, Health and Safety, Safeguarding, Educational Visits, Equality, Behaviour/Anti-bullying and Data Protection policies, and the EYFS statutory framework.

2. Scope and definitions

This policy applies to pupils, staff, volunteers, contractors with pupil-facing roles, visitors, catering provision, breakfast/after-school activities, curriculum activities, sporting activities and all off-site visits.

- Allergy is an abnormal immune response to a normally harmless substance, including food, insect stings, medicines, latex, contact allergens and airborne allergens.
- Anaphylaxis is a potentially fatal allergic reaction affecting Airway, Breathing or Circulation (ABC). It may occur with or without skin symptoms.

- Food intolerance and coeliac disease are not allergies and do not cause anaphylaxis, but the school will manage them carefully through its medical and dietary arrangements, including strict cross-contamination controls where required.

3. Principles

- Pupils with allergies will be safe, included and able to participate fully in school life, including meals, clubs and educational visits.
- The school will listen to pupils and parents and work with healthcare professionals and catering providers.
- Risk will be reduced through planning and controls; it cannot be guaranteed that the school is completely allergen-free.
- The school will not describe itself as "nut-free" or "allergen-free". Targeted restrictions may be introduced when required by an individual risk assessment and communicated clearly.
- Allergy-related teasing, bullying, deliberate exposure or exclusion is unacceptable and will be addressed under the Behaviour and Anti-bullying policies; deliberate exposure may also be treated as a safeguarding concern.

4. Roles and responsibilities

The governing body

- Ensures the school has, publishes, implements and reviews a dedicated allergy safety policy and has regard to statutory guidance.
- Receives assurance about staff training, emergency medication, IHPs, incidents and near misses, while respecting confidentiality.
- Ensures sufficient resources and oversight. Michael Hogan provides governor oversight and reports to the full governing body.

Interim Deputy Headteacher / named senior allergy lead

- John Sheppard leads implementation, annual review, staff awareness and the development of a positive allergy-aware culture.
- Ensures pupils who require additional or different arrangements have an Individual Healthcare Plan (IHP), with an Allergy Action Plan and/or Asthma Action Plan attached where available.
- Ensures emergency arrangements, training records, medication checks and incident learning are maintained and monitored.

All staff and volunteers

- Follow this policy, pupils' IHPs and action plans; know how to summon help and where emergency medication is kept.
- Consider allergens when planning food, cooking, craft, science, music, animal contact, celebrations, rewards and trips.
- Never delay emergency treatment while trying to contact a parent or confirm the allergen.

Parents and carers

- Tell the school promptly about any diagnosed or suspected allergy, changes, reactions and prescribed medication; provide current clinical/action plans and two in-date prescribed AAIs where prescribed.
- Work with the school to prepare/review the IHP and ensure medication is replaced before expiry or after use.

- Check with school before sending food for sharing and comply with risk-based restrictions communicated by the school.

Pupils

- Are encouraged, according to age and understanding, to recognise triggers and symptoms, avoid sharing food, tell an adult immediately if unwell and carry medication when agreed in their IHP.

Catering providers

- Comply with food information law; maintain accurate allergen information, ingredient and substitution controls, safe preparation and cleaning procedures, and clear communication with school and families.

5. Identifying and recording allergy

Allergy information will be collected at admission, on annual data checks, following transition, and whenever information changes. The school will seek information from parents, the pupil, previous settings and healthcare professionals as appropriate. A central allergy register will record known allergens, risk of anaphylaxis, medication, IHP/action-plan status and key controls. Staff will have access to the information necessary to keep the pupil safe.

Staff and visitors will be invited to disclose allergies relevant to their safety on site or during activities. Health information is special-category data and will be shared only where necessary, lawfully, proportionately and respectfully under UK GDPR and the school's Data Protection Policy.

6. Individual Healthcare Plans (IHPs)

A pupil will have an IHP where their allergy has a functional impact in school, places them at risk of harm, and requires additional or different arrangements. An IHP will also normally be used where medication or reasonable adjustments are needed. The plan will be developed with the pupil and parents, taking account of clinical advice, and will identify:

- Allergens, symptoms and the pupil's usual pattern of reaction.
- Preventive controls and reasonable adjustments.
- Daily and emergency medication, dose, location and who may administer it.
- The emergency response, including when to call 999 and inform parents.
- Meal, classroom, playground, forest school, club, trip and transport arrangements.
- Communication, confidentiality, wellbeing and the pupil's growing independence.

The IHP will attach or refer to any healthcare-professional Allergy Action Plan and Asthma Action Plan. It will be reviewed at least annually, at transition, after any reaction or near miss, and whenever diagnosis, treatment, medication or circumstances change. Lack of immediate clinical paperwork will not prevent proportionate interim safety arrangements.

7. Training and awareness

All staff present when pupils are on site—including permanent, temporary, supply, peripatetic, agency, catering, club staff and regular volunteers—will receive allergy-awareness and emergency-response training at least annually. New staff will receive this at induction; supply and cover staff will receive essential information before taking responsibility for pupils. Training records will be retained.

Training will enable staff to understand allergy and its impact; distinguish allergy from intolerance and coeliac disease; identify triggers and symptoms; recognise anaphylaxis; locate and use IHPs/action plans; reduce exposure; call 999; locate and administer prescribed and spare adrenaline and emergency inhalers; inform parents; and report incidents and near misses. Practical device familiarisation will be included. Additional pupil-specific training or clinical competency assessment will be arranged when required.

8. Reducing exposure to allergens

Whole-school controls

- Handwashing with soap and water before and after eating; alcohol gel is not relied upon to remove food allergens.
- Eating surfaces and equipment are cleaned using appropriate methods; food is not shared and utensils are not swapped.
- Food and drinks remain in designated areas unless a planned, risk-assessed activity requires otherwise.
- Staff check ingredients each time. Substitutions are treated as a new product and checked with the caterer/supplier before service.
- Unlabelled homemade food will not be given to a pupil with a food allergy unless specifically agreed through their IHP/risk assessment.
- Allergen risks are considered when purchasing resources and planning cooking, sensory play, craft materials, science, bird food, gardening, animal visits, musical instruments, latex items and rewards.
- Reasonable controls are used for airborne/contact allergens, including ventilation, cleaning, avoidance or substitution, seating/location and timing adjustments where indicated.

Food provision and EYFS

The school and its caterer will maintain reliable processes for identifying pupils with special dietary needs, providing accurate information about the 14 regulated allergens, checking recipes and labels, controlling cross-contact, and communicating menu or product changes. Only trained/authorised staff will serve an agreed special diet. In EYFS, staff will obtain allergy and dietary information before admission and before food is offered, supervise eating closely, check food is suitable, prepare food safely and remain alert to choking as well as allergy risk.

Celebrations and food brought from home

Parents will be asked to consult the school before bringing food for sharing. Where food is permitted, it should be commercially packaged with a full ingredient label unless the school has agreed an alternative. Staff will check against individual arrangements; a "free from" label does not remove the need to check ingredients and precautionary allergen statements.

9. Prescribed adrenaline auto-injectors (AAIs)

- Pupils prescribed AAIs must have rapid access at all times, including meals, playground, sports, clubs and visits. Adrenaline should be administered as soon as anaphylaxis is suspected and in practice within five minutes.
- Two prescribed AAIs should be available. Storage arrangements will be set out in the IHP, readily accessible, clearly labelled, protected from extremes of temperature and known to staff. Medication will not be locked away.
- Competent pupils may carry their own AAIs where agreed; the school will still plan for prompt access and back-up.
- The school will record receipt, expiry and return. Parents are responsible for supplying and replacing prescribed medication; school checks do not transfer that responsibility.

10. School spare adrenaline devices and emergency inhaler

Kirk Ella St Andrew's Primary School will stock school spare adrenaline devices in age/weight-appropriate strengths, in pairs, together with instructions and a register in a clearly marked emergency anaphylaxis kit. The kit will be readily accessible—not locked away—at a location communicated to all

staff, so it can reach any person on site within five minutes. The precise location(s) will be confirmed in the school's operational medication register and displayed for staff.

The named lead/delegated competent member of staff will check at least monthly and after every use that devices are present, intact and in date, and will arrange timely replacement and safe disposal. Trip arrangements will ensure appropriate adrenaline remains available both on site and off site.

A spare AAI may be used in accordance with current law, DfE/DHSC guidance and the individual's plan or emergency protocol. Where anaphylaxis is suspected, trained staff should not delay adrenaline because a prescribed device cannot be located or because the individual has no previous diagnosis. Any uncertainty should be discussed with the 999 call handler; emergency treatment takes priority. The school will also maintain an emergency salbutamol inhaler and spacer in accordance with separate statutory guidance and consent/register requirements.

11. Recognising and responding to an allergic reaction

Mild to moderate symptoms may include

Swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain or vomiting; sudden change in behaviour; or mild throat tightness. Follow the pupil's action plan, give the stated medication if authorised, summon a trained adult, monitor continuously and do not leave the pupil alone. Because a reaction can progress, the pupil will be monitored for at least 60 minutes and parents informed.

Anaphylaxis: Airway, Breathing or Circulation (ABC)

- Airway: persistent cough, hoarse voice, difficulty swallowing, swollen tongue or throat tightness/swelling.
- Breathing: difficult or noisy breathing, wheeze, persistent cough, breathlessness or blue/grey colour.
- Circulation: pale/clammy skin, dizziness, confusion, collapse, reduced consciousness or cardiac arrest.

Emergency action

- Shout for help. Stay with the person and send someone for the emergency kit and prescribed medication.
- Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. Do not let them stand or walk. A pregnant person should lie on their left side.
- Administer an AAI immediately into the outer mid-thigh, through clothing if necessary, following the device instructions. Do not delay while seeking consent or waiting for symptoms to worsen.
- Call 999 and state "anaphylaxis". Give the school address and access instructions. Send an adult to meet the ambulance.
- If there is no improvement after five minutes, administer a second AAI.
- If unresponsive and not breathing normally, start CPR and follow 999 instructions.
- Contact parents after emergency services have been called and treatment started. Record the device, dose, time and site of administration, and give used device(s) to ambulance staff.
- The person must be assessed in hospital. A pupil will not be left alone or sent home without medical assessment following suspected anaphylaxis.

Skin symptoms may be absent. If in doubt, give adrenaline: delay is more dangerous than giving adrenaline unnecessarily. A person with food allergy and asthma who develops sudden breathing difficulty should receive adrenaline first, then their reliever inhaler, unless their individual plan states otherwise.

12. Educational visits, sport and off-site activities

All pupils with allergies will be included wherever reasonably possible. The visit leader will complete a pupil-specific risk assessment, check venue/caterer/transport arrangements, brief relevant adults, and confirm that two prescribed AAIs (where prescribed), the action plan, other medication, emergency contacts and a charged phone accompany the pupil. At least one accompanying adult will be trained and confident to respond. Medication will remain with the group and immediately accessible, not left on a coach or in luggage. The school will plan how its spare provision is maintained for those remaining on site.

13. Incidents, near misses and learning

Every allergic reaction, use of adrenaline, medication error, exposure with potential for harm, or near miss will be recorded promptly. Parents and the Headteacher will be informed. Serious incidents and relevant near misses will be reported to the governing body in an appropriately anonymised form and to external bodies where legally required, including the local authority, HSE/RIDDOR, Food Standards Agency/local authority food safety team, safeguarding partners or healthcare professionals as applicable.

The Headteacher will ensure a proportionate investigation considers what happened, immediate actions, adherence to the IHP/policy, catering or supply issues, communication, training and environmental controls. Lessons and actions will be documented and shared. The pupil's IHP, risk assessments and this policy will be reviewed following a serious incident or significant near miss. Appropriate wellbeing support will be offered.

14. Inclusion, wellbeing and pupil voice

The school recognises that allergy can cause anxiety, stigma and fear of participation. Pupils will be listened to, involved in age-appropriate decisions and supported to develop independence without being given inappropriate responsibility. Reasonable adjustments will protect inclusion and dignity. Information shared with peers will be agreed with the pupil and parents and will focus on seeking adult help, not transferring emergency responsibility to children.

15. Communication and confidentiality

Essential information will be shared with staff who need it, including class, lunchtime, catering, club, supply and visit staff. Individual notices or photographs will be used only when necessary, proportionate and agreed through the IHP/data-protection process. The policy will be available on the school website and as a paper copy on request. Parents and staff will be informed of material changes and any temporary risk-control measures.

16. Unacceptable practice

It is unacceptable to prevent reasonable participation; ignore pupils' or parents' concerns; assume every reaction will look the same; send an unwell pupil to obtain their own medication; lock away or make emergency medication inaccessible; rely on "nut-free" claims as a substitute for risk management; require parents to attend solely to provide routine allergy support; penalise allergy-related absence; or delay adrenaline/999 contact while seeking permission.

17. Complaints

Concerns should be raised promptly with the Headteacher so they can be addressed. Formal complaints will be managed under the school's Complaints Policy. A concern involving safeguarding will also be managed under safeguarding procedures. Emergency or clinical concerns should be directed to the appropriate healthcare or emergency service.

18. Monitoring and review

The Headteacher will monitor implementation through the allergy register and IHP audit, training completion, medication checks, catering assurance, pupil/parent feedback and incident/near-miss learning. The governing body will review this policy at least annually. It will be reviewed sooner following a serious incident or near miss, changes in a pupil's needs, relevant legislation or statutory guidance, or identified weaknesses in practice.

Key legislation and guidance

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- Department for Education, Allergy safety in schools: statutory guidance (July 2026).
- Department for Education, Supporting pupils at school with medical conditions.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Human Medicines Regulations 2012 (as amended).
- Food Information Regulations 2014 and assimilated Regulation (EU) No 1169/2011.
- Equality Act 2010; UK GDPR and Data Protection Act 2018; Health and Safety at Work etc. Act 1974.
- Statutory framework for the Early Years Foundation Stage; Keeping Children Safe in Education.

Approval

Headteacher signature / date	_____
Chair of Governors signature / date	_____
Next scheduled review	September 2027