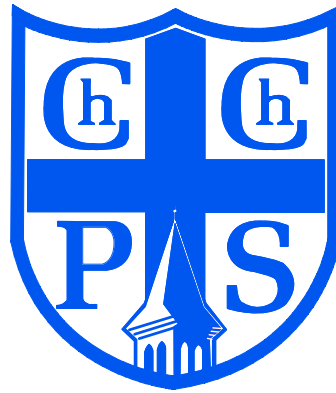




Allergy Safety and Anaphylaxis Policy

Christ Church CE Primary and Nursery School

Policy owner: Headteacher / Designated Allergy Safety Lead

Approved by: Governing Body / Trust Board

Date approved: September 2026

Effective from: 1 September 2026

Review date: September 27

1. Policy Statement

Christ Church Primary and Nursery School is committed to providing a safe, inclusive and supportive environment for every pupil, including children and young people living with allergies.

The school recognises that an allergic reaction can be unpredictable and that anaphylaxis is a medical emergency which can be life-threatening. The school will therefore take reasonable and proportionate steps to minimise the risk of exposure to known allergens, ensure pupils can access their prescribed emergency medication, maintain appropriate emergency arrangements and ensure staff are competent to recognise and respond to allergic reactions.

The school will support pupils with allergies to participate fully in school life, including lessons, lunchtime, play, physical education, clubs, residential activities, educational visits and trips.

This policy is intended to comply with and have regard to:

- the **Children and Families Act 2014**, as amended;
- the **Children's Wellbeing and Schools Act 2026**, including provisions concerning allergy safety;
- **Keeping Children Safe in Education 2026 (KCSIE 2026)**;
- the Department for Education's **Allergy safety in schools statutory guidance**;
- statutory guidance concerning supporting pupils with medical conditions;
- applicable food safety and allergen legislation, including the requirements commonly known as **Natasha's Law**;
- equality and disability duties applicable to the school;
- relevant medicines and first-aid requirements; and
- the principles promoted by **Benedict's Law**, including whole-school allergy awareness, appropriate emergency medication and robust allergy-management arrangements.

The school will keep this policy under review and will update it whenever legislation, statutory guidance or clinical guidance changes.

2. Scope

This policy applies to:

- all pupils;
- all teaching and support staff;
- supply and agency staff;
- volunteers;
- catering staff;
- breakfast and after-school club staff;
- peripatetic staff;
- staff supervising educational visits;
- governors/trustees where relevant; and
- contractors and visitors where their activities involve pupils, food or allergy risks.

The policy covers allergies including, but not limited to:

- food allergies;

- allergies to insect stings;
- medication allergies;
- latex and other contact allergies;
- environmental allergies;
- allergies associated with asthma or other allergic conditions; and
- allergies which may result in anaphylaxis.

Food intolerance and coeliac disease are not the same as food allergy. They will nevertheless be managed appropriately under the school's wider medical conditions, food safety and dietary arrangements.

3. Objectives

The objectives of this policy are to:

1. identify pupils and staff with known allergies;
2. obtain and maintain appropriate medical and allergy information;
3. ensure appropriate Individual Healthcare Plans (IHPs) and Allergy Action Plans are in place;
4. minimise exposure to known allergens;
5. ensure food provided by or on behalf of the school has appropriate allergen information;
6. ensure pupils have rapid access to prescribed adrenaline and other emergency medication;
7. maintain an appropriate supply of spare adrenaline auto-injectors (AAIs);
8. provide annual allergy-awareness and emergency-response training;
9. ensure new, temporary and supply staff receive appropriate induction;
10. ensure staff can recognise and respond to anaphylaxis;
11. ensure allergy information is shared appropriately and securely;
12. prevent discrimination, bullying and unnecessary exclusion associated with allergies;
13. ensure pupils with allergies can participate fully in school life;
14. ensure appropriate arrangements exist for educational visits and trips;
15. record, investigate and learn from allergic reactions and near misses; and
16. ensure allergy safety forms part of the school's wider safeguarding culture.

4. Named Allergy Safety Lead

The school will appoint a **named member of the senior leadership team as Allergy Safety Lead (ASL)**.

The Allergy Safety Lead will not normally be the catering manager.

The ASL will:

- oversee implementation of this policy;
- maintain strategic oversight of allergy safety;
- ensure allergy information is appropriately recorded;
- oversee IHP and Allergy Action Plan arrangements;
- ensure staff receive appropriate training;
- oversee the school's spare AAI arrangements;
- ensure emergency medication is appropriately stored and accessible;
- liaise with parents/carers and relevant healthcare professionals;

- liaise with the Designated Safeguarding Lead (DSL), SENCO and catering provider where appropriate;
- monitor incidents and near misses;
- ensure learning from incidents is incorporated into practice;
- report appropriately to the Executive Headteacher and the Head of School and governing body/trust;
- ensure the policy is reviewed at least annually; and
- ensure the policy is published and accessible to parents, pupils and staff.

The school will identify a deputy or alternative member of staff who can undertake these responsibilities when the Allergy Safety Lead is unavailable.

5. Identification and Registration of Allergies

Parents/carers must inform the school as soon as reasonably practicable if a pupil:

- has a diagnosed allergy;
- is undergoing investigation for a suspected allergy;
- has previously experienced anaphylaxis;
- has been prescribed an adrenaline auto-injector or other emergency medication;
- has an Allergy Action Plan; or
- has experienced a significant allergic reaction.

The school will obtain, where appropriate:

- details of the allergen(s);
- symptoms and severity;
- known triggers;
- prescribed medication;
- dosage and administration instructions;
- the pupil's Allergy Action Plan;
- relevant medical consent;
- information concerning the pupil's ability to self-manage;
- emergency contact information; and
- any other information reasonably necessary to keep the pupil safe.

Where information is incomplete or an allergy is suspected, the school will take reasonable interim precautions while seeking clarification.

The school will not assume that a pupil is safe simply because a formal diagnosis has not yet been obtained.

6. Individual Healthcare Plans

An Individual Healthcare Plan will be prepared where a pupil's allergy:

- has a functional impact on them at school;

- places them at risk of harm; and
- requires arrangements additional to or different from the school's general arrangements.

The IHP will be developed with appropriate involvement from:

- the pupil, where appropriate;
- parents/carers;
- relevant healthcare professionals;
- school staff;
- the SENCO, where appropriate; and
- the Allergy Safety Lead.

The IHP will specify, where relevant:

- known allergens;
- symptoms;
- emergency procedures;
- prescribed medication;
- where medication is stored/carried;
- staff responsible for supporting the pupil;
- arrangements for meals;
- arrangements for activities and lessons;
- arrangements for PE and outdoor activities;
- arrangements for educational visits;
- arrangements for clubs and wraparound care;
- communication arrangements;
- self-management arrangements; and
- emergency contact details.

Any healthcare-professional Allergy Action Plan will be attached to or incorporated into the IHP.

The IHP will be reviewed:

- at least annually;
- following a significant allergic reaction;
- following a near miss where existing arrangements may need amendment;
- when medication changes;
- when medical advice changes; or
- whenever the pupil's needs change.

7. Prescribed Adrenaline Devices

Where a pupil is prescribed adrenaline, the school will ensure that the pupil has rapid access to their prescribed device(s) at all times.

Prescribed adrenaline must be accessible:

- during lessons;
- at lunchtime;
- in the playground;

- during PE;
- during assemblies;
- during clubs;
- during breakfast/after-school provision;
- on educational visits;
- on residential trips; and
- when travelling to and from school where the school's arrangements apply.

Pupils should be encouraged to carry their prescribed adrenaline devices themselves where this is clinically and developmentally appropriate.

For primary-age pupils, decisions about self-carrying will be individualised and made with the pupil, parents/carers and, where appropriate, healthcare professionals.

The school will not routinely lock prescribed adrenaline away where doing so would delay access in an emergency.

Prescribed medication is the pupil's own medication and is not replaced by the school's spare adrenaline supply.

8. Spare Adrenaline Auto-Injectors

The school will maintain an appropriate supply of spare adrenaline auto-injectors in accordance with current DfE/DHSC guidance.

For a primary school, the current statutory guidance indicates that the school should generally have:

- one pair of spare AAs suitable for children under six; and
- one pair of spare AAs suitable for individuals over six,

subject to the school's pupil population, site arrangements and any updated regulatory requirements.

Spare AAs will:

- be stored in pairs;
- be clearly labelled;
- be readily accessible;
- not be locked away;
- be kept within approximately five minutes of any location where they may be required;
- be checked regularly for expiry and condition;
- be replaced promptly after use or expiry; and
- be disposed of safely following use.

The school maintains a supply of spare adrenaline auto-injectors (AAs) for use in an emergency where a pupil or other individual is experiencing suspected anaphylaxis and their own prescribed adrenaline device is not available, cannot be accessed without delay, is not working, or where a further dose of adrenaline is required in accordance with emergency guidance.

The school's spare AAI's are **emergency medication and are not a replacement for a pupil's own prescribed AAI**. Pupils who have been prescribed an AAI must have rapid access to their own medication at all times.

The location(s) of spare AAI's will be communicated to all staff.

Spare AAI's are not a substitute for a pupil's own prescribed medication.

Storage and accessibility

Spare AAI's will be:

- stored in **clearly identified emergency anaphylaxis kits**;
- stored in **pairs**, so that a second device is immediately available if required;
- kept in a location that is **readily accessible and not locked away**;
- protected from inappropriate access while remaining immediately available in an emergency;
- located so that they are **no more than five minutes away** from any area where they may be required;
- available during lessons, breaktimes, lunchtime, PE, clubs, assemblies and other school activities;
- available during breakfast and after-school provision operated by the school; and
- taken or otherwise made appropriately available during educational visits and off-site activities where required by the risk assessment.

The school will ensure that the time required to retrieve and bring a spare AAI to a pupil does not exceed five minutes. The school will use the DfE's recommended approach of allowing approximately **two and a half minutes to retrieve the device and two and a half minutes to return to the pupil**.

The size and layout of the school means that one emergency kit can meet the five-minute requirement, the school will maintain **additional emergency AAI kits in the medical room**.

The locations of all spare AAI kits will be clearly communicated to staff and will form part of staff allergy-awareness training and induction.

Emergency Anaphylaxis Kits (Spare AAI's)

Each emergency anaphylaxis kit will be clearly labelled and, where appropriate, colour-coded so that it can be identified quickly.

The kit will contain:

- the school's spare AAI's;
- clear instructions for their use;
- emergency contact information;
- relevant emergency procedures; and
- any additional emergency medication or equipment the school has formally decided to keep within the kit.

The school will ensure that staff know the location of each emergency kit.

Checking spare AAI's

The Allergy Safety Lead, or a designated member of staff, will maintain a regular checking system for all spare AAI's.

Checks will include:

- expiry date;
- physical condition of the device;
- packaging and integrity;
- correct dosage;
- correct storage;
- accessibility;
- correct number of devices;
- clear labelling; and
- availability of the emergency instructions.

Checks will be undertaken **at least half-termly and whenever an AAI is used, moved or replaced**.

The date and outcome of each check will be recorded.

Spare AAIs must not be used if they are expired, damaged or otherwise unsuitable, unless there is an exceptional emergency in which clinical advice or emergency-service instructions indicate otherwise.

Replacement of spare AAIs

A spare AAI will be replaced **as soon as practicable** following:

- administration during an emergency;
- expiry;
- damage;
- loss;
- suspected malfunction; or
- any other circumstance in which the device is no longer suitable for emergency use.

Where a spare AAI is used, the school will:

1. record the incident;
2. inform the Allergy Safety Lead;
3. ensure the used device is disposed of safely in accordance with appropriate procedures;
4. arrange for a replacement device without unnecessary delay;
5. check that the school still has sufficient emergency devices while replacement is being obtained; and
6. review the incident and consider whether any changes to the school's allergy arrangements are required.

Because adrenaline auto-injectors contain needles, used devices must be disposed of safely and appropriately.

The school will maintain a process for monitoring expiry dates so that replacement devices are obtained **before existing devices expire wherever possible**.

9. Emergency Response to Anaphylaxis

Anaphylaxis is a medical emergency.

Staff must act immediately if a pupil is showing signs of anaphylaxis or a severe allergic reaction.

The school will follow the pupil's Allergy Action Plan and current clinical guidance.

In an emergency, staff should:

1. **Recognise the possibility of anaphylaxis.**
2. **Administer adrenaline without delay** in accordance with the pupil's Allergy Action Plan and the instructions for the device.
3. **Call 999 immediately** and request an ambulance, stating that the person is suffering from anaphylaxis.
4. State the pupil's location and provide clear access for emergency services.
5. Inform the parent/carer as soon as practicable without delaying emergency treatment.
6. Keep the pupil under continuous supervision.
7. Follow the emergency positioning and monitoring instructions in the pupil's Allergy Action Plan and current clinical guidance.
8. If symptoms do not improve or recur and the relevant clinical guidance indicates that a second dose is required, administer the second adrenaline device as appropriate.
9. If the pupil becomes unconscious and is not breathing normally, commence CPR and follow emergency-service instructions.
10. Ensure that the used device is retained safely for the emergency responders where appropriate.

Where a spare AAI is administered:

1. The member of staff should administer the device in accordance with the manufacturer's instructions and the school's allergy emergency procedures.
2. **999 must be called immediately**, stating that the individual is suffering from anaphylaxis.
3. A second AAI should be administered where clinically indicated and in accordance with the person's Allergy Action Plan or emergency guidance.
4. The individual must remain under continuous supervision until emergency medical assistance arrives.
5. Parents/carers should be informed as soon as reasonably practicable where the individual is a pupil.
6. The use of the spare AAI must be recorded as an allergy incident.
7. The used AAI must be dealt with safely and replaced as soon as practicable.

A pupil must **never be sent to another part of the school to obtain an AAI**. The emergency medication must be brought to the pupil.

Staff must not send a pupil experiencing a suspected anaphylactic reaction to the office, medical room or another location alone. Help must be brought to the pupil.

No member of staff should delay administration of adrenaline while waiting for parental permission where the circumstances and applicable consent arrangements permit emergency administration.

10. Recognising Anaphylaxis

All staff must receive training enabling them to recognise possible anaphylaxis.

Potential symptoms may include:

- swelling of the lips, mouth, throat or tongue;
- difficulty breathing;
- wheezing;
- persistent coughing;
- difficulty swallowing;
- hoarse voice;
- dizziness or collapse;

- pale, clammy skin;
- altered consciousness;
- sudden extreme tiredness;
- abdominal pain;
- vomiting; or
- a combination of symptoms affecting different parts of the body.

A severe allergic reaction may occur without obvious skin symptoms.

Staff must never rely on the presence of a rash or hives before taking emergency action.

Where there is reasonable suspicion of anaphylaxis, staff should follow the pupil's Allergy Action Plan and emergency procedures immediately.

11. Allergy Awareness Training

All staff who are present when pupils are on site will receive allergy-awareness and emergency-response training **at least annually**.

This includes, where applicable:

- teachers;
- teaching assistants;
- lunchtime supervisors;
- administrative staff;
- pastoral staff;
- first-aid staff;
- catering staff;
- breakfast-club staff;
- after-school-club staff;
- supply teachers;
- agency staff;
- temporary staff;
- peripatetic staff; and
- regular volunteers.

Training will cover:

- what allergies are;
- common allergens;
- food allergy, intolerance and coeliac disease;
- how allergic reactions occur;
- symptoms of allergic reactions;
- recognition of anaphylaxis;
- asthma and its relationship with allergy;
- emergency procedures;
- use of prescribed adrenaline;
- use of spare AAls;
- location of emergency medication;
- calling 999;

- use of Allergy Action Plans;
- reducing allergen exposure;
- food-allergen management;
- safeguarding considerations;
- bullying and emotional wellbeing;
- reporting incidents and near misses; and
- the requirements of this policy.

First-aid training alone will not be regarded as sufficient allergy-awareness training.

Training records will be maintained by the school.

New staff will receive allergy-safety induction as soon as reasonably practicable and before undertaking unsupervised responsibility for pupils with known allergies where possible.

Supply, agency and temporary staff must be given appropriate allergy information before working with pupils.

12. Catering and Food Allergy Management

The school will take reasonable steps to minimise the risk of pupils being exposed to known food allergens.

The school will work with its catering provider, kitchen staff and any external food suppliers to ensure that:

- allergen information is accurate and current;
- recipes and ingredients are documented;
- ingredient substitutions are checked;
- cross-contact risks are considered;
- food is appropriately stored and handled;
- staff understand which pupils have specific dietary requirements;
- food is not substituted without appropriate allergen checks;
- food prepared for an allergic pupil is clearly identified where appropriate; and
- staff do not rely on memory when determining whether food is safe.

Parents/carers will be provided with clear information about the school's arrangements for managing food allergies.

13. Natasha's Law and Prepacked for Direct Sale Food

Where the school operates as a food business and produces food which falls within the definition of **prepacked for direct sale (PPDS)**, the school will comply with applicable allergen-labelling requirements.

PPDS food will have:

- the name of the food; and

- a full ingredients list,

with the relevant legally declarable allergens emphasised within the ingredients list.

The school will follow current Food Standards Agency guidance concerning PPDS food and allergen labelling.

Staff responsible for preparing, packaging, labelling or selling food will receive appropriate training.

Where food is supplied by an external caterer or supplier, the school will ensure appropriate contractual and operational arrangements are in place to obtain reliable allergen information.

The school will not make assumptions about allergens based solely on a product's name, appearance or previous use.

14. The 14 Legally Declarable Food Allergens

The school will maintain awareness of the legally declarable allergens applicable to food law.

These include:

1. cereals containing gluten;
2. crustaceans;
3. eggs;
4. fish;
5. peanuts;
6. soybeans;
7. milk;
8. nuts;
9. celery;
10. mustard;
11. sesame;
12. sulphur dioxide and sulphites;
13. lupin; and
14. molluscs.

The school recognises that a pupil may be allergic to an ingredient that is not included in this list and will manage individual allergies according to the pupil's medical requirements.

15. Food Brought Into School

The school will establish clear rules concerning food brought onto the premises.

Where necessary to protect pupils with severe allergies, the school may prohibit or restrict specified foods or allergens in particular areas.

Any restriction will be:

- risk assessed;
- communicated clearly to families and staff;
- proportionate;
- reviewed regularly; and
- implemented consistently.

The school will avoid creating a false sense of security by describing an area as completely "allergen-free" unless this can genuinely be guaranteed.

Children will be taught not to share food.

Staff will supervise younger pupils appropriately during eating times.

16. Classroom Activities and Curriculum

All staff will consider allergy risks before activities involving:

- food;
- cooking;
- baking;
- science experiments;
- art and craft materials;
- cosmetics or toiletries;
- plants;
- animals;
- insects;
- outdoor activities; and
- other potential allergens.

Where an allergen is necessary for an educational activity, the teacher will undertake an appropriate risk assessment and identify reasonable alternatives or controls.

Staff will check pupil allergy information before activities where exposure is possible.

17. Lunchtime, Breaktime and Wraparound Care

Allergy arrangements will remain in force during:

- breakfast clubs;
- morning break;
- lunchtime;
- afternoon break;
- after-school clubs;
- holiday activities operated by the school; and
- other supervised activities.

Staff responsible for pupils during these periods must know:

- which pupils have significant allergies;
- where their emergency medication is located;
- how to obtain emergency assistance; and
- how to respond to an allergic reaction.

18. Educational Visits and Trips

Pupils with allergies must not be unnecessarily prevented from participating in educational visits, trips or extracurricular activities.

Before a visit, the school will consider:

- the pupil's IHP;
- Allergy Action Plan;
- prescribed medication;
- spare AAIs where appropriate;
- food arrangements;
- transport;
- accommodation;
- activities;
- environmental allergens;
- access to emergency services;
- staff training;
- supervision arrangements; and
- emergency contacts.

Emergency medication must accompany the pupil.

The member of staff responsible for the visit will know where emergency medication is held and how to use it.

Risk assessments must specifically consider allergy-related risks where relevant.

The school will not routinely require a parent/carer to accompany a child solely because of their allergy where appropriate school support can reasonably be provided.

19. Staff and Visitor Allergies

Staff members and visitors with significant allergies should be encouraged to inform the school where this information is necessary for their safety.

The school will consider reasonable arrangements for staff and visitors with allergies, particularly where they are:

- handling food;
- supervising food activities;
- working in high-risk environments; or

- responsible for pupils.

Personal health information will be handled confidentially and only shared where necessary for safety and safeguarding.

20. Information Sharing and Confidentiality

The school will maintain an up-to-date record of pupils with known allergies.

Relevant allergy information will be shared with staff who need it to keep a pupil safe.

This may include appropriately restricted information such as:

- pupil name;
- photograph;
- allergen;
- emergency medication;
- emergency procedure; and
- relevant symptoms.

Information should be readily available to staff in locations where food is handled or allergy risks may arise, including classrooms, the dining area, food preparation areas and relevant practical-activity spaces.

Health information is confidential and must be processed in accordance with applicable data-protection requirements.

The school will ensure that necessary information is available to those responsible for a pupil's safety while avoiding unnecessary disclosure.

21. Safeguarding and KCSIE 2026

The school recognises that pupils with medical conditions and allergies may face additional safeguarding vulnerabilities.

In accordance with KCSIE 2026, staff will remain alert to the possibility that children with medical conditions may:

- experience bullying or isolation;
- be disproportionately affected by peer behaviour;
- have communication difficulties when reporting concerns;
- be dependent on adults for care;
- have additional barriers to recognising or reporting abuse; or
- be vulnerable because essential medication or information is repeatedly unavailable.

All staff must report safeguarding concerns to the DSL in accordance with the Child Protection and Safeguarding Policy.

An allergic reaction or medication-management incident does **not automatically constitute a safeguarding referral**.

However, a safeguarding concern may arise where circumstances indicate that a child is at increased risk of neglect, abuse or exploitation because of their medical condition or allergy. Examples may include repeated failure to provide essential medication or relevant medical information which places the child at risk.

The DSL will consider such concerns in accordance with KCSIE 2026 and local safeguarding procedures.

22. Bullying, Discrimination and Wellbeing

The school recognises that pupils with allergies can experience:

- anxiety;
- embarrassment;
- social isolation;
- fear of eating;
- bullying;
- teasing;
- deliberate exposure to allergens;
- exclusion from activities; or
- reduced participation in school life.

All forms of allergy-related bullying or deliberate exposure to an allergen will be treated seriously.

The school will:

- educate pupils about allergy awareness in an age-appropriate manner;
- discourage food sharing;
- challenge stigma and misinformation;
- monitor vulnerable pupils;
- provide pastoral support where appropriate;
- investigate reports of bullying;
- apply the Behaviour and Anti-Bullying Policy; and
- involve parents/carers where appropriate.

Deliberately exposing another child to a known allergen may constitute serious misconduct and may also have safeguarding implications depending on the circumstances.

23. Inclusion and Equality

The school will make reasonable adjustments where necessary to enable pupils with allergies to participate fully in education.

The school will not:

- routinely exclude a child from normal school activities because of their allergy;
- prevent a child from attending lunch because of their allergy;
- require parents/carers to attend school to administer medication where the school can reasonably provide the necessary support;
- require a parent/carer to accompany a child on every trip solely because of their allergy;
- unnecessarily restrict participation in clubs or extracurricular activities; or
- penalise a pupil's attendance record for allergy-related medical appointments or absences inappropriately.

The school will consider each child's circumstances individually.

24. Attendance

Allergy-related medical appointments, treatment and absences will be managed sensitively.

The school will not disadvantage a pupil through attendance incentives or rewards where absence is related to a medical condition or allergy.

Where allergy-related absence becomes significant, the school will work with the family and relevant professionals to support the pupil's education and attendance.

25. Serious Incidents and Near Misses

The school will record and review:

- allergic reactions;
- suspected anaphylaxis;
- administration of adrenaline;
- medication errors;
- missing or inaccessible medication;
- incorrect food being provided;
- allergen exposure;
- cross-contact incidents;
- failures in communication; and
- significant near misses.

A near miss includes an event where a pupil was exposed, or nearly exposed, to an allergen but did not experience a significant reaction.

The purpose of reviewing incidents will be learning and prevention rather than blame.

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

- what happened;
- whether the IHP was followed;
- whether the allergy policy was followed;
- whether staff had received appropriate training;

- whether information was available;
- whether medication was accessible;
- whether food controls worked;
- whether communication failed;
- whether risk assessments were adequate;
- whether the child's parents/carers need to be involved;
- whether the IHP needs revision; and
- whether this policy needs amendment.

Serious incidents and near misses will be reported appropriately to the governing body/trust.

Where required, incidents will also be reported to relevant external bodies, including the local authority, emergency services, healthcare professionals or other regulators.

26. Learning from Incidents

The school will adopt a constructive, learning-focused approach to allergy incidents.

Following an incident, the school will:

1. ensure the pupil receives appropriate medical attention;
2. notify parents/carers;
3. record the incident;
4. inform the Allergy Safety Lead;
5. involve the DSL where safeguarding concerns arise;
6. review the circumstances;
7. consult the pupil and family where appropriate;
8. identify lessons;
9. implement corrective action;
10. update the IHP or Allergy Action Plan where required; and
11. share relevant learning with staff while protecting the pupil's privacy.

27. Allergy Safety Drills

The school will consider conducting periodic allergy emergency drills or training exercises.

Drills may test:

- recognition of anaphylaxis;
- location of spare AAls;
- response time;
- calling emergency services;
- communication;
- access to emergency medication;
- staff roles; and
- arrangements for summoning assistance.

Drills will be planned sensitively and will not place pupils at risk.

The results will be recorded and used to improve allergy safety arrangements.

28. Monitoring and Assurance

The Allergy Safety Lead will monitor:

- completion of staff training;
- allergy register accuracy;
- IHP completion;
- Allergy Action Plan availability;
- medication expiry dates;
- spare AAI availability;
- emergency-kit checks;
- catering arrangements;
- food labelling;
- educational-visit arrangements;
- incidents and near misses;
- bullying or wellbeing concerns; and
- compliance with this policy.

The governing body/trust will receive appropriate assurance that the policy is being implemented.

29. Policy Review

This policy will be reviewed **at least annually**.

An earlier review will take place following:

- a serious allergic reaction;
- a significant near miss;
- a change in legislation;
- a change in statutory guidance;
- a significant change to the school's catering arrangements;
- a change to the school's site or activities; or
- evidence that existing arrangements are not sufficiently effective.

The review will involve relevant staff and, where appropriate, pupils and parents/carers affected by allergy.

The school will consider lessons arising from incidents and near misses as part of each review.

30. Publication

The school will publish this Allergy Safety Policy on its website.

A hard copy will be made available on request.

The policy will be communicated to:

- staff;
- pupils in an age-appropriate manner;
- parents/carers; and
- relevant contractors and providers.

All staff will be expected to understand their responsibilities under this policy.

31. Roles and Responsibilities

Governing Body / Trust

The governing body/trust will:

- ensure an appropriate allergy safety policy is in place;
- provide appropriate oversight;
- ensure sufficient arrangements and resources are available;
- receive information about serious incidents and near misses;
- ensure the policy is reviewed; and
- challenge leaders where allergy safety arrangements are insufficient.

Executive Headteacher and Head of School

Will:

- ensure implementation of this policy;
- appoint the Allergy Safety Lead;
- ensure staff receive appropriate training;
- ensure appropriate emergency medication arrangements exist;
- ensure catering arrangements are safe;
- ensure incidents are appropriately managed; and
- ensure allergy safety is integrated into wider school policies.

Allergy Safety Lead

The Allergy Safety Lead will coordinate the school's allergy-safety arrangements and monitor implementation.

Designated Safeguarding Lead

The DSL will:

- advise on safeguarding concerns involving pupils with allergies;

- consider whether allergy-related incidents indicate possible neglect, abuse or exploitation;
- ensure safeguarding records are maintained where required; and
- ensure staff understand the safeguarding dimension of allergy management.

SENCO

The SENCO will support the school where allergy or associated medical needs interact with SEND provision or reasonable adjustments.

Catering Provider / Catering Lead

The catering team will:

- maintain accurate ingredient and allergen information;
- follow food-safety procedures;
- prevent avoidable cross-contact;
- communicate allergen information accurately;
- ensure appropriate labelling where required; and
- immediately report food-allergen incidents or concerns.

All Staff

All staff are responsible for:

- knowing this policy;
- completing required training;
- following pupils' IHPs and Allergy Action Plans;
- reducing known allergen risks;
- knowing where emergency medication is located;
- responding immediately to suspected anaphylaxis;
- reporting incidents and near misses; and
- reporting safeguarding concerns.

32. Parent and Carer Responsibilities

Parents/carers should:

- provide accurate information about their child's allergy;
- provide updated medical information;
- provide prescribed medication within the school's agreed arrangements;
- ensure medication is in date;
- provide an updated Allergy Action Plan where applicable;
- inform the school of changes to medication or medical advice;
- participate in IHP reviews; and
- notify the school of significant allergic reactions or changes in the child's condition.

The school recognises that responsibility for allergy safety is shared and will not place inappropriate responsibility on parents/carers to provide support that the school should reasonably provide.

33. Pupil Responsibilities

Where developmentally appropriate, pupils will be taught:

- what their allergy means;
- how to recognise symptoms;
- how to seek help;
- not to share food;
- how to use their medication where they are competent to do so;
- where their medication is located; and
- how to tell an adult if they think they have been exposed to an allergen.

Pupils will be supported to develop age-appropriate independence while ensuring appropriate adult supervision remains in place.

34. Emergency Contact Information

The school will maintain readily accessible emergency contact information for each pupil with a significant allergy.

Emergency services: 999

School emergency contact: 0208 440 2198

Head of School: Sarah Harry

Allergy Safety Lead: Lucy Turner

Deputy Allergy Safety Lead: James Smith

Designated Safeguarding Lead: Sarah Harry

Catering provider:

📍 **Local Authority:** London Borough of Barnet

📍 **Catering Provider:** [ISS Mediclean Limited](#) (ISS Education)

📍 **Regulatory Body:** Barnet Council Environmental Health & Food Safety

Contact Information

- **Barnet Food Safety Team:** foodsafety@barnet.gov.uk
- **Phone:** 020 8359 7995
- **Address:** 2 Bristol Avenue, Colindale, London, NW9 4EW [[1](#)]

35. Compliance Checklist

The school will maintain evidence demonstrating that:

- ☐ A named senior Allergy Safety Lead has been appointed.
- ☐ This policy has been approved by the governing body/trust.
- ☐ The policy is published on the school website.
- ☐ The policy is reviewed at least annually.
- ☐ Pupils with significant allergies are identified.
- ☐ Relevant IHPs are in place.
- ☐ Allergy Action Plans are attached to IHPs where applicable.
- ☐ Prescribed adrenaline is accessible.
- ☐ Spare AAI's are available in appropriate doses.
- ☐ Spare AAI's are stored in pairs.
- ☐ Spare AAI's can reach any relevant location within approximately five minutes.
- ☐ Spare AAI's are checked for expiry.
- ☐ Used/expired devices are replaced.
- ☐ All relevant staff receive annual allergy-awareness training.
- ☐ New and temporary staff receive appropriate induction.
- ☐ Catering staff are appropriately trained.
- ☐ PPDS food is correctly labelled where Natasha's Law applies.
- ☐ Allergen information is accurate and current.
- ☐ Food preparation and cross-contact risks are controlled.
- ☐ Allergy arrangements are included in educational-visit planning.
- ☐ Allergy-related bullying is addressed.
- ☐ Incidents and near misses are recorded.
- ☐ Serious incidents and near misses are reviewed for learning.
- ☐ Safeguarding concerns are referred to the DSL where appropriate.
- ☐ Parents/carers are involved in relevant reviews.
- ☐ Staff know the location of emergency medication.
- ☐ Emergency procedures are tested or exercised periodically.

36. Legal and Guidance Framework

This policy should be read alongside the latest versions of:

- **Keeping Children Safe in Education 2026;**
- **Allergy safety in schools statutory guidance;**
- **Supporting pupils at school with medical conditions;**
- Food Standards Agency guidance concerning allergen labelling and PPDS food;
- applicable food-safety legislation;
- applicable equality legislation;
- the school's Child Protection and Safeguarding Policy; and
- local safeguarding partnership procedures.

The school will follow the most recent statutory requirements where these change after adoption of this policy.

Policy Review Record

Date	Version	Summary of changes	Approved by
Sept 26	1	N/A	Gov Body

Appendix 1 – Immediate Anaphylaxis Response

SUSPECT ANAPHYLAXIS → GIVE ADRENALINE → CALL 999 → STAY WITH THE CHILD → FOLLOW THE ALLERGY ACTION PLAN

Staff must not wait for symptoms to become severe before seeking emergency assistance where anaphylaxis is suspected.

The child's individual Allergy Action Plan and current clinical guidance take precedence for patient-specific instructions.

Appendix 2 – Minimum Emergency Equipment

The school will maintain, as appropriate:

- prescribed adrenaline devices;
- spare AAls in the appropriate doses;
- emergency asthma inhaler and spacer where the school operates an emergency asthma-inhaler scheme;
- copies of relevant emergency instructions;
- emergency contact information; and
- suitable incident-recording arrangements.

Emergency equipment will be checked at defined intervals and after every use.

Appendix 3 – Annual Allergy Safety Audit

The Allergy Safety Lead will complete an annual audit covering:

Leadership

- ☐ Named Allergy Safety Lead
- ☐ Deputy arrangements
- ☐ Governing body oversight

Pupil arrangements

- ☐ Allergy register
- ☐ IHPs
- ☐ Allergy Action Plans
- ☐ Medication
- ☐ Self-management arrangements

Training

- ☐ Annual whole-school training
- ☐ New-staff induction
- ☐ Supply/agency arrangements
- ☐ Catering training
- ☐ Emergency-response competence

Medication

- ☐ Prescribed medication accessible
- ☐ Spare AAls available
- ☐ Correct doses
- ☐ Expiry dates checked
- ☐ Emergency kits accessible
- ☐ Replacement procedure

Food

- ☐ Current ingredient information
- ☐ Allergen information

- ☐ Natasha's Law/PPDS compliance where applicable
- ☐ Cross-contact controls
- ☐ Catering staff competence

Safeguarding and wellbeing

- ☐ Allergy-related bullying monitored
- ☐ DSL awareness
- ☐ Pastoral support
- ☐ Attendance arrangements

Activities

- ☐ Classroom activities
- ☐ PE
- ☐ Clubs
- ☐ Trips and visits
- ☐ Residential visits

Incident management

- ☐ Incident log
- ☐ Near-miss log
- ☐ Lessons learned
- ☐ Policy updates

Publication and communication

- ☐ Policy on website
- ☐ Parents informed
- ☐ Staff aware
- ☐ Pupils receive age-appropriate information

This policy was adopted by [School/Governing Body/Trust] on [date] and will take effect from 1 September 2026.