

POLICY

Holme Slack Community Primary School

OUR CHILDREN CAN ACHIEVE

ALLERGY SAFETY AT SCHOOL

2026-2027







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1. AIMS

This policy aims to:

Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction

Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion

Promote and maintain allergy awareness among the school community

2. LEGISLATION & GUIDANCE

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. ROLES & RESPONSIBILITIES

3.1. The governing board

The governing board is responsible for:

Ensuring the school has an allergy safety policy which sets out:

- ❖ Arrangements to reduce the risk of individuals coming into contact with their known allergens
- ❖ Emergency response plans for cases of anaphylaxis

Reviewing and approving the allergy safety policy at least annually

Taking steps to ensure the allergy safety policy is:

1. Generally known within the school and to parents of pupils at the school
2. At least once a year, brought to the attention of all pupils, parents/carers, staff and volunteers
3. Published on the school's website

Ensuring risks relating to pupils with allergies are included in the risk register and actively managed

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2. Allergy safety lead

The nominated allergy safety lead is the Headteacher.

They are responsible for:

- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline auto-injectors (AAIs)
- Ensuring:
    - ❖ All allergy information is up to date and readily available to relevant members of staff
    - ❖ All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - ❖ All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - ❖ All staff receive regular allergy awareness training
    - ❖ All staff are aware of the school's policy and procedures regarding allergies
    - ❖ Relevant staff are aware of what activities need an allergy risk assessment
    - ❖ Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - o What lessons there are to learn
        - o Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3. Headteacher

The headteacher is responsible for, deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4. Office Staff

The office staff are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5. Teaching & support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils

- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6. Parents/carers

Parents/carers are responsible for:

- On entry to the school, it is the parent's responsibility to inform the office staff of any allergies via the medical information form in the school's welcome pack. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

3.7. Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AAI on their person and only using it for its intended purpose
- Understanding how and when to use their AAI

3.8. Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. IDENTIFYING INDIVIDUALS AT RISK

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals

- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1. Identifying pupils at risk

We will:

- For new starters, send our admission form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via a Microsoft form on Class Dojo

We ask that parents/carers proactively inform us by either phone call to the school on 01772 795257 or an email to office@holmeslack.lancs.sch.uk if their child's medical needs change during the school year.

4.2. Identifying staff & visitors at risk

We will:

- Ask new staff to provide details of their allergies in advance of their start date
- Ask visitors to provide details of their allergies in advance of their visit

4.3. Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made

under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4. Allergy & asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5. Record of individuals with known allergies

The school maintains a record of all individuals who have a known allergy. The record includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has an Individual Healthcare Plan and/or an Allergy Action Plan
- A photograph of each individual (photographs of pupils will require parental consent)

The school keeps a copy of this record in places where food may be served or handled (including school dinner hall, school kitchen, classrooms including the room where after-school club is based).

We allow all pupils to keep their AAIs with them to reduce delays, and this allows for confirmation of consent without the need to check the record.

5. ASSESSING RISK

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. MINIMISING RISK

6.1. Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2. Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3. Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4. Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5. Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own AAIs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section 8.5)

7. PROCEDURES FOR HANDLING AN ALLERGIC REACTION

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AAI will only be used if:
    - ❖ The pupil does not have a prescribed AAI
    - ❖ The pupil's prescribed AAIs are not available or misfire

8. ADRENALINE AUTO-INJECTORS (AAIs)

8.1. PRESCRIBED AAIs

Pupils who are prescribed AAIs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed AAIs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their AAIs with them in the classroom (due to age or other considerations), then the devices will be stored:

- In the school first aid filing cabinet, with a clear label advising location in the drawer. This is located centrally in the school, in the staff corridor. This is close proximity to the school hall and playground.
- In summer when play time is on the back field or during sports day a first aid bag must be taken to the back field with the children AAIs and IHP in.
- These will be taken from the parents in the morning by the class teacher and returned to the parent at the end of the day by the class teacher.
- During local area visits or educational visits AAIs will be carried within the school first aid bag with the IHP and all other medical information for the class.
- The school SENCO will keep the full record of pupils with prescribed adrenaline and their action plan and ensure all key adults are informed who work with the child. They will also ensure this is

- passed up to the relevant member of staff during staff changes, supply staff, PPA staff and for the new academic year.
- A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2. Spare AAIs & Inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare AAIs and emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

Holme Slack Community Primary School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in the first aid filing cabinet, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

Holme Slack Community Primary School holds four spare pens:

- 2 x Jext 150 micrograms (0.15 mg) for children 15-30 kg.
- 2 x Jext 300 micrograms (0.3 mg) for children over 30 kg

The office staff are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

8.3. Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions, these will be disposed of in the sharps bin located next to the first aid filing cabinet

8.4. Using spare AAIs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5. Use of AAIs off school premises

For visits and off-site activities, an appropriate risk assessment will be completed for any pupil known to be at risk of anaphylaxis.

Where pupils prescribed AAIs are attending, a suitable spare AAI (or AAIs) will normally accompany the visit in addition to the pupils' prescribed medication.

Staff will ensure that:

- Prescribed AAIs, spare AAIs, allergy action plans and emergency contact details are accessible throughout the visit.
- At least one member of staff accompanying the visit has received training in the recognition of anaphylaxis and the administration of an AAI.
- Emergency procedures are clearly understood by accompanying staff.

For educational visits involving pupils prescribed AAIs, the visit leader will consider whether both school-held spare AAIs (Jext 150 micrograms and Jext 300 micrograms) should accompany the visit, taking account of the pupils attending, location, duration of the visit and access to emergency medical assistance.

In the event that a pupil, member of staff or other participant develops symptoms consistent with anaphylaxis during the visit, and no prescribed AAI is available, staff will immediately call 999 and follow emergency service advice. A school spare AAI may be administered where appropriate in line with current guidance and emergency medical advice.

Following administration of any AAI, emergency services must be called immediately and the incident reported in accordance with school procedures.

9. SERIOUS INCIDENTS AND 'NEAR MISSES'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1. Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on the 'near misses' Microsoft form, the QR code for this can be found on the first aid notice board opposite the first aid cabinet, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2. Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the headteacher and SENCO. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To the local authority: any allergen-related food safety incidents.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. ALLERGY AWARENESS

10.1. Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - ❖ Calling emergency services and informing parents/carers
    - ❖ How to locate and administer emergency medication
    - ❖ How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2. Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. WELLBEING

Pupils with allergies will have additional support through:

- Pastoral care with our family support worker
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with our Relationships & Behaviour policy.

11.1. Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. INFORMATION SHARING

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. MONITORING ARRANGEMENTS

The arrangements set out in this policy will be monitored by the allergy safety lead.

The governing board will review and approve this policy annually, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. LINKS TO OTHER POLICIES

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Relationships & Behaviour policy

15. RISK ASSESSMENT

Holme Slack Community Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template

APPENDIX 1 - USEFUL LINKS

- Anaphylaxis UK – https://www.anaphylaxis.org.uk/
- Safer Schools Programme https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training – https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK – https://www.allergyuk.org
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement
- BSACI Allergy Action Plans – https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools – http://www.sparepensinschools.uk
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834