Walnut Tree Walk
PRIMARY SCHOOL

ALLERGY SAFETY POLICY

September 2026

Independent Safeguarding Service CIC Member

Contents

1. Aims

This policy aims to:

- Provide a clear and consistent framework for managing allergies safely across the school.
- Ensure compliance with the statutory allergy safety requirements introduced by section 34 of the Children's Wellbeing and Schools Act 2026 and have regard to the Department for Education's statutory guidance, Allergy safety in schools.
- Protect pupils with allergies by reducing risks and ensuring swift and effective responses to allergic reactions, including anaphylaxis.
- Support staff to understand their roles and responsibilities in allergy management.
- Promote awareness, inclusion and safeguarding so that pupils with allergies can participate fully in school life.

This policy should be used by staff as a working guide. It explains not just what the school expects, but how those expectations are to be implemented.

2. Legislation, statutory requirements and statutory guidance

This policy has regard to the Department for Education's statutory guidance: Allergy safety in schools.

It is also based on:

- Section 100 of the Children and Families Act 2014, which places a duty on relevant schools to make arrangements for supporting pupils with medical conditions.
- Section 34 of the Children's Wellbeing and Schools Act 2026, which introduces statutory allergy safety requirements and inserts sections 100A and 100B into the Children and Families Act 2014.
- Supporting pupils with medical conditions at school (DfE statutory guidance).
- The Equality Act 2010.
- The Health and Safety at Work etc. Act 1974.
- The Education Act 2002.
- Keeping Children Safe in Education.
- The SEND Code of Practice: 0 to 25 years.
- The Food Information Regulations 2014 and associated requirements relating to allergen information, including requirements for prepacked for direct sale (PPDS) food.

3. Definitions

Allergy:
An adverse reaction by the immune system to a normally harmless substance, such as food, medication, insect stings, or latex.

Allergen:
A substance that triggers an allergic reaction.

Mild to Moderate Allergic Reaction:
Symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; mild throat tightness; hives or an itchy skin rash; abdominal pain or vomiting.

Anaphylaxis:
A potentially life-threatening allergic reaction affecting the Airway, Breathing and/or Circulation ("ABC"). Signs may include swelling of the throat, tongue or upper airways; difficulty breathing, wheezing or persistent coughing; dizziness, faintness, confusion, pale or clammy skin or loss of consciousness. Anaphylaxis can occur without a skin rash or other mild symptoms and requires an immediate emergency response.

4. Roles and Responsibilities

The successful management of allergies requires shared responsibility across the school community. A coordinated approach ensures that pupils with allergies are supported effectively and that the school environment remains safe and inclusive.

The Governing Body has overall responsibility for ensuring that the school has an effective Allergy Safety Policy and appropriate arrangements for supporting pupils with allergies. It will:

- approve this policy and review it at least annually;
- monitor the effectiveness of the school's allergy safety arrangements;
- ensure that allergy-related risks are appropriately identified and managed;
- ensure that sufficient resources are available to implement this policy, including appropriate staff training and access to emergency medication; and
- consider learning arising from serious allergy-related incidents and near misses.

Named Senior Leader responsible for Allergy Safety: Andrew Chaplin

The named senior leader is responsible for driving the implementation of this policy and contributing to or leading its review. They will ensure that arrangements for identifying and supporting pupils with allergies are implemented consistently across the school and that appropriate communication, training, emergency arrangements and risk-reduction measures are in place.

The Headteacher and Senior Leadership Team will support the named senior leader and ensure that:

- pupils requiring specific arrangements because of an allergy have those arrangements documented through an Individual Healthcare Plan (IHP);
- any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional is referred to or attached to the pupil's IHP;
- prescribed adrenaline devices and the school's spare adrenaline auto-injectors (AAIs) are readily accessible when required;

- appropriate allergy-awareness and emergency-response training is provided to staff;
- arrangements are in place for school trips, visits, extracurricular activities and other situations where pupils may be exposed to allergens; and
- serious incidents and near misses are recorded, reported and reviewed so that lessons can be learned.

Teaching and support staff must familiarise themselves with this policy and with the individual arrangements for pupils in their care. Staff must know how to recognise an allergic reaction and anaphylaxis, how to summon assistance and where emergency medication is located. Staff must follow pupils' IHPs and healthcare-professional-issued Allergy or Asthma Action Plans and take reasonable steps to minimise exposure to known allergens.

Parents and carers should provide the school with accurate and up-to-date information about their child's allergy, known triggers, prescribed medication and any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional. They should inform the school promptly of any changes and provide prescribed medication in accordance with the arrangements agreed with the school.

Pupils with allergies will be supported to take an age-appropriate role in managing their condition. Where appropriate, they will be encouraged to recognise symptoms, seek help promptly and carry or otherwise have ready access to their prescribed medication. Decisions about self-management will take account of the pupil's age, competence, needs and safety and will be discussed with the pupil, parents and relevant healthcare professionals where appropriate.

5. Management of Allergies

The school is committed to maintaining an environment in which allergy-related risks are identified and minimised as far as reasonably possible, while ensuring that pupils with allergies are able to participate fully in school life.

The school will seek information about allergies when a pupil joins the school and whenever a new allergy or suspected allergy is identified. Parents and pupils should inform the school promptly of any known allergy, suspected allergy under medical investigation, relevant triggers, prescribed medication and changes in treatment.

A central record of pupils with known allergies will be maintained and kept up to date. Appropriate information will be shared with staff who need it in order to keep the pupil safe, including teaching, support, catering and lunchtime staff. Information will be handled in accordance with data protection requirements and will only be shared where necessary and proportionate.

The school will also consider allergy-related needs of staff and visitors where appropriate. Staff should inform the school of any allergy that may require arrangements to be made while they are at work. Where reasonably practicable, visitors will be asked in advance about any allergy the school needs to be aware of, particularly where food will be provided. Appropriate information about known allergens and emergency medication will be recorded and shared with those who need to know.

A pupil will have an **Individual Healthcare Plan (IHP)** where:

- their allergy has a functional impact on them at school;
- they are at risk of harm as a result of their allergy; and
- they require arrangements additional to or different from those generally available.

A formal diagnosis is not necessarily required before appropriate arrangements are put in place. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan,

this will be referred to or attached to the IHP. The IHP will be reviewed at least annually and sooner following a significant change, serious incident or near miss.

Pupils who have been prescribed adrenaline devices will have access to both of their prescribed devices at all times, including during lessons, break and lunchtimes, PE and sport, extracurricular activities and educational visits.

Where appropriate to the pupil's age and competence, pupils will be encouraged to carry their own prescribed medication. Where medication is held by the school, it will be stored safely but remain readily accessible.

The school will hold spare AAIs for emergency use in accordance with current national guidance. Spare AAIs will:

- be readily accessible and not locked away;
- be stored in pairs;
- be clearly identified as emergency stock;
- be positioned so that adrenaline can be brought to any person experiencing anaphylaxis within five minutes;
- be checked regularly to ensure that they remain in date and are replaced following use or expiry; and
- be available in appropriate doses for the age range of pupils attending the school.

Where the school operates over a large or multi-site premises, sufficient sets of spare AAIs will be available to maintain the five-minute access requirement.

The school will take reasonable steps to minimise exposure to known allergens in classrooms, dining areas, outdoor spaces and other parts of the school environment.

6. Allergy Action Plans and Emergency Procedures

Where a pupil has a known food allergy or allergy to insect stings, an appropriate Allergy Action Plan should be provided by the relevant healthcare professional. Pupils with asthma should similarly have an Asthma Action Plan where one has been issued. These medical plans will be incorporated into or attached to the pupil's IHP where an IHP is required.

Relevant staff must know where these plans and emergency medication can be accessed.

Where a pupil experiences a **mild to moderate allergic reaction**, staff will:

- follow the pupil's Allergy Action Plan where one is available;
- administer any medication prescribed or authorised for that reaction;
- contact the pupil's parent or emergency contact;
- keep the pupil under direct supervision and not leave them unattended; and
- observe the pupil in a safe place for at least 60 minutes because a mild reaction can develop into anaphylaxis.

Anaphylaxis is a medical emergency.

Where a pupil shows signs affecting the Airway, Breathing and/or Circulation, or where staff are otherwise concerned that anaphylaxis is occurring:

- the pupil will be placed flat with their legs raised;
- adrenaline will be administered immediately;
- if there is uncertainty about whether the reaction is anaphylaxis, staff should treat it as anaphylaxis and give adrenaline;

- the pupil's own prescribed adrenaline device will be used in the first instance where available;
- a school spare AAI may be used where the pupil's own prescribed device is unavailable, cannot be used or malfunctions, or where an individual experiences anaphylaxis without having a previously prescribed adrenaline device;
- staff must not delay administering adrenaline while attempting to contact emergency services;
- 999 will be called immediately after adrenaline has been administered and "anaphylaxis" will be stated;
- the pupil must not be expected to walk to the school office, first-aid room or medication storage area — help and emergency medication must be brought to them;
- the pupil must not be left unattended;
- a further dose of adrenaline will be administered after five minutes if there has been no improvement, in accordance with current emergency guidance and the pupil's action plan; and
- parents or carers will be informed as soon as practicable.

The absence of prior parental consent must not delay emergency treatment where adrenaline is required to save life.

A reliever inhaler must not be used instead of adrenaline to treat anaphylaxis.

The incident and the school's response will be recorded. Following any serious allergic reaction or near miss, the school will review what happened, identify any learning and consider whether the pupil's IHP, this policy or wider school arrangements require amendment. Appropriate emotional and pastoral support will be provided to the pupil and others affected.

7. Prevention and Risk Reduction

The school will take reasonable and proportionate measures to minimise the risk of pupils, staff and visitors being exposed to their known allergens.

Allergy risks will be considered when planning lessons, activities, events, extracurricular provision and educational visits. This includes potential exposure through food and through contact or airborne allergens.

Staff planning activities will consider whether materials may contain allergens, including activities involving:

- food preparation or cooking;
- science;
- art and craft materials;
- music;
- animals or animal feed; and
- food packaging or containers previously used for food.

Where a pupil has a known allergy, reasonable steps will be taken to enable them to participate alongside their peers rather than excluding them from an activity.

For pupils with food allergy:

- food and drinks provided specifically for an individual pupil will be clearly identifiable;

- food sharing, swapping or trading between pupils will be discouraged or prohibited where this creates an allergy risk;
- staff handling or serving food will understand how to check allergen information and reduce cross-contamination;
- food brought into school by pupils, parents or staff for celebrations, events or activities will be managed in a way that takes account of known allergies;
- unlabelled food will not be assumed to be safe for a pupil with a food allergy; and
- appropriate cleaning and food-handling procedures will be used to reduce cross-contamination.

The school and any catering provider will comply with applicable food information legislation. Accurate information about allergens in food provided by the school must be available to pupils and parents, including information required for prepacked for direct sale (PPDS) food. School leaders will maintain appropriate oversight of catering arrangements and the controls used to prevent allergen exposure.

The school will not rely solely on blanket “allergen-free” or “nut-free” claims as a substitute for robust allergy-management arrangements. Where restrictions on particular foods are considered appropriate, these will form part of a wider risk-management approach.

Specific risk assessments will be completed where appropriate for pupils with allergies taking part in school trips or external visits. Pupils at risk of anaphylaxis must have appropriate access to their prescribed adrenaline device, and staff accompanying them must know how to respond to an emergency. The school will consider whether spare AAIs should also accompany a visit without leaving the school site without appropriate emergency provision.

The school will also comply with the safeguarding and welfare requirements of the Early Years Foundation Stage (EYFS). Before a child is admitted to the provision, information will be obtained about any special dietary requirements, food allergies, intolerances and special health requirements. This information will be kept up to date and shared with staff involved in preparing, handling and serving food. At each meal and snack time, there will be a clear system for ensuring that the food provided is suitable for each child, and the school will follow the EYFS requirements and guidance relating to safer eating.

8. Supporting Pupils with Allergies

The school recognises that allergies can affect pupils’ emotional wellbeing, confidence and social participation as well as their physical health. Pupils may experience anxiety about exposure to allergens or anaphylaxis and may feel different, isolated or stigmatised because of the arrangements needed to keep them safe.

The school will take an inclusive approach and will support pupils with allergies to participate fully in lessons, school meals, educational visits, extracurricular activities and other aspects of school life. Reasonable adjustments and individual arrangements will be made where required.

Pupils will be supported, according to their age and competence, to understand and increasingly manage their own allergy. This may include recognising symptoms, seeking help, understanding triggers and carrying their own medication where appropriate. Increasing independence will not remove the school’s responsibility to provide appropriate support and supervision.

Bullying, intimidation or teasing associated with allergy will not be tolerated. This includes deliberately exposing or threatening to expose a pupil to a known allergen, making fun of allergy-management arrangements or otherwise using a pupil’s allergy to frighten, isolate or humiliate them. Concerns will be addressed in accordance with the school’s Behaviour and Anti-Bullying Policies and, where appropriate, its safeguarding procedures.

Unacceptable practice

The school considers the following practice unacceptable:

- preventing a pupil from having ready access to their prescribed medication;
- ignoring the views of the pupil, their parents or relevant healthcare professionals;
- assuming that all pupils with allergies require identical support;
- assuming that an older or more independent pupil no longer requires support;
- failing to put reasonable arrangements in place simply because a pupil does not yet have a formal diagnosis;
- unnecessarily excluding a pupil from school meals, lessons, trips, extracurricular activities or other normal school experiences because of their allergy;
- sending a pupil who is having an allergic reaction to seek help or medication without appropriate supervision;
- requiring a parent or carer routinely to attend school to administer medication because suitable school arrangements have not been put in place;
- penalising a pupil for absence genuinely associated with the management of their allergy; or
- allowing allergy-related arrangements to result in avoidable discrimination, stigma or isolation.

9. Staff Training

All staff who are present while pupils are scheduled to be on the school site will receive allergy-awareness and emergency-response training at least annually.

This will include, as applicable:

- permanent teaching and support staff;
- temporary and supply staff;
- peripatetic staff;
- agency workers;
- regular volunteers;
- catering staff;
- lunchtime staff; and
- staff supervising breakfast clubs, after-school clubs or other school provision.

Training will ensure that staff:

- understand what allergy is and the risks it may pose;
- understand that allergic conditions can include food allergy, asthma, eczema and hay fever and that these may co-exist;
- understand the distinction between food allergy, food intolerance and coeliac disease;
- know how to access information about pupils' known allergens;
- recognise the signs of mild and moderate allergic reactions and anaphylaxis;

- know how to respond in an emergency;
- know where prescribed and spare emergency medication is located;
- know how to administer emergency adrenaline;
- understand the school's Allergy Safety Policy and relevant individual plans;
- understand their responsibility to reduce exposure to known allergens;
- understand the potential emotional and wellbeing impact of allergy; and
- know how to report an allergy-related incident or near miss.

Allergy-awareness training will form part of the induction arrangements for new staff. The school will also ensure that appropriate arrangements are made for temporary, supply and cover staff.

Where an individual pupil requires healthcare support beyond the school's general allergy-safety arrangements, any additional clinical training, competency or delegation requirements will be agreed separately with the appropriate healthcare professional or service.

10. Pupil Transition

The school recognises that admission and transition are important points at which allergy-management arrangements must be established or reviewed.

When a pupil joins the school, parents will be asked to provide information about any known or suspected allergy, relevant healthcare advice, medication and any existing Allergy Action Plan, Asthma Action Plan or IHP.

Where the school is aware in advance that a pupil with an allergy will be joining, appropriate arrangements should wherever possible be in place by the start of the relevant school term.

Where a pupil joins unexpectedly or transfers during the school term, every effort will be made to put appropriate arrangements in place as soon as possible and, where appropriate, within two weeks.

Information about pupils with allergies will be shared appropriately when pupils move between classes, year groups, key stages or relevant staff teams so that continuity of support is maintained.

When a pupil transfers to another education setting, relevant allergy information, including the existing IHP and any healthcare-professional-issued Allergy or Asthma Action Plan, will be shared securely with the receiving setting where this is necessary to support safe transition. The receiving setting will be responsible for establishing arrangements appropriate to its own environment.

11. Monitoring Arrangements

The effectiveness of the school's allergy-safety arrangements will be kept under review by the Headteacher, named senior leader responsible for allergy safety and Governing Body.

This policy will be reviewed **at least annually** and sooner where:

- there has been a serious allergy-related incident or near miss;
- an incident indicates that existing arrangements may not be sufficiently robust;
- relevant legislation or statutory guidance changes; or
- there is a significant change to school circumstances or practice.

The review will take account of feedback from pupils with allergies, parents, staff and other relevant persons where appropriate.

All serious allergy-related incidents and near misses will be recorded as soon as practicable. Records will include sufficient information to establish what happened, who was affected, when and where it occurred, how staff responded and how the incident concluded.

Parents or carers will be informed as soon as practicable about a serious incident or near miss involving their child. Appropriate incidents will also be reported to the Governing Body and to any external body where a separate statutory reporting requirement applies.

Serious incidents and near misses will be reviewed in a learning-focused manner to determine whether changes are required to:

- the pupil's IHP or action plan arrangements;
- staff training;
- food or catering arrangements;
- emergency medication arrangements;
- risk assessments; or
- this Allergy Safety Policy.

This policy will be published on the school's website and made readily available to parents and staff. The school will take steps at least annually to bring the policy to the attention of pupils, parents and carers, and people working at the school.

Date of Policy: 1st September 2026