Errington Primary School

Allergy Safety Policy

Part of Atomix Educational Trust — compliant with DfE statutory guidance, Allergy Safety in Schools (2026)

Author / policy lead	(Headteacher), Allergy Safety Lead
Approved by	Headteacher, September 2026. Noted by the governing board, 1 October 2026.
Last reviewed on	September 2026
Review frequency	Annually, and after any serious incident or near miss
Next review due by	September 2027
Statutory basis	Allergy Safety in Schools (DfE, 2026); s.34 Children's Wellbeing and Schools Act 2026; s.100 Children and Families Act 2014

1. Aims

This policy aims to:

- Set out Errington Primary School's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of an allergic reaction
- Make clear how the school supports pupils with allergies to ensure their wellbeing and inclusion, so that no pupil is disadvantaged in school life
- Promote and maintain allergy awareness across the whole school community

2. Legislation and guidance

This policy is based on the Department for Education's statutory guidance 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:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The board of trustees

As part of Atomix Educational Trust, the board of trustees is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy setting out arrangements to reduce the risk of individuals coming into contact with their known allergens, and emergency response plans for cases of anaphylaxis
- The allergy safety policy is reviewed at least annually, updated when needed, and published

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

3.2 Allergy safety lead

The nominated allergy safety lead is Rob Shildrick **(Interim Headteacher)**. They are responsible for:

- Implementing this allergy safety policy
- Contributing to its review at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (ADs)
- Ensuring all allergy information is up to date and readily available to relevant staff
- Ensuring all pupils who require support with allergies have an up-to-date individual healthcare plan (IHP), and that all pupils with a known food or insect-sting allergy have an up-to-date allergy action plan issued by a medical professional
- Ensuring all staff receive regular allergy awareness training and are aware of the school's allergy policy and procedures
- Ensuring relevant staff know which activities need an allergy risk assessment
- Ensuring serious incidents and near misses are recorded and reported, lessons are identified, and any changes to the medical conditions policy, this policy or a pupil's IHP are considered and shared with staff

3.3 Headteacher

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

3.4 Named staff responsible for spare adrenaline devices

Georgia Jones (Office Administrator) and **Joanne Midgley (Business Co-ordinator)** are responsible for:

- Checking monthly that spare adrenaline devices are present and in date
- Making sure replacement devices are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of this allergy safety policy and its procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care, including in cover classes, as a reaction could occur at any time and not only at mealtimes
- Reducing the risk of pupils with known allergies coming into contact with their allergens, and supervising food-related activities with due caution
- 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:

- Being aware of this allergy safety policy
- On entry to the school, and whenever things change, providing up-to-date details of their child's allergies, dietary requirements and any history of reactions and anaphylaxis
- Providing a copy of their child's allergy action plan (BSACI plans preferred); where none exists, arranging one with a healthcare professional as soon as possible

- If required, providing two in-date adrenaline auto-injectors and any other medication (inhalers, antihistamine), and ensuring these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Keeping the school updated on any changes to their child's condition

3.7 Pupils with allergies

Where age-appropriate, these pupils are responsible for being aware of their allergens and the risks they pose, understanding how and when to use their AD, carrying it and only using it for its intended purpose, and letting an adult know as soon as they suspect they are having a reaction.

3.8 Pupils without allergies

These pupils are responsible for being aware of allergens and the risk they pose to their peers.

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 airborne allergens such as pollen, house dust mite, animal fur/feathers or mould
- Skin allergies (eczema, contact dermatitis, hives) caused by contact with allergens including house dust mite, pollen, nickel, latex and some chemicals
- Food allergy, causing symptoms 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

Common UK allergens include, but are not limited to, peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parents/carers once their place is 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 or moves 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, via ParentMail, asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us of any change to their child's medical needs during the year, by telephone on 01642 482002 or by email to Georgia Jones, georgia.jones@atomix.ac.uk.

4.2 Identifying staff and visitors at risk

We will ask new staff to provide details of any allergies in advance of their start date, and ask visitors to make us aware of any relevant allergies in advance of their visit.

4.3 Individual healthcare plans (IHPs)

A pupil 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 they require arrangements which are additional to or different from those made generally. A formal diagnosis is not always necessary; a healthcare professional may accept that the child shows symptoms rather than proceeding to a formal diagnosis.

The IHP sets out the additional and/or different arrangements in place to support the pupil, including in emergencies. We will make every effort to put arrangements in place within 2 weeks, or by the beginning of the relevant term for pupils new to the school. Not all children with an allergy will require an IHP — some allergies have little or no impact at school, or require nothing additional to or different from arrangements made generally.

The headteacher decides, in discussion with parents/carers and relevant healthcare professionals, whether a pupil's allergy can be managed under the medical conditions policy or whether an IHP is required. IHPs are reviewed at least annually and more frequently if the pupil's needs change; where a pupil moves to a new school, their IHP is shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils with a known allergy to a food or insect sting should be issued with an allergy action plan by their healthcare professional (BSACI plans preferred), and all pupils with asthma with an asthma action plan. These plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler for an asthma attack. The action plan is attached to the pupil's IHP; whenever it is updated, the IHP is reviewed to incorporate it.

4.5 Register of pupils with known allergies

The school maintains a register of pupils with a known allergy, kept by the allergy safety lead and the office. It includes known allergens and risk factors for anaphylaxis, whether the pupil has been prescribed an AD (and its type and dose), whether parental consent has been given to administer emergency medication, and a photograph of the pupil to allow a visual check (with parental consent). The register is held in a location easily accessible to staff, including where food is served, and can be checked quickly by any member of staff as part of an emergency response. A photographic list of pupils with allergies is also provided to catering staff and kept up to date.

5. Assessing risk

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

- Cooking and food-technology activities
- Science experiments involving foods
- Crafts using food or 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 is also carried out where a visitor requires a guide dog. In addition, the school completes a detailed individual risk assessment for all newly joining pupils with allergies and any pupils newly diagnosed, to identify any gaps in our systems for keeping allergic children safe (see the Anaphylaxis UK risk assessment template).

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 and drinks provided for pupils with food allergies are 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 are sought in advance

6.2 Catering

The school is committed to providing safe food options for pupils with allergies. All food businesses, including the school caterer, follow the Food Information Regulations 2014, under which allergen information for the 'top 14' allergens must be available for all food products.

- Office staff inform the Catering Manager/Cook of pupils with food allergies, providing a list and photographs that are kept up to date through regular checks of ParentMail, and liaise regularly with the catering team
- Catering staff are able to identify pupils with allergies and follow hygiene and allergy procedures to avoid cross-contamination — for example preparing food for children with allergies first, and careful cleaning of preparation areas and utensils
- Menus are available for parents/carers and pupils with ingredients clearly labelled, and parents/carers are encouraged to meet the Catering Manager/Cook to discuss their child's needs (this is highlighted on the school website)
- Where food is provided by the school, staff understand how to read labels for food allergens
- Food is not given to primary-age food-allergic children without parental engagement and permission (for example birthday treats)
- The use of food in crafts, cooking, science experiments and special events (fetes, assemblies, cultural events) is considered and may be restricted or risk-assessed depending on the allergies and age of the children involved

6.3 Insect bites and stings

When outdoors, shoes should always be worn, and food and drink should be covered.

6.4 Animals

All pupils wash their hands after interacting with animals to avoid putting pupils with allergies at risk through later contact, and pupils with animal allergies do not interact with animals.

6.5 Visits and trips

- No pupil with allergies is excluded from taking part
- The school plans for all events and trips and ensures staff involved are aware of pupils' allergies and have received appropriate training
- Staff leading trips carry all relevant emergency supplies and check that pupils with medical conditions carry their medication; a risk assessment is completed for any pupil at risk of anaphylaxis
- Pupils at risk of anaphylaxis have their own AD with them, and a member of staff trained to administer adrenaline accompanies the group
- For overnight trips, arrangements are planned carefully with a parents' meeting, and the venue is briefed early where an allergic child is attending and needs appropriate food
- For sporting excursions, the host school is notified when arranging the fixture that a team member has an allergy, and a trained member of staff accompanies the team
- Off-site AD arrangements follow 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 (anaphylaxis) and to 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 AD will only be used if the pupil does not have a prescribed AD, or their prescribed AD is not available or misfires

7.1 Recognising a reaction

Symptoms usually come on within minutes of exposure. Mild to moderate symptoms may include a red raised rash (hives) anywhere on the body, a tingling or itchy mouth, swelling of the lips, face or eyes, and stomach pain or vomiting. More serious symptoms are the ABC symptoms:

- AIRWAY — swelling in the throat or tongue, tightening of the throat, hoarse voice, difficulty swallowing
- BREATHING — sudden wheezing, breathing difficulty or noisy breathing
- CIRCULATION — dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness

If the pupil has been exposed to a known allergen, an anaphylactic reaction is more likely. Adrenaline is the mainstay of treatment and works within seconds to open the airways, reduce swelling and raise blood pressure.

7.2 Emergency response

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Staff will:

- Keep the child where they are, call for help and not leave them unattended
- Lie the child flat with legs raised (they may be propped up if struggling to breathe, for as short a time as possible)
- Use the adrenaline auto-injector without delay into the muscle of the outer thigh, following the instructions on the device, and note the time given
- Call 999 and state clearly that this is anaphylaxis
- Administer a second AAI if there is no improvement after 5 minutes
- Commence CPR if there are no signs of life
- Call the parent/carer as soon as possible

While waiting for the ambulance, the child is kept where they are and not stood up or sat in a chair, even if they feel better, as this can cause a dangerous fall in blood pressure. All pupils go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can recur.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils prescribed ADs are encouraged to keep them on or near their person at all times, including when travelling to and from school and on trips; two devices should be carried. Pupils take their prescribed ADs home at the end of each day, and parents are responsible for ensuring they are in date. Where a pupil cannot keep their devices with them because of age, the devices are stored in an appropriate central location that is unlocked and accessible at all times, no more than five minutes from where they may be needed, and kept at room temperature away from direct sunlight and temperature extremes. A copy of the pupil's allergy action plan is kept alongside their medication. The allergy safety lead and office keep a record of which pupils have been provided with prescribed adrenaline and an allergy action plan; the First Aider also checks medication kept at school each term and reminds parents when expiry approaches.

8.2 Spare ADs and inhalers

Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices; nasal adrenaline may be prescribed to individuals but cannot be stocked as a spare. If an individual prescribed nasal adrenaline suffers anaphylaxis, the school's spare AAIs may be used in an emergency.

Errington Primary School holds **two spare AAIs (ARC Medical Kits)**, stored in an orange pack clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away, and accessible to and known by all staff. They are held in the following locations:

- The Year 5 classroom
- The office medical cupboard

Spare AAIs are stored in pairs, in case a second is necessary, and kept separate from any pupil's prescribed AD and clearly labelled to avoid confusion. Larger sites may require devices in more than one area (for example near the dining area and the playground). Georgia Jones and Joanne Midgley check monthly that the spare devices are present and in date and obtain replacements as expiry approaches.

Errington Primary hold 4 spare injectors, 2 are 150mcg and 2 are 300mcg. There is also 1 spare asthmas reliever inhaler on site.

8.3 Disposal

ADs are single-use. Once used, a device is disposed of as sharps — handed to ambulance paramedics on arrival or placed in the sharps bin, which is kept in the Reprographics room and obtained from and collected by a clinical waste contractor.

8.4 Using spare ADs in an emergency 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 obtains advance consent from parents/carers through the pupil's allergy action plan so that, in an emergency, consent can be assumed. In any case, in an emergency anyone may take reasonable action to save a life without checking whether prior consent has been given, avoiding potentially fatal delays. If anaphylaxis is suspected in an undiagnosed individual, staff call the emergency services, state that they suspect anaphylaxis, and follow their advice on whether to administer the spare AAI.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who can administer their own adrenaline carry their own ADs on trips and off-site events. Staff leading trips also carry the relevant emergency supplies, and a member of staff trained to administer adrenaline accompanies the group.

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 is harmed or placed at 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 that did not result in harm but had clear potential to do so — for example where an error, omission or system failure could reasonably have led to a serious incident.

9.1 Incident recording

The school records serious incidents and near misses relating to allergy safety as soon as feasible, in the accident book, including 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; and how the incident concluded. Incidents and near misses are approached in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

Parents/carers are notified of an incident or near miss as soon as possible. The school shares the report with the pupil's parents and gives them the opportunity to discuss what happened and contribute to the lessons-learned review, then confirms what has been learnt and any resulting actions. Because the impact of exposure

may be delayed and only recognised once a pupil is home, the pupil, parents/carers or others such as healthcare professionals can also report an incident to the school.

Staff always share the incident report with the allergy safety lead, who considers whether the arrangements in place were appropriate or whether changes are needed to this policy or the pupil's IHP, and shares any learning with staff. The school also shares the report externally where required:

- With the Health and Safety Executive (RIDDOR), for incidents arising from a work activity that result in death or immediate hospitalisation — for example harm after consuming an allergen due to incorrect food preparation by staff
- With the local authority food safety team, for any allergen-related food-safety incidents

Where an incident or near miss related to the delivery of a care plan or action plan issued by a healthcare professional, that professional is notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present while pupils are scheduled to be on site receive allergy awareness training at least annually, with new starters completing it as part of induction. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff, and staff overseeing breakfast or after-school clubs. It does not include contractors with no pupil-facing role, such as builders, electricians or ad hoc maintenance personnel.

All staff complete the **Beat Anaphylaxis-Friendly Schools e-Learning module** at the start of every academic year, with ad-hoc access for new staff, available on the NHSE e-Learning for Health platform. The school holds training pens from EpiPen and Jext so staff can practise safely and be familiar with the differences, and conducts an annual allergy safety drill — a simulated case of anaphylaxis to test how staff respond, the results of which are recorded and used to inform the review of this policy. Training ensures that all staff:

- Have an awareness of allergy, the risks it poses, how reactions occur and how to manage them
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever) which can co-exist, and the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers, can identify the range of symptoms, and can recognise anaphylaxis
- Know how to respond in an emergency — calling emergency services and informing parents/carers, locating and administering emergency medication, and using the device
- Understand the impact allergy can have on a pupil's wellbeing
- Understand this policy, know how to check whether an individual is on the record of those with known allergy, and know how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of exposure to known allergens
- Understand how to report an allergic reaction or case of anaphylaxis, whether an incident or a near miss

10.2 Awareness of this policy

This policy is published on the school's website and shared with parents/carers at the start of the school year. All staff are made aware of and understand it as part of annual allergy awareness training. The school adopts a whole-school allergy-awareness approach rather than a blanket allergen ban, in line with Beat Anaphylaxis and Anaphylaxis UK, recognising that no school can guarantee an allergen-free environment and that awareness and education keep pupils safer. Pupils are taught about allergies using resources such as Allergy School.

11. Wellbeing

Pupils with allergies can experience bullying and may suffer anxiety relating to their allergy. They are supported through pastoral care, regular check-ins with their class teacher, and reassurance that steps are being taken to minimise exposure and that robust measures are in place in the event of anaphylaxis. The school responds to any instance of bullying in line with its behaviour policy.

11.1 Wellbeing following an incident or 'near miss'

An incident or near miss is a serious event with a potential impact not only on the pupil but on their family, those involved in responding and any witnesses. The school provides support to those involved, including staff. See section 9 for more detail.

12. Information sharing

Information about an individual's health is special category data under UK GDPR and is handled in line with the school's data protection policy. It is shared only with those who need it to keep the individual safe, in a controlled and respectful way.

13. Monitoring arrangements

This policy is monitored by the allergy safety lead and reviewed and approved at least 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:

- Supporting pupils with medical conditions / medication policy
- Health and safety policy
- School food policy
- Data protection policy
- Behaviour and anti-bullying policy
- Educational visits policy
- Safeguarding and child protection policy

Useful links

- Beat Anaphylaxis — schools and early years
- Anaphylaxis UK
- Anaphylaxis UK — Safer Schools Programme
- BSACI paediatric allergy action plans
- Spare Pens in Schools
- Allergy UK — at school
- DfE — Allergy safety in schools
- DHSC — Using emergency adrenaline auto-injectors in schools