

Allergy Safety Policy

2026-2027



**‘The Love of Christ impels us’
To be
Ready, Respectful, Safe**

**‘To love one another as I have
loved you’**

Approved: Autumn 2026

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Signed: Chair Governors

Allergy safety policy

This document outlines what should be included in an allergy safety policy, in line with the [statutory guidance](#).

Section 34 of the [Children's Wellbeing and Schools Act 2026](#) requires that maintained schools, academies and PRUs must have an allergy safety policy.

Michelle Bessant, DDL & SLT, Year 1 to Year 6 and Deborah Walsh, Nursery and Reception classes have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

Allergy safety policies should be reviewed and approved by FGB at least annually. Policies can be reviewed more frequently, particularly where incidents or “near misses” suggest areas for improvement. Any review should take account of any incidents and “near misses” and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

Governing bodies should ensure that allergy safety policies are **readily accessible to parents** and staff. Policies should be published on the school, college or **setting's website** and be made available in hard copy on request.

Culture

Awareness training

Set out how staff will be **trained** in **allergy awareness and emergency response**, at least annually.

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Set out induction arrangements for new staff, as well as arrangements to ensure supply and cover staff have received allergy awareness training.

Allergy awareness training should ensure 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; how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting'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").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

Set out how the **wellbeing** of children and young people with allergy will be promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

Set out how bullying of children and young people with allergy will be addressed and avoided.

Minimising risk

Set out how the school, college or setting will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This should include:

- Measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where children and young people have known allergy to airborne or contact allergens, how the school, college or setting will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.
- An expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

Set out how the school, college or setting will manage the risk of food allergy and provide clear information on allergens in food provided.

Alternatively, point to or summarise the relevant information set out in a separate policy.

Individual children and young people

Identification

Set out arrangements for identifying individuals with allergy (not just children and young people but also members of staff and visitors), their known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices).

Set out how a record will be kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan.

Set out arrangements for gathering information about known allergies, for example from the child or young person, their parents and their previous setting.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- 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.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Set out how children and young people with allergy who require specific support arrangements will have them documented through an **Individual Healthcare Plan**.

This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person’s Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline

Set out how the school, college or setting will ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices **at all times**, noting that in a case of

anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

The allergy safety policy should set out:

- Arrangements for children, young people and parents to take individually prescribed adrenaline devices home (for example at the end of the day for the journey home) and for checking that they remain in date;
- How records will be kept of which children and young people have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

School-wide policies

“Spare” adrenaline devices

Set out how “spare” adrenaline devices will be used and managed, including:

- How and when “spare” adrenaline devices should be used;
- Where “spare” adrenaline devices will be located;
- How “spare” adrenaline devices will be stored (see above);
- How “spare” adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date;
- Processes for replacing “spare” adrenaline devices when they are used or go out of date (including safe disposal of adrenaline autoinjectors as they contain a needle).

Schools should ensure that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs. Schools with large sites should consider having two pairs of “spare” devices, so that a pair of “spare” adrenaline devices are available within five minutes of wherever they may be needed. Where schools operate across more than one site, they should ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

When storing “spare” adrenaline devices:

- “Spare” adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of their allergy safety policy. In larger schools, more than one set of “spare” adrenaline devices may be needed (for example one near the central dining area and another near the playground);
- “Spare” adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- “Spare” adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked “emergency anaphylaxis kit” containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

Visits and trips

Set out what arrangements and adjustments will be put in place to ensure children and young people with allergy are able to participate in **visits and trips**, and do so safely (including access to adrenaline where required).

Set out how risk assessments will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises. Children and young people at risk of anaphylaxis should have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency.

Serious incidents and “near misses”

Set out how the school, college or early years setting will record, report and respond to serious incidents or “near misses” involving allergy safety.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident.

Alternatively, point to or summarise the relevant information set out in a medical conditions or medication policy.

Information sharing

Set out how the school, college or early years setting will share information about children and young people with allergy.

Alternatively it may point to or summarise the relevant information set out in a data protection policy.

A child or young person’s health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child’s special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children’s confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Awareness of the allergy safety policy

Set out how the school, college or early years setting will raise awareness of the policy. The allergy safety policy should be published on the school, college or setting’s website. All staff should be aware of and understand the policy, as part of annual allergy awareness training.

Consider setting out how awareness of allergy safety will be raised among children and young people. Where children and young people are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training should be considered carefully and discussed with the child or young person and their parents, and should not replace staff emergency response arrangements.

