St. James CE Primary School

St. James CE Primary School

Allergy Safety Policy



Statement of Vision and Values

In consultation with pupils, parents, governors, community members and staff our vision and values were generated based on our inspiration from the Parable of the Sower and how this links to our children and their journey with us.

Vision

Within our community we strive to develop deep roots, strong growth and freedom to flourish as a unique and whole child of God.

Matthew 13 - The Parable of the Sower – '… but the seed falling on good soil refers to someone who hears the word and understands it. …….produces a crop, yielding a hundred, sixty or thirty times what was sown."







We decided at St James CE Primary School that Kindness and Respect are values which we feel underpin our vision and are incorporated in all we do and say – so therefore these two values will be taught alongside all the other six values we have chosen.

½ termly focus	Value
Autumn 1	Responsibility
Autumn 2	Friendship
Spring 1	Perseverance
Spring 2	Trust
Summer 1	Courage
Summer 2	Positivity

St James' CE Primary School is committed to the safeguarding of our pupils and staff.

Allergy Safety Policy

Contents

1. Aims
2. Legislation and guidance
3. Roles and responsibilities
4. Identifying individuals at risk
5. Assessing risk
6. Minimising risk
7. Procedures for handling an allergic reaction
8. Adrenaline devices (ADs)
9. Serious incidents and 'near misses'
10. Allergy awareness
11. Wellbeing
12. Information sharing
13. Monitoring arrangements
14. Links to other policies

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

Add or adapt these aims in line with your school's approach and context

2. Legislation and 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:

Allergy Safety in Schools Statutory Guidance 2026
The Children's Wellbeing and Schools Act 2026
The Food Information Regulations 2014
The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing body

The governing body 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 which sets out:

Arrangements to reduce the risk of individuals coming into contact with their known allergens

Emergency response plans for cases of anaphylaxis

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 Mrs Tona, Attendance and Welfare Officer , who is overseen by Mrs Everard, Head of School and Designated Safeguarding Lead.

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring allergy information is up to date and readily available to relevant members of staff
- Ensuring that all pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
- Ensuring that all pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- Ensuring that all staff receive regular (at least annual) allergy awareness training
- Promoting and raising awareness of the school's policy and procedures regarding allergies
- Passing on information so that relevant staff are aware of what activities need an allergy risk assessment
- Ensuring that serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
- What lessons there are to learn
- Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP
- 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
- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.3 Teaching and 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, including on school trips/when off site
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.4 Parents/carers
Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils
All pupils (in line with their age and stage of development) are responsible for being aware of allergens and the risk they can pose to themselves and/or their peers. To this end, they are expected to follow any instructions given regarding the sharing of food.

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 a 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

We ask that parents/carers proactively inform us by either phone call to the school on 01992764737 or an email to the school office (office@freezywaterstgeorges.org.uk) if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk
We keep healthcare plans for any staff with allergies, and ask new staff to provide details of their allergies in advance of their start date.

We 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
- Are at risk of harm as a result of their allergy
- 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 Head of School 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 and 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 Register of pupils with known allergies
The school maintains a register of pupils who have a known allergy. The register includes:
- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is kept in various locations around the school, including the medical room, staff room and office, and can be checked quickly by any member of staff as part of initiating an emergency response.

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 Preventative procedures
In order to prevent contamination:
- 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 brought in by children to be shared with the class (for example, during class parties), this will be thoroughly checked for allergens by the Class Teacher prior to being opened and a discussion with the allergy lead will take place to identify and address risks beforehand

In order to ensure that all pupils with allergies are easily identifiable to lunch and catering staff, they will always wear a lanyard at lunchtime, which states their allergens. These pupils will stand at the front of the lunch line in order that they are served food first in accordance with their allergy needs.

6.2 Catering
The school is committed to providing safe food options to meet the dietary needs of pupils with allergies. We work closely with our catering provider, Aspens, to ensure that school lunches are allergy-safe and that:

- Catering staff receive appropriate training and are able to identify pupils with allergies
- 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)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings
We seek to prevent allergic reactions from bites and stings by ensuring that, when pupils are outdoors:

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

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 with allergy medication will always have this with them on any school trip, either in their own bag or in the bag of the adult supervising their group (depending on their age and stage of development).

Staff trained to administer adrenaline in an emergency will always be present on any school trip.

Appropriate measures will be taken in line with the school's AD 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 AD device will only be used in an emergency if:

- The pupil has never had an allergic reaction before and therefore does not have a prescribed AD (in this case, parental consent will not necessarily be sought beforehand)
- The pupil's parents or carers have previously given consent
- The pupil's prescribed ADs are not available or misfire
- This is advised by paramedics or during a 999 call (in this case, parental consent will not necessarily be sought beforehand)

8. Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for ADs, covering these areas:

8.1 Prescribed ADs
Pupils who are prescribed ADs will have these stored within their own pupil medication box which are in the staffroom. These will be accessible at all times. They will be kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

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 ADs and 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. The school also holds 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 ADs and an emergency asthma reliver inhaler, and ensuring they are stored according to the guidance.

Spare ADs will be stored in the staffroom in the pupil medication area. Spare Asthma inhaler is stored with the asthma pumps in the medical room and also in the school office.

8.3 Disposal
ADs can only be used once. Once an AD has been used, it will be sent home with the pupil and disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs 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 ADs off school premises
Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events. For those pupils for whom this is not appropriate due to their age and stage of development, their ADs will be carried by their group leader, who will always be a member of school staff with training on allergies, anaphylaxis and the administrations of ADs.

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 in the accident book, 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 will be notified of the incident or 'near miss' as soon as possible. The school will share the report with the pupil's parents/carers. 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.

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, peripatetic staff, agency workers and regular volunteers. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

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:

o Calling emergency services and informing parents/carers
o How to locate and administer emergency medication
o 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
- Regular check-ins with Mrs Tona
- 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 its behavior 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

This policy will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

September 2026
Next Review September 2027

14. Links to other policies

This policy links to the following policies and procedures:
Health and safety policy
Supporting pupils with medical conditions policy
School food policy
Data protection policy
Behaviour policy

Appendix 1

Allergy Incident Reporting Form

Date:

Name of child with allergy:

Year group:

Name/s of staff involved:

Description of incident (please include information about the allergen, how this came into contact with the child, actions taken immediately after the incident and outcome of these):

Actions to be taken as a result of incident (changes to policy/practice etc):