

Whole School Allergy Policy

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

This policy was approved as follows:

Approver:	LAC	Date:	Aut 26
Owner:	PFS	Version:	1
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This policy applies to all School Academy staff, pupils and parents.

Allergy Safety Policy -

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

The Headteacher has responsibility for allergy safety, including driving the implementation of the Allergy Safety Policy and contributing to or leading review of the policy.

The Allergy Safety Policy will be reviewed at least annually or sooner 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 ensure that allergy safety policies are readily accessible to parents and staff. Policies are published on the school's website and are made available in hard copy on request.

Culture

Awareness training

Staff undergo allergy awareness and emergency response training, at least annually. All staff present during times when pupils are scheduled to be on site receive allergy awareness training. This includes permanent staff, temporary staff, peripatetic staff, agency workers etc. It includes catering staff and others who may oversee pupils 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.

All new staff carry out Allergy Awareness training using the National College training platform. Supply Agencies are required to ensure supply have received allergy awareness training.

Allergy awareness training ensures 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 policy 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 pupil requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

Through training and staff briefings the **wellbeing** of pupils with allergy will be promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

Bullying of pupils with allergy will be addressed through staff vigilance and behaviour management. Pastoral teams will be involved where required.

Minimising risk

The school will minimise the risk of individuals (whether pupils, staff or visitors) coming into contact with their known allergens by carrying out a personal risk assessment for the pupil or member of staff that takes into account the allergen, the possible routes of exposure, the potential reactions and controls required in case of exposure

This will include:

- Ensuring all staff aware of the allergy by recording and pinning reference to the allergy on the student/staff profile on Arbor.
- Considering the route of exposure – i.e. contact or airborne.
- Informing the school's catering team of the risks of exposure to a food allergen.
- Informing parents/carers that the school is a "nut free" school. Should it be required for other serious allergies parents/carers and staff will be informed of the risk to pupils and the presence of other allergens will be restricted or controlled if required or the possible contact points with the allergens will be controlled.
- Staff planning any activity will consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments will take place to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

The school will manage the risk of food allergy and will provide clear information on allergens in food provided. This will include food provided by catering suppliers and any other foods provided for pupils during the school day.

Individual pupils

Identification

For all new intake pupils, parents/carers are required to complete/update medical conditions section of Arbor.

If food is served at school events, potential allergens will be identified.

During staff induction, all staff with allergies have a Personal Risk Assessment and an Allergy Action Plan will be drawn up if required.

Individual Health Care Plans and/or Allergy Action plans are in place if:

- staff or pupils have an allergy which has a functional impact on them in the school
- 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 for supporting the pupil with their medical condition or allergy, including in emergency situations.

The IHP will set out how pupils with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan. This includes pupils whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation).

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

Prescribed adrenaline

The school ensures that pupils 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.

- Where required arrangements are made for pupils and parents to take individually prescribed adrenaline devices home (for example at the end of the day for the journey home).
- Office staff ensure the adrenaline devices held in school remain in date;
- Records of pupils with allergies, those prescribed adrenaline devices and Allergy Action Plans are maintained on Arbor by the office staff.

School-wide policies

“Spare” adrenaline devices

- Two “spare” adrenaline devices are held for each of two doses of adrenaline – the lower dose devices (150 mcg) for use for pupils under 6 years, and the higher dose (300mcg) for pupils and adults aged 6 and over.
- Spare adrenaline devices are held in school for use in emergency where a pupil, member of staff or visitor has not been prescribed an epipen and has symptoms of anaphylaxis.
- “Spare” adrenaline devices are of suitable dose for the age of the pupils in the school and may also be administered to adults.
- The spare adrenalin devices can be administered by First Aiders on the advice of Emergency Services.
- Adrenaline devices are located in the medicines box in the school office and are **not** locked away to allow access at all times.
- Spare adrenaline devices and salbutamol inhalers will be checked to confirm that they are in date by office staff who maintain a register.
- When approaching their expiry date, “spare” adrenaline devices will be replaced at a local pharmacy.
- Out of date devices will be disposed of at a local pharmacy as they contain a needle.

Adrenaline devices are stored in the school office which is centrally located on the school site. They are not locked away and are stored in pairs. No pupil or member of staff is located more than five minutes away from the devices.

“Spare” adrenaline devices are readily accessible and clearly labelled to avoid any confusion with adrenaline devices prescribed to a named person. They are in a box 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

Prior to any trip or visit, the Visit Leader will check Arbor to identify pupils attending with allergies. Access to adrenaline is ensured throughout the visit. These arrangements are set out in the risk assessment for the visit. Pupils at risk of anaphylaxis have their own adrenaline device with them, and staff are trained to administer adrenaline in an emergency.

