

ALLERGY POLICY
2026 – 2027
(ACADEMIC YEAR)



'Together we Grow'



Emmaville Primary School

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Introduction

Allergies and anaphylaxis present a significant and potentially life-threatening risk to children and young people. As a school, we have a duty to provide an environment that is safe, predictable, and responsive to the needs of pupils with allergies, including those with complex medical conditions or heightened vulnerability. Effective allergy management is not solely a medical requirement; it is a core safeguarding responsibility and an essential component of our wider commitment to pupil welfare, inclusion, and educational access.

This policy outlines the school's approach to identifying, managing, and responding to allergies. It sets clear expectations for staff, pupils, parents, and contractors, and ensures that allergy awareness is embedded across curriculum planning, catering, premises management, educational visits, and daily practice.

Our aim is to reduce risk, prevent avoidable incidents, and ensure that every pupil with an allergy is supported to participate fully and safely in school life. Through robust systems, staff training, and strong partnership with families and health professionals, we seek to create a culture where allergies are understood, managed proactively, and responded to swiftly and confidently when required.

Application of this policy

The 2026 guidance is statutory for:

- local-authority-maintained schools, excluding maintained nursery schools;
- academies and free schools, excluding 16–19 academies; and
- pupil referral units.

Purpose and Aim

This policy sets out Emmaville Primary school's approach to preventing, identifying, and responding to allergies and anaphylaxis. It applies to all pupils, staff, contractors, volunteers, visitors, and activities taking place on or off site, including trips, before and after school clubs, wraparound care, and alternative provision arrangements.

The school is committed to:

- Providing a safe environment for all pupils, including those with allergies, complex medical conditions, and heightened vulnerability.
- Ensuring staff are trained, confident, and competent to recognise and respond to allergic reactions swiftly and effectively.
- Working in partnership with parents, health professionals, and external agencies to ensure individual needs are understood and met.

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- Embedding allergy awareness into safeguarding, curriculum, catering, premises management, and behaviour/discipline systems.

Legal and Regulatory Framework

This policy aligns with:

- Children and Families Act 2014, section 100, as amended
- Children's Wellbeing and Schools Act 2026, section 34
- Department for Education, *Allergy safety in schools: statutory guidance* (July 2026)
- Department for Education, *Supporting pupils at school with medical conditions*
- Keeping Children Safe in Education 2026, applicable from 1 September 2026
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014
- Food Information (Amendment) (England) Regulations 2019, commonly known as Natasha's Law
- Human Medicines Regulations 2012
- Human Medicines (Amendment) (No. 2) Regulations 2014, concerning emergency salbutamol inhalers
- Human Medicines (Amendment) Regulations 2017, concerning spare adrenaline auto-injectors
- UK General Data Protection Regulation and Data Protection Act 2018
- SEND Code of Practice: 0 to 25 years

The DfE guidance confirms the allergy-policy duty, the relevant school categories and the relationship with wider medical conditions, equality, safeguarding and health and safety duties.

Our school recognises that allergy management is a safeguarding responsibility and forms part of our wider duty to protect children from harm.

Definitions

- **Allergy:** An adverse immune response to a substance (food, medication, insect sting, latex, environmental triggers).
- **Anaphylaxis:** A severe, potentially life-threatening allergic reaction requiring immediate treatment.
- **Adrenaline Auto-Injector (AAI):** A prescribed emergency medication (e.g., EpiPen, Jext, Emerade).
- **Individual Healthcare Plan (IHP):** A personalised plan detailing a pupil's allergy, triggers, symptoms, medication, and emergency response.

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Roles and Responsibilities

Governing Body

It is the responsibility of the Governing Body to ensure the school has robust allergy management arrangements in place to safeguard all children. The Governing Body will monitor the school's compliance with the policy including receiving regular reports on incidents, training and risk management. Following any incidents or near misses in school, Governors should be assured of any necessary changes to policy, practice and procedures to mitigate future risk. The named Governor responsible for the oversight of Allergy Management is Gemma Brown.

Headteacher

It is the responsibility of the Headteacher to ensure the implementation of this policy.

This means ensuring all staff receive appropriate training, the school is prepared for any emergency situation and there is full communication with parents following any situations where children require emergency treatment.

The school will undertake proportionate individual risk assessment where a pupil's allergy creates a foreseeable risk of harm or requires arrangements additional to, or different from, those ordinarily available. Specific risk assessment will be undertaken for relevant trips, visits, catering arrangements, curriculum activities and other circumstances where allergen exposure or access to emergency medication may be affected.

Designated Safeguarding Lead (DSL)

The DSL is responsible for ensuring that any allergy risks are integrated into safeguarding systems. This means that appropriate risk assessments are put in place for every child with an allergy and shared when that pupil is on school trips or visits. It also means ensuring that the pupil's profile inclusive of photograph (with appropriate consent) is available to all members of staff including lunchtime supervisors, the school cook, supply staff and volunteers via the school's electronic recording system and information is regularly updated.

The DSL will lead on all post-incident reviews including multi-agency liaison to improve any safeguarding outcomes for children. The DSL will work closely with the EVC, SENDCO and Administrator of medication/First aiders to ensure triangulation of sharing of information for any child who may require medication.

The DSL will become involved where there is:

- suspected neglect or repeated failure to provide prescribed medication;
- deliberate exposure, bullying or harassment;
- a wider safeguarding concern;
- unsafe information sharing; or
- a serious incident that raises safeguarding issues.

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Named Allergy Safety Lead – Avril Armstrong

The school will appoint a named member of the senior leadership team as Allergy Safety Lead (this may be the DSL where appropriate). The Allergy Safety Lead will coordinate implementation and review of this policy, oversee training and assurance arrangements, ensure that allergy risks are included within the school's risk-management processes and coordinate learning following serious incidents or near misses.

The DSL will work with the Allergy Safety Lead where an allergy-related matter raises a safeguarding concern, including suspected neglect, bullying, deliberate allergen exposure, repeated absence of essential medication or circumstances in which a pupil may be at risk of harm. The DSL/Named Allergy Lead is not automatically responsible for the routine clinical or operational management of every pupil's allergy this will be the role of the medical lead/first aid co-ordinator.

Medical Lead / First Aid Coordinator – Giovanna Stirling

It is the responsibility of the Medical Lead/First Aid Co-ordinator to maintain the allergy register and ensure IHPs are up to date.

They are also responsible for the storage, monitoring, and expiry checks of AAIs (personal and spare). They will liaise regularly with both the child and the parent to ensure that they hold the most up to date information regarding the child's needs.

All Staff

All Staff must know how to recognise allergic reactions and follow emergency procedures. This will be provided by regular training and updates from both the DSL and the Medical Lead. All staff are required to read and follow relevant IHPs for pupils they teach or supervise. This includes: permanent and temporary staff;

- supply and agency staff;
- peripatetic staff;
- regular volunteers;
- catering and lunchtime staff;
- breakfast and after-school club staff; and
- staff responsible for trips and transport.

All staff will receive annual training for allergies, ordinary first-aid training alone is insufficient.

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Catering Team / Lunchtime supervisors

The Catering team and all lunchtime supervisors must comply with allergen labelling regulations. They will also follow school protocols for food preparation, cross-contamination prevention, and communication of menu changes. It is important that they liaise with the Medical lead /Allergy Manager/DSL to share any information about the needs of the child.

Identification and Recording of Allergies

All new starter parents will be contacted prior to their child starting school and they must inform the school of any diagnosed or suspected allergy. If a child is diagnosed with an allergy within the school year or during their time in school parents must immediately inform the school of this information.

The school maintains a central allergy register, updated termly and after any change.

Pupils with significant allergies will have an **Individual Healthcare Plan**, developed with parents and health professionals. Allergy information is shared with relevant staff through secure systems (MIS flags, staff briefings, classroom folders, trip packs).

Prevention and Risk Reduction

In order to prevent and reduce risk the following strategies are implemented:

Environment

- Clear signage in key areas (canteen, food tech, science labs).
- Cleaning protocols to reduce allergen residue.
- Consideration of allergen risks in curriculum activities (DT, art, PE, science).

Food and Catering

- Full compliance with allergen labelling requirements.
- Catering staff trained annually in allergy awareness.
- No food served without clear allergen information.
- Procedures for menu changes, substitutions, and special events.
- Risk assessments for food-based activities in lessons.

Classroom Practice

- Teachers will check IHPs before planning lessons involving food or materials.
- No sharing of food between pupils.
- Safe storage of snacks for pupils with allergies.

Trips and Off-Site Activities

- Allergy considerations included in all risk assessments.

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- Staff will carry AAIs and emergency plans.
- Catering providers for trips must confirm allergen controls in writing.

Visitors, Contractors, and Events

- Allergen risks considered for fairs, fundraising events, external clubs, and visiting organisations.

A live risk register is updated and stored on the school site.

Emergency Response

In the event of an emergency response staff must be able to identify:

- **Mild or moderate symptoms may include:** itching, hives, flushing, localised facial swelling, tingling of the lips, nausea, vomiting or abdominal discomfort.
- **Severe symptoms indicating suspected anaphylaxis include:** swelling of the tongue or throat, difficulty swallowing, a hoarse voice, persistent cough, wheezing, breathing difficulty, noisy breathing, marked pallor, confusion, dizziness, collapse or loss of consciousness.

Suspected Anaphylaxis

Anaphylaxis should be suspected where there is sudden airway, breathing or circulation problems. Skin symptoms may be present but are not required for anaphylaxis to occur. Anaphylaxis may occur without a rash, hives or other visible skin symptoms.

Staff must:

1. Stay with the pupil and summon help. Bring the pupil's prescribed devices and the school spare AAI to the pupil; do not make the pupil walk to the medical room.
2. Lay the pupil flat with their legs raised. Where breathing is difficult, allow them to sit up gently. Do not allow them to stand or walk.
3. Administer adrenaline immediately, using the pupil's own prescribed device first where it is immediately available and usable. Otherwise use an appropriate school spare device.
4. Call 999 and state clearly: "anaphylaxis". Do not delay adrenaline while waiting for the call to be made.
5. Give a second adrenaline dose after five minutes if there is no improvement or symptoms persist.
6. Continue to monitor the pupil, prepare to begin resuscitation if required, contact parents and provide paramedics with the used devices, timings and relevant action plan.

The emergency sequence and consent position are set out explicitly in the 2026 statutory guidance.

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https://assets.publishing.service.gov.uk/media/6a4b8f49045e1108aaa5ebbc/allergy_safety_in_schools_statutory_guidance_June_2026.pdf

The Designated Safeguarding Lead will lead the safeguarding response and incident recording.

Spare AAIs

The school will hold six spare AAIs for emergency use.

Spare AAIs must be clearly identified, stored in pairs and readily accessible to staff at all times when pupils are present. They must not be locked away or stored in a location that delays treatment. The school will ensure that the correct pair of devices can be brought to a person experiencing suspected anaphylaxis within five minutes.

Devices will be protected from extremes of heat, cold and direct sunlight and stored according to the manufacturer's instructions. Where necessary, they will be kept out of the reach of younger children without restricting emergency access.

AAI will be stored in a position that makes them capable of reaching the casualty within five minutes.

AAI's will be stored in pairs in the following places, Early Years, Upper Key Stage 2 and in the school office.

Spare adrenaline may be used to save life, including where a child presents with anaphylaxis for the first time. Prior consent is not legally required before a spare device is used in a life-threatening emergency, although obtaining advance consent remains good practice.

The school will hold spare adrenaline auto-injectors in accordance with current legislation, Department for Education guidance and the school's assessed needs.

A pupil's own prescribed adrenaline device will be used first where it is immediately available, in date and usable. A school spare device may be used where the pupil's own device is unavailable, cannot be accessed promptly, has misfired or is otherwise unusable. It may also be used as a reasonable life-saving response where an individual presents with suspected anaphylaxis for the first time.

Advance parental or pupil consent should normally be recorded within the Individual Healthcare Plan. However, emergency treatment must not be delayed while staff attempt to establish whether prior consent has been given. Anyone may take reasonable action to save life.

Training

All staff will receive annual allergy and anaphylaxis training. Practical AAI training will be delivered annually in the autumn term.

Catering staff will receive enhanced allergen management training. All new staff will receive full induction training before supervising pupils with allergies.

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Communication and Partnership with Parents and Children

Parents must provide up-to-date medical information and replacement AAIs before their expiry. The school will contact parents where AAI's are reaching their expiration date.

The school will communicate any incidents, near misses, or changes to procedures immediately to parents.

The school will review all IHP's collaboratively with parents and children on an annual basis.

Children and young people with allergies will be involved in developing and reviewing this policy and any individual arrangements. Including any issues that highlights any anxiety, inclusion or allergy-related bullying.

Our School is committed to

- consulting pupils and parents when reviewing the policy;
- avoiding unnecessarily excluding pupils from food activities, trips or celebrations;
- addressing allergy-related bullying or deliberate exposure under the behaviour and safeguarding policies;
- supporting age-appropriate independence and self-management;
- making reasonable adjustments where allergy amounts to a disability.

Monitoring, Review, and Quality Assurance

To ensure full and thorough review, there will be termly checks of allergy register, IHPs, and AAI expiry dates.

There will be annual audit of catering allergen compliance.

All incident reviews will be led by the DSL and Headteacher and appropriate actions implemented and shared with children, parents, staff and governors.

This policy will be reviewed annually or earlier if new statutory guidance is released.

Data Protection

All allergy information is processed in line with UK GDPR and school's Data Protection Policy. In line with the statutory information-sharing duty effective from 30 September 2026, the school will share relevant allergy and medical information with the local authority, health partners, and other safeguarding agencies when it is necessary to protect a child or support statutory children's social care

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functions. Information will be shared promptly, accurately, and securely. Parental consent is not required where sharing is necessary to safeguard a child or to support statutory intervention. The DSL and relevant staff will ensure that allergy-related information (including Individual Healthcare Plans, risk assessments, emergency responses, and any concerns about neglect or unsafe management of allergies) is shared with appropriate agencies when needed to keep the child safe. Concerns about confidentiality will never prevent timely information-sharing where a child may be at risk of harm

This policy should be read in conjunction with:

- Safeguarding and Child Protection Policy
- Supporting Pupils with Medical Conditions
- First Aid Policy
- Behaviour Policy
- SEND Policy
- Educational Visits Policy
- Catering/Food Safety Procedures

PRINT FORM ON THE SCHOOL'S OFFICIAL LETTERHEADED PAPER

Alternatively, insert the school letterhead in this space before printing or saving as PDF.

SCHOOL SIGNED ORDER FOR EMERGENCY MEDICINES

England: spare adrenaline auto-injectors, emergency salbutamol inhalers and compatible spacers

1. School and supplier details

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School name (required)	[Enter the full legal name of the school]
School address and contact	[Full address and postcode | contact name / role / telephone / email]
Order date / school reference	[DD / MM / YYYY] | [Optional PO or order reference]

2. Purpose for which the products are required

Required statement: The products listed in section 3 are required by the school as spare emergency stock for use in accordance with section 34 of the Children's Wellbeing and Schools Act 2026, which amended the Children and Families Act 2014, together with the Department for Education's July 2026 statutory guidance and the school's medical conditions and/or allergy safety arrangements. ☐Initial emergency stock ☐Replacement before expiry ☐ Replacement after use ☐ Replacement of damaged/lost stock ☐ Additional site/kit ☐ Other: _____

3. Product details and total quantity required

No.	Product type	Brand / generic name	Strength / dose	Device, presentation or spacer compatibility	Total quantity
1	[Adrenaline auto-injector]	[e.g. EpiPen / Jext]	[e.g. 150 micrograms	[single-dose auto-injector / pack details]	[number]
2					
3					

Ordering notes: State the exact product, strength and quantity. For salbutamol, specify a metered-dose inhaler and order compatible spacer devices. For adrenaline, order the dose(s) needed for the school population and record the brand/device supplied in the school stock register.

4. Headteacher / Principal authorisation

I authorise this signed order and confirm that: the school and purpose details are accurate; the quantities requested are reasonable for anticipated emergency need; the products are for school use and not for resale or profit; and the school will maintain appropriate arrangements for storage, access, expiry checks, replacement, staff training, consent and record keeping.

This section must be signed by the school's Headteacher or Principal. A member of SLT may prepare the form but should not sign it unless they hold that office.

Full name	[Print full name]	**Position**	Headteacher
Signature		**Date signed**	[DD / MM / YYYY]
Direct contact	[Telephone / email for pharmacy verification]	**Collection**	[Enter agreed arrangements if known]

Retain a school copy. Give the original signed order to the pharmacy/supplier. Do not include pupil-identifiable information on this form.

COMPLETION AND GOVERNANCE NOTES

A. What the legislation requires within the signed order:

- The request must be signed by the Principal or Headteacher and should ideally be issued on appropriately headed school paper.
- It must state the name of the school, the purpose for which the product is required and the total quantity required.
- Product name, brand, strength, presentation, pharmacy details, date and contact information are included in this proforma to prevent ambiguity and support verification, although they are additional to the core particulars above.

B. Products that may be ordered using this proforma

- A prescription-only salbutamol inhaler for emergency use by eligible pupils, together with compatible spacer devices.

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- Adrenaline auto-injectors for emergency use by pupils at risk of anaphylaxis when their own device is unavailable or not working.
- This route is not a general authority for a school to order other prescription-only medicines. Other medicines must follow the normal patient-specific prescription, supply, healthcare-plan and local commissioning arrangements.

C. Quantity, pricing and supply

- There is no fixed statutory maximum, but quantities should be reasonable for the size, age range, risk profile and number of school sites or emergency kits.
- Supply should be occasional, meet anticipated emergency need and not be for profit. The pharmacy or supplier may charge the school and is not required to provide products free of charge.
- Availability, brand and pack configuration may vary. Agree with substitutions and ensure the school receives product-specific training or instructions for the device supplied.

D. Before placing the order

☐	A named SLT lead/Appointed, and appropriately trained school allergy lead has checked current stock, expiry dates, dose requirements and the number/location of emergency kits.
☐	The school has reviewed its medical conditions, asthma and/or allergy safety policy and identified the pupils eligible to use emergency stock.
☐	Relevant written parental consent, medical authorisation, Individual Healthcare Plans and action plans are in place where required.
☐	Staff training covers recognition of an emergency, retrieval and administration of the actual devices held, calling 999 and incident recording.
☐	A secure but promptly accessible storage location is available; emergency medicines must not be locked away where access would be delayed.
☐	Arrangements are in place for stock registers, batch/expiry recording, monthly checks, replacement after use or before expiry, and safe disposal.

E. On receipt of the medicines

- Check that the product, strength, quantity and device match the order and the school's planned emergency arrangements. Record the brand, batch number, expiry date, quantity, storage location and date received.
- Store in accordance with the manufacturer's instructions, protected from extremes of temperature and direct sunlight, in a location known and accessible to relevant staff but out of children's reach.
- For an emergency asthma kit, include the salbutamol metered-dose inhaler, compatible spacers, instructions, manufacturer information, an eligible-pupil register and an administration record. Government guidance recommends monthly stock and expiry checks.
- After any use, call emergency services as required, inform parents/carers, document administration, replace used stock promptly and review the incident or near miss under school policy.

F. Official sources

- DHSC: Using emergency adrenaline auto-injectors in schools
- DHSC: Emergency asthma inhalers for use in schools
- DfE: Allergy safety in schools statutory guidance (2026)
- DfE: Supporting pupils at school with medical conditions
- Human Medicines Regulations 2012, Schedule 17

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