Meersbrook Bank

Community Primary School

Allergy Safety Policy

Version: 1

September 2026

Summary

This policy sets out the arrangements used by the school to prevent avoidable exposure to known allergens, support pupils and staff with allergies, respond safely to allergic reactions, and learn from serious incidents and near misses.

It is designed to meet the requirements of the Children and Families Act 2014 as amended by the Children's Wellbeing and Schools Act 2026 and to have regard to the Department for Education statutory guidance, Allergy safety in schools: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, published in 2026.

This is a school policy and is not a clinical document. It does not replace advice, diagnosis, treatment or individual action plans provided by a healthcare professional.

Document control

Owner

The owner of this document is the Head Teacher. All requests for change should be directed to them. Any printed copies of this document are for reference only; the definitive version is the computer file held by office administrator.

Approval

Date	Version	Approver(s)	Minute number
6/10/2026	1	FGB	16.1

Review period – This policy will be reviewed annually

Version	Next revision due
1	Oct 2027

This policy should be read in conjunction with:

- Department for Education, Allergy safety in schools: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (2026) & Allergy safety policy template
- Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026.
- Food Information Regulations 2014 and associated allergen requirements.
- First Aid & Managing Medicines Policy
- Child Protection & Safeguarding Policy
- Health & Safety Policy
- Individual Health care Plans
- Allergy Action Plans

1. Aims

The aims of this policy are to:

- Protect the health, safety and wellbeing of pupils, staff and visitors with allergies.
- Reduce the risk of accidental exposure to allergens.
- Ensure pupils with allergies can participate fully in school life without unnecessary barriers or exclusion.
- Ensure staff are trained and confident to recognise and respond appropriately to allergic reactions and anaphylaxis.
- Ensure appropriate medication and individual healthcare arrangements are available, accessible and managed safely.
- To ensure that incidents, concerns and near misses are used to improve allergy safety.

2. Scope

The policy applies whenever pupils are under the responsibility of the school, including the school day, clubs, breakfast and after-school provision, educational visits, residential visits, sports fixtures, off-site activities and other school-organised events.

The policy covers allergies and medically recognised allergic conditions or sensitivities that may require reasonable adjustments or emergency action. These may include food allergy, insect-sting allergy, medication allergy, latex allergy, airborne or contact allergens, severe animal allergy and other clinically recognised triggers.

The school will also consider associated allergic conditions such as asthma, eczema and allergic rhinitis where these affect a pupil's safety, access to education or wellbeing.

The school will consider the Equality Act 2010 where an allergy or associated condition may amount to a disability and will make reasonable adjustments where required.

3. Principles

- Allergy safety is a whole-school responsibility.
- The school will take known allergies seriously and will act proportionately to reduce avoidable exposure.
- Pupils with allergies should participate as fully as possible in education, social activities, meals, clubs and trips.
- Allergy management should support dignity, inclusion and emotional wellbeing and should not unnecessarily single pupils out.
- Emergency medication must be rapidly accessible wherever pupils are learning or taking part in activities.
- The school will not attempt to create a guarantee that the environment is completely allergen-free.
- The school will respond to serious incidents and near misses, including those first identified after a pupil has returned home.
- Information about allergies will be shared on a need-to-know basis and handled lawfully and respectfully.
- The school will work with pupils, parents/carers, healthcare professionals, catering providers and other relevant partners.

4. Leadership, responsibilities and governance

4.1 Governing Board

- Ensure that an allergy safety policy is in place, published and reviewed at least annually.
- Have regard to the DfE statutory guidance.

- Receive appropriate assurance about implementation, serious incidents, near misses, training and actions arising from reviews.
- Ensure that the school has suitable arrangements and resources to implement the policy.

4.2 Headteacher / senior leader responsible for allergy safety

- Oversee implementation of this policy.
- Ensure appropriate staff training and induction.
- Ensure pupils with known allergies are identified and appropriate records and plans are in place.
- Ensure emergency medication is accessible and checked.
- Ensure risk assessments and visit arrangements address allergy risks.
- Ensure serious incidents and near misses are recorded, reviewed and acted upon.
- Ensure appropriate communication with parents/carers and relevant professionals.
- Ensure the policy is reviewed annually and following significant learning.

4.3 All staff

- Know the allergy arrangements relevant to pupils they supervise.
- Know how to recognise anaphylaxis and how to respond.
- Know where emergency medication is located and how to access it.
- Follow individual healthcare plans and allergy/asthma action plans.
- Take reasonable steps to prevent avoidable allergen exposure.
- Report concerns, incidents and near misses promptly.

4.4 Catering and food staff

- Follow food safety and allergen-control procedures.
- Provide accurate allergen information.
- Use safe identification, preparation, storage and serving arrangements.
- Communicate with school leaders and parents/carers as appropriate.
- Ensure substitutions and alternative meals remain safe.

4.5 Pupils

Pupils will be supported, according to age and developmental stage, to understand their allergy, recognise symptoms, seek help and take increasing responsibility for their own medication where this is clinically appropriate and agreed as appropriate for their age.

4.6 Parents/carers

Parents/carers should provide accurate and up-to-date information, medication and clinical plans, inform the school promptly of changes, and work with the school on risk reduction and emergency arrangements.

5. Staff training

All staff who may be present when pupils are on school premises will receive allergy safety training. This includes permanent, temporary, peripatetic staff, regular volunteers, catering staff and staff working in breakfast and after-school provision. Staff who join during the year will receive appropriate induction.

Training will cover

- Allergy awareness and the different types of allergy.
- Food allergy, coeliac disease and food intolerance and the differences between them.
- Common triggers and ways allergen exposure can occur.
- Signs and symptoms of allergic reactions and anaphylaxis.

- The fact that anaphylaxis can occur without a skin rash.
- Emergency response, including the immediate use of adrenaline and calling 999.
- The location and use of prescribed and spare emergency medication.
- Individual healthcare plans, allergy action plans and asthma action plans where relevant.
- The school allergy policy and local procedures.
- How pupils with allergies are identified and how information is recorded.
- Risk reduction in classrooms, practical subjects, food activities, science, art, craft, music, outdoor activities and visits.
- Food allergen management and the role of catering staff.
- Supporting emotional wellbeing and preventing allergy-related bullying.
- Serious incident and near-miss reporting.
- Confidentiality, data protection and appropriate information sharing.

The school will maintain records of training and monitor completion.

6. Wellbeing, inclusion and bullying

Allergies can affect confidence, participation and emotional wellbeing. The school will take reasonable steps to ensure that pupils are not unnecessarily excluded or isolated because of an allergy.

- Pupils will not normally be required to sit separately from their peers at lunchtime because of an allergy.
- Staff will avoid unnecessary attention or public discussion of a pupil's medical needs.
- The school will respond to teasing, bullying, threats, deliberate allergen exposure, mocking or attempts to force a pupil to eat an unsafe food.
- Where appropriate, the school may provide age-appropriate information to classmates or friends, with appropriate consent.

7. Minimising allergy risk

7.1 General approach

The school will identify foreseeable routes of allergen exposure and implement proportionate controls. Controls will be reviewed when circumstances change.

7.2 Food provided by school

- Food provided by the school will be prepared and served in accordance with food safety and allergen requirements.
- Allergen information will be accessible to parents/carers.
- The catering provider will provide families with a menu plan, catering for individual needs.
- The school will work with caterers to ensure that agreed controls are understood and implemented.
- Where practical, two robust identification methods should be used at mealtimes to help ensure the correct meal reaches the correct pupil.

7.3 Food brought into school

- Lunch boxes and bottles should be clearly labelled with the pupil's name.
- Parents/carers should follow any school arrangements designed to reduce a known risk.
- Food will not be sent into school for sharing except in pre-agreed circumstances in conjunction with the school staff (for example if studying religious food in RE)

- Where food is brought in for sale (eg bake sales), the list of ingredients will be clearly displayed.

7.4 Airborne and contact exposure

The school will consider allergens that may cause reactions through touch, inhalation or environmental exposure. Controls may include cleaning, handwashing, ventilation, separation of materials, supervision and alternative resources.

7.5 Activities

Risk assessments will consider allergen exposure in art, craft, science, cooking, food technology, music, gardening, animal care, outdoor learning and other practical activities. Examples include wheat-containing play dough, glues containing food allergens, old food packaging, animal or bird feed containing nuts or seeds, and other materials with relevant ingredients.

7.6 Educational visits

Every visit involving a pupil at risk of anaphylaxis will include an appropriate risk assessment and arrangements for medication, trained staff, food, transport, activities and emergency response.

8. Allergen-free and 'nut-free' environments

The school may discourage or restrict particular allergens where this is a proportionate risk-reduction measure. However, no school can guarantee an entirely allergen-free environment. A 'nut-free' approach must not create false reassurance.

The most important safeguards are accurate identification of pupils at risk, appropriate individual plans, trained staff, rapid access to medication, sensible risk reduction and an effective emergency response.

9. Food allergen information and legal requirements

The school recognises that schools supplying food are food businesses for relevant food law purposes and must provide appropriate allergen information.

The 14 regulated allergens are: celery; cereals containing gluten; crustaceans; eggs; fish; lupin; milk; molluscs; mustard; nuts; peanuts; sesame; soya; and sulphur dioxide/sulphites where the relevant threshold is met.

For food that is prepacked for direct sale (PPDS), the school/caterer will comply with the relevant Natasha's Law requirements, including a full ingredients list with regulated allergens emphasised as required.

Where relevant, gluten-free and very-low-gluten claims will be managed in accordance with applicable food law.

Where a meal is substituted, the replacement must continue to meet the pupil's allergy requirements and applicable food law.

10. Identification and records

The school will maintain appropriate records of pupils, staff and relevant visitors with known allergies. Records will identify, where known:

- The person's name and relevant identifying information.
- Known allergens and the nature of the allergy.
- Medication prescribed or otherwise agreed for emergency use.

- Individual healthcare plans and allergy/asthma action plans.
- Emergency contacts.
- Relevant risk-reduction arrangements.
- Any other information needed to keep the person safe.

Information will be gathered from parents/carers, pupils where appropriate, previous settings and healthcare professionals as available.

The school will aim to have arrangements in place at the start of term. Where an allergy is identified during a term, the school will act promptly and, where appropriate, aim to establish arrangements within two weeks rather than waiting for a routine annual review.

Staff who need to know will be informed as soon as reasonably practicable when a new risk is identified.

Where appropriate, photographs may be used in food preparation and practical areas to help prevent mistakes. Such information will be controlled and kept secure.

11. Individual Healthcare Plans (IHPs)

An IHP should be considered where an allergy has a functional impact on the pupil's health, learning or wellbeing, where there is a risk of harm, or where additional or different arrangements are required.

The IHP is not a clinical treatment plan. It records the school's arrangements and emergency response and should refer to relevant clinical action plans.

IHPs will be personalised, developed with the pupil and parents/carers and informed by healthcare professionals where appropriate. They will be reviewed at least annually and following a serious incident, near miss, change in clinical advice or other significant change.

An IHP should include, as relevant

- Pupil name, date of birth and current photograph.
- Parent/carer contact details.
- Responsibilities of named staff.
- Who in school needs to know.
- Allergy/known allergens and relevant clinical information.
- Whether the pupil can recognise symptoms and alert an adult.
- Functional impact on health, learning and wellbeing.
- Support and reasonable adjustments.
- Likely exposure risks and risk-reduction measures.
- Food allergy arrangements.
- Arrangements for maintaining learning and progress following absence.
- Educational visits and residential arrangements.
- Emergency response arrangements.
- Location of prescribed and spare emergency medication.
- Medication details and consent.
- Relevant allergy and asthma action plans and their review dates.

The school will retain the relevant clinical Allergy Action Plan and/or Asthma Action Plan where supplied.

12. Suspected or newly identified allergy without clinical advice

A lack of a confirmed diagnosis or clinical action plan will not automatically lead the school to dismiss a reasonable concern.

- The school will discuss the concern with the parent/carer.
- The school will consider the risk to health, education and wellbeing.
- Reasonable interim arrangements will be considered while further advice is sought.
- The school may seek advice from the school nursing service or other appropriate professionals.

13. Prescribed adrenaline auto-injectors (AAIs)

Pupils who have been prescribed an adrenaline auto-injector should have rapid access to it at all times.

- The pupil's own prescribed device(s) should remain readily accessible and follow the arrangements in the individual plan.
- Where two devices are prescribed, both should be available as advised.
- Emergency medication should accompany the pupil on visits, activities and other off-site provision.
- Prescribed devices should be taken home at the end of the school day where this is the agreed arrangement and should not be left unnecessarily at school.
- The school will maintain an appropriate record of pupils issued with prescribed adrenaline and the relevant action plan.
- Expiry dates will be checked and replacement arrangements agreed with parents/carers.
- Medication will be stored and accessed in accordance with the pupil's plan and the school's medication procedures.

13.1 Access

Emergency medication should be accessible within approximately five minutes wherever pupils are present.

It must not be kept in a locked location that delays emergency access.

13.2 Nasal adrenaline

At the time of this policy, nasal adrenaline is not treated as a spare school-stock emergency adrenaline product unless and until the relevant legal and national arrangements permit this. Prescribed devices will be managed according to the pupil's prescription and clinical plan.

14. Spare adrenaline auto-injectors held by the school

Schools in England may purchase spare adrenaline auto-injectors without a prescription under the applicable arrangements. The school holds spare AAIs. (For a typical primary school, the guidance recommends one pair of 150 microgram spare AAIs for children under 6 and one pair of 300 microgram spare AAIs for children over 6.) These are stored in the main school building, and in the dining room.

Storage

- Spare devices are be stored in pairs.
- They are clearly labelled for emergency use.
- They should be unlocked and readily accessible.
- They should normally be accessible within approximately five minutes.
- Expiry dates should be checked regularly.
- Expired or used devices will be replaced and disposed of appropriately.

- Spare AAIs are not a replacement for a pupil's own prescribed devices, but may be used in an emergency situation.

Spare asthma inhaler

Where the school chooses to hold a spare salbutamol inhaler and spacer, it will follow the relevant legal requirements. **A spare inhaler may only be used for a pupil who has a prescribed reliever inhaler where their own device is unavailable, and the required written consent must be in place.** The school may store the spare inhaler alongside spare AAIs.

15. Emergency response to anaphylaxis

Anaphylaxis is a medical emergency. Staff should act immediately and should not wait for a rash or for symptoms to become severe.

Possible signs include

- Swelling of the lips, mouth, tongue or throat.
- Difficulty breathing, wheezing, persistent cough or noisy breathing.
- Difficulty speaking or swallowing.
- Dizziness, faintness, collapse or marked weakness.
- Pale, clammy skin, confusion or unusual sleepiness.
- Loss of consciousness.
- Symptoms affecting more than one body system.
- A rapid deterioration after known or suspected allergen exposure.

Anaphylaxis can occur without a skin rash.

Immediate response

1. Give the person's own prescribed adrenaline immediately if anaphylaxis is suspected.
2. Send for the person's second prescribed device if available and use it if symptoms do not improve or worsen in accordance with the action plan and emergency advice.
3. If the person's own device is unavailable, inaccessible, empty, faulty or has misfired, use the school's spare AAI where appropriate.
4. Call the person's parent/carer/next of kin
5. Place the person in a safe position. Where appropriate, keep them lying down with legs raised; if breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk.
6. If there is no improvement after approximately 5 minutes and a further device is available, administer a further dose as appropriate.
7. Call 999 if they have not experienced an anaphylactic response previously; or if this is stated in their IHP/Allergy Action plan
8. Continue to monitor breathing and responsiveness and follow emergency service instructions.
9. Ensure a responsible adult accompanies the pupil to hospital and that parents/carers are contacted as soon as practicable.

Do not delay adrenaline while waiting for an ambulance. In a genuine emergency, consent may be assumed and a person may take reasonable action to save life.

16. Educational visits, residentials and off-site activities

- Risk assessments will identify pupils at risk of anaphylaxis.
- The pupil's prescribed medication will accompany them.
- Staff accompanying the pupil will know the emergency procedure and how to access/use medication.
- The visit leader will know who holds the medication and who can administer it.
- Spare AAIs may be taken where appropriate, but this must not leave the school without its required on-site emergency stock.
- Food, transport, accommodation and activities will be checked for relevant risks.
- The school will not routinely require a parent/carer to accompany a child simply because they have an allergy if suitable school arrangements can reasonably be made.
- Arrangements will support the pupil's full participation wherever reasonably possible.

17. Early years and safer eating

Where the school includes early years provision, allergy safety arrangements will be integrated with safer eating and choking prevention arrangements. Staff will consider developmental ability, supervision, food texture, self-feeding and the need for additional support.

Children will not be unnecessarily excluded from shared experiences because of an allergy. Alternative activities or safe ingredients will be used where required.

18. Serious incidents and near misses

18.1 Definitions

Term	Meaning
Serious incident	An event in which a pupil or other person has suffered harm or has been placed at immediate or significant risk, including an event requiring emergency medication, urgent clinical assessment or emergency services.
Near miss	An event where no harm occurred but there was a clear potential for harm, for example an allergen almost being given to the wrong pupil or an emergency medication problem being identified before a reaction occurred.

The school will take near misses seriously because they can identify weaknesses before a serious incident occurs.

18.2 Reporting

- Staff must report incidents and near misses promptly to the designated senior leader, and complete an 'accident' form, kept in the school office [hot desk].
- Parents/carers may report incidents that become apparent after the pupil has returned home.
- Pupils should report concerns directly to a trusted adult.
- The school will record the circumstances, response and actions taken.
- Where appropriate, the school will notify healthcare professionals so that clinical plans can be reviewed.
- The school will consider whether any external reporting requirement applies. [e.g. RIDDOR, Council]

18.3 Post-incident review

Following a serious incident or significant near miss, the school will review what happened and identify lessons. The review should be proportionate and no-blame.

- Was the event foreseeable?
- Could exposure have been prevented or reduced?
- Were the IHP/action plan and school policy followed?
- Was medication available, in date and accessible?
- Were staff appropriately trained and capable?
- Were communication arrangements effective?
- Were catering, activity or visit controls adequate?
- Does the IHP or risk assessment need changing?
- Does this policy or staff training need changing?
- Does the pupil or family require additional wellbeing support?

The school will consider the impact on responders and witnesses as well as the pupil directly affected.

19. Food safety incidents and external reporting

Where the school or catering provider identifies unsafe food or an undeclared allergen, appropriate food safety procedures will be followed and relevant advice sought.

Serious allergy incidents and near misses will be recorded, reviewed and reported where required. The school will consider whether any external reporting requirements apply, including food safety reporting or RIDDOR, and will seek appropriate advice where necessary.

20. Safeguarding

An allergy incident does not automatically constitute a safeguarding concern.

A safeguarding referral or other safeguarding action should be considered where there is evidence or reasonable concern that a child's medical needs are being neglected, deliberately ignored or exploited. Examples could include repeated failure to provide essential medication, deliberately withholding important medical information, or intentional exposure to an allergen as abuse or bullying. Safeguarding procedures will be followed where appropriate.

21. Information sharing and confidentiality

Information about a person's health is special category personal data under UK GDPR. The school will process and share allergy information where there is a lawful basis and where it is necessary to protect the person's health, safety and access to education.

- Information will be shared with staff who need it to keep the pupil safe.
- Information will not be displayed publicly or shared more widely than necessary.
- Staff will avoid unnecessary discussion of a pupil's condition in front of peers.
- Information will be updated when circumstances change.
- Parents/carers and pupils will be told, as appropriate, how information is used.
- Visitors and external providers will receive relevant information where necessary for safety.

22. Transition and new admissions

- The school will seek relevant allergy information from the previous setting where appropriate.
- Parents/carers will be asked to provide current medication and clinical plans.
- Arrangements will be established before or as soon as practicable after the pupil starts.
- Staff responsible for the pupil will be informed.

23. Complaints

Any concerns about the school's arrangements for supporting pupils with allergies should be raised in the first instance with the Headteacher or designated member of staff. If a concern cannot be resolved informally, it will be managed in accordance with the school's Complaints Policy.

24. In the event of a child death

In the event of a serious incident or death following an allergic reaction, the school will follow all relevant statutory requirements and its existing safeguarding, emergency and critical incident procedures.

Appendix A - Allergy medication check

Check	Frequency / responsibility	Completed / action
Prescribed AAI available and accessible	Regularly; designated staff	
AAI expiry date checked	At least termly and before expiry	
Spare AAI expiry date checked	At least termly	
Spare AAI stored in pairs and clearly labelled	Regularly	
Spare AAI accessible within approximately 5 minutes	Regularly and after site changes	
Medication records current	As changes occur	
Action plans current	At least annually and after incidents/changes	
Trip medication arrangements checked	Before every relevant visit	
Spare asthma inhaler/spacer checked if held	Regularly	
Policy published on website	Annually	

Appendix B - Serious incident / near miss review

Question	Notes / action
What happened?	
What allergen or potential allergen was involved?	
Was the event foreseeable?	
Could exposure have been prevented or reduced?	
Was the IHP/action plan followed?	
Was emergency medication available and accessible?	
Was the response timely and appropriate?	
Were staff appropriately trained?	
Were catering/activity/visit controls adequate?	
Were communication arrangements effective?	
What does the pupil/family say?	
What does the school need to change?	
Does the IHP/risk assessment need updating?	
Does staff training need updating?	
Does this policy need changing?	
Who is responsible for each action and by when?	