



# Hall Green Primary School

## Allergy and Anaphylaxis Safety Policy

August 2026

Date agreed: 01.09.26

Review date: August 2027



**This Allergy Safety Policy sets out the school's arrangements for the management of pupils with allergies and anaphylaxis, applies to pupils, staff, governors, volunteers, contractors, caterers and visitors, and will be published on the school website and communicated to staff, parents and relevant contractors.**

**This policy will be reviewed annually and immediately following any serious allergic reaction, anaphylaxis event, significant near miss, or changes in statutory guidance.**

### **Purpose**

- To keep pupils with allergies safe while ensuring full participation in school life.
- To establish a whole-school approach to allergy safety that promotes inclusion, prevents avoidable exposure to allergens and ensures effective emergency response.
- To set clear roles, responsibilities and procedures so staff can prevent exposure, recognise allergic reactions early and respond effectively in an emergency.
- This policy will be published on the school website, reviewed annually and communicated to staff, parents, governors and relevant contractors.

### **Principles (aligned with current national guidance)**

- This Allergy and Anaphylaxis Policy has been developed in accordance with the Department for Education's statutory guidance "Allergy Safety in Schools" (July 2026), introduced following the Children's Wellbeing and Schools Act 2026 (commonly known as Benedict's Law).
- The school meets its legal duty under the Children and Families Act 2014 to support pupils with medical conditions and follows best practice from the Department for Education, BSACI, Anaphylaxis UK and Allergy UK. ([gov.uk](https://www.gov.uk))
- Everyday classroom practice is the first line of protection; emergency response does not replace prevention. ([ssslearning.co.uk](https://www.ssslearning.co.uk))
- Individual Healthcare Plans (IHPs) will be in place for all pupils with medically diagnosed allergies that require school management or emergency medication.
- All staff will receive annual anaphylaxis and asthma training. Additional, specialised training will be given as required and will be proportionate to risk.
- The school will work with families, the local health service and catering provider to manage allergen risk while avoiding unnecessary exclusion.
- The school adopts a learning culture whereby allergic reactions, incidents and near misses are reviewed to improve future practice and reduce risk.

### **1. Roles and responsibilities**



**The Headteacher, who is a member of the school's leadership structure and is responsible for monitoring compliance with this policy, delegates operational oversight of allergy safety to the named Allergy Safety Lead.**

**Headteacher (overall accountability) and Designated lead:**

- Designated Allergy Safety Lead (named): Karen Payton.
- The Allergy Safety Lead is responsible for monitoring implementation of this policy, ensuring training compliance, reviewing incidents and near misses, maintaining records, and reporting annually to governors.
- Ensure policy implementation, staff training, adequate resources and review.
- Ensure staff trained in the use of Adrenaline Auto-Injector (AAI) are on site every day.
- Maintain register of pupils with allergies; coordinate IHPs; arrange training; update risk assessments for trips/activities.
- The Headteacher retains overall accountability for allergy safety across the school.

**Class teachers / phase leaders**

- Implement IHPs day-to-day; ensure classroom-level prevention (e.g. safe food practises); share IHPs with supply staff and volunteers.
- Have knowledge of first aid trained staff on site.

**First Aid staff:**

- Maintain competency in recognition and treatment of allergic reactions and anaphylaxis; keep records of incidents and medication administration.

**Catering contractor / kitchen staff**

- Provide allergen information for all meals; follow school procedures for special diets and cross-contamination controls.
- The school and catering provider will maintain documented processes to minimise cross-contamination and ensure allergen information is readily available to staff, pupils and parents.

**Parents / carers**

- Inform school immediately of diagnosed allergies; provide relevant medical evidence, medications, and up-to-date Action Plans; agree storage and administration arrangements.
- Provide up to date, prescribed medication and monitor expiry dates

## **Governors**

- Ensure policy oversight and resources; receive annual report on medical conditions and training.

## **2. Identification and documentation**

- Medical record and allergy register
- All diagnosed allergies are recorded on the school's medical register and Arbor. The register is accessible to relevant staff with GDPR safeguards.
- Individual Healthcare Plans (IHPs)
- An IHP is created for any pupil whose allergy requires monitoring, avoidance strategies or emergency medication. Each IHP includes: diagnosis, known triggers, usual symptoms, likelihood of anaphylaxis, prescribed medication (AAI details), routine medication, emergency actions (step-by-step), contact details, and parental consent for emergency AAI use or sharing information.
- IHPs are reviewed termly or following any change (new diagnosis, hospital attendance, change of medication).
- Allergy Action Plans / emergency plans
- For pupils at risk of anaphylaxis, use a recognised action plan (e.g. BSACI / Anaphylaxis UK format) attached to the IHP. ([bsaci.org](https://www.bsaci.org))

## **3. Medication: storage, access and administration**

### **Prescribed medication:**

- Parents supply labelled medication in original packaging with child's name, dose and expiry date. School records receipt and expiry checks.
- AAIs and other emergency medication will be checked at least termly and before all residential visits

### **Adrenaline auto-injectors (AAIs)**

- The school stores pupils' individual prescribed AAIs and will maintain at least one set of in-date spare emergency AAIs, stored in accordance with statutory guidance. Spare AAIs may be used in life-threatening emergencies when a pupil has no prescribed device available. Staff may administer AAIs in an emergency without prior parental consent if required to save life. ([gov.uk](https://www.gov.uk))
- AAIs are kept in a labelled, easily accessible unlocked location known to trained staff; portable kits for trips are taken as required.

- Emergency medical boxes are kept at the front of classrooms and they must be taken to PE, lunch and outside during breaktimes.
- The school will ensure emergency AAls can be accessed and administered within five minutes from any part of the school site. They are accessible from the First-Aid Room.
- Replace AAls promptly before expiry; record administration on the medication/incident form and inform emergency services and parents immediately after use.

### **Training and competence**

- All staff who may be present on site while pupils are attending school will receive annual allergy awareness and anaphylaxis training. This includes:
  - Teachers
  - Teaching assistants
  - Lunchtime supervisors
  - Office staff
  - Catering staff
  - Site and premises staff
  - Long-term supply staff
  - Volunteers who regularly support pupils
- Training covers recognition of early signs, correct AAI technique (including hold and press), post-administration procedures and communication with emergency services.
- All staff receive basic allergy awareness training annually (recognise reactions, prevention, how to find IHPs and where AAls are kept). Training is refreshed after any incident.
- Training records will demonstrate completion and competency and will be monitored by the Allergy Safety Lead.

## **4. Prevention and day-to-day management**

### **Communication with parents**

- Parents provide up-to-date medical information and signed consent for administration of medication and sharing of IHPs with staff and, where appropriate, other parents (e.g. for classroom snacks). The school will not publish a pupil's medical details publicly but will share necessary information with staff and relevant contractors.
- The school will communicate its allergy safety procedures to:
  - Parents and carers
  - Governors
  - Volunteers
  - Supply staff
  - Contractors
  - External providers using the school site

- Information sharing will be proportionate and GDPR-compliant.

### **Catering and packed lunches**

- The kitchen supplies clear allergen labelling for all meals. Special diets are provided based on medical evidence; staff and pupils are taught not to swap or share food. Where necessary for risk reduction, families of pupils with severe allergies may be asked to provide packed lunches (consultation and reasonable adjustments apply).

### **Classroom controls**

- Teachers follow IHPs: safe seating, handwashing before/after food, cleaning procedures for surfaces, storage rules for food, safe handling of food technology activities, and restricting food items used for rewards where appropriate.
- Where practical, the school will adopt a no-sharing food policy and consider no-peanut/nut notices in high-risk classes (with careful communication to avoid creating a false sense of security). Prevention must not isolate the child; balance inclusion with risk reduction.

### **Trips, off-site activities and residentials**

- The designated lead completes a trip-specific risk assessment that references each pupil's IHP and medication. The trip leader ensures trained staff accompany the trip, medication is taken, and emergency arrangements are clear (local A&E details, access to transport).
- PE, swimming and extracurricular activities
- Staff supervising activities know which pupils have allergies, where medication is stored and who is trained to administer AAIs. Portable AAI kits accompany pupils where necessary.

## **5. Incident reporting and review**

- Any allergic reaction (mild or severe) is recorded on the school's incident form and the pupil's IHP is reviewed.
- For any use of an AAI: call 999, state "anaphylaxis", administer AAI, keep the pupil lying or seated with legs raised unless breathing difficulties require alternative position, and arrange transfer to hospital even if symptoms appear to resolve.
- Inform parents and record actions taken. Convene IHP review meeting after an incident and update risk assessments and training as required.

### **Near Misses**



- Near misses, including accidental exposure, incorrect meal provision, food-sharing incidents, or failures to follow an IHP, will be recorded, reviewed and used to improve practice.
- The school recognises the importance of learning from events that could have resulted in an allergic reaction. Examples include:
  - Incorrect meal provision
  - Failure to follow an Individual Healthcare Plan
  - Food sharing involving an allergen risk
  - Allergen exposure where no reaction occurs
  - Missing or inaccessible medication
  - Incomplete communication regarding allergy needs
- All near misses will:
  - Be recorded on the school's reporting system
  - Be reviewed by the Allergy Safety Lead
  - Inform future risk assessments
  - Be shared with relevant staff where lessons can be learned

## **6. Staff training and record keeping**

- Induction for new staff includes basic allergy awareness, location of IHPs and AAls and the school's no-sharing food policy.
- The designated lead keeps training records (dates, provider, staff names, competencies) and maintains the medical register and IHPs.
- Training sources: accredited providers (NHS trust training, Anaphylaxis UK, BSACI resources) and local health professionals. ([anaphylaxis.org.uk](http://anaphylaxis.org.uk))

## **7. Equality, inclusion and reasonable adjustments**

- The school will make reasonable adjustments so pupils with allergies are not excluded from learning, trips or social activities. Where an adjustment might create a safeguarding or health risk to others, a risk-balanced decision will be made in consultation with parents, health professionals and the LA.
- The school will actively promote allergy inclusion and will not tolerate allergy-related teasing, bullying, discrimination or exclusion. Such behaviour will be addressed through the school's Behaviour Policy and Anti-Bullying Policy.
- Pupils with allergies should participate in educational visits, clubs, celebrations and curriculum activities wherever reasonably possible and safe to do so.
- Special attention will be paid to pupils with additional vulnerabilities in our context (e.g. pupils with SEND, EAL pupils and those in receipt of free school meals) to ensure IHPs and communications are accessible.

- Where required, information relating to allergies and IHPs will be provided in accessible formats, including translation or adapted communication methods for families.

## **8. Review and audit**

- Annual audit of policy implementation: training completeness, IHP currency, medication expiry checks, incident logs, catering compliance and trip paperwork.
- Governors will receive an annual Allergy Safety Report summarising:
  - Number of pupils with diagnosed allergies
  - Training compliance rates
  - Medication audit findings
  - Incidents and near misses
  - Policy updates
  - Actions arising from reviews
- Governors will monitor compliance with statutory allergy safety requirements.
- Where third-party providers, clubs, nursery providers, wraparound care providers or hirers use school premises, the school will ensure allergy management arrangements are shared and understood before activities commence

## **Quick reference for staff (summary)**

- Know where the medical register / IHPs and AAIs are kept for your class/phase.
- Do not give food to a pupil with a known food allergy unless agreed in their IHP.
- If a pupil has suspected anaphylaxis: call 999 immediately, give AAI without delay, place call for a second adult to fetch emergency AAI if needed, stay with the pupil and monitor breathing, inform the office so ambulance route is clear, contact parents.
- After any reaction, complete incident report and inform the designated lead.

**When treating a potential anaphylaxis casualty, it should be noted that there are no contraindications for the use of adrenaline.**

## **Sources and further reading**

- Allergy Safety in Schools. July 2026. ([gov.uk](https://www.gov.uk))
- Children's Wellbeing and Schools Act 2026 (commonly known as Benedict's Law). ([gov.uk](https://www.gov.uk))

- Department for Education — Allergy guidance for schools (gov.uk). Updated February 13, 2025. ([gov.uk](https://www.gov.uk))
- BSACI / Anaphylaxis UK / Allergy UK — Model Policy for Allergy Management at School (BSACI model policy and action plans). ([bsaci.org](https://www.bsaci.org))
- Anaphylaxis UK — Model allergy policies and Best Practice Guide (2024 update). ([anaphylaxis.org.uk](https://www.anaphylaxis.org.uk))
- NHS — Allergies information (general clinical advice). ([nhs.uk](https://www.nhs.uk))