Abbey Road Primary School

Allergy Safety Policy

Version control

Scope: Applicable to all Trust Schools	
Date to Board:	Aut 2026
Review date:	08.07.2026
Next review date:	Summer term 2027
Union Consultation Date:	N/A
Statutory or non-statutory:	Statutory
Author/Reviewer:	Tara Cook / Ly Toom

1. Policy Statement

Abbey Road Primary school is committed to providing a safe, inclusive and supportive environment for all pupils, staff, volunteers and visitors affected by allergies.

The school recognises that allergies can range from mild reactions to life-threatening anaphylaxis. Effective allergy management is therefore an important safeguarding, health and safety and equality responsibility.

This policy sets out how the school will:

- identify and support individuals with allergies;
- reduce avoidable risk;
- promote inclusion and wellbeing;
- ensure staff are appropriately trained;
- respond effectively to allergic reactions and anaphylaxis; and
- comply with relevant statutory guidance and best practice.

The school seeks to balance safety with inclusion and does not aim to create a completely allergen-free environment. Instead, proportionate and reasonable controls will be implemented based upon individual and organisational risk assessments.

2. Scope

This policy applies to:

- pupils;
- staff;
- governors;
- volunteers;
- agency workers;
- contractors;
- visitors;
- wraparound provision;
- educational visits and residential visits.

3. Principles

The school will:

Safety
Take all reasonably practicable steps to reduce the risk of allergic reactions.

Inclusion
Ensure pupils with allergies can participate fully in school life.

Partnership
Work collaboratively with pupils, parents, healthcare professionals and catering providers.

Awareness
Promote allergy awareness throughout the school community.

Continuous Improvement
Learn from incidents, near misses and annual reviews.

4. Roles and Responsibilities

4.1 Governing Body

The Governing Body will:

- approve the policy;
- review the policy annually;
- ensure appropriate resources are available;
- receive annual assurance regarding allergy management;
- monitor incidents and lessons learned;
- ensure allergy-related risks are appropriately managed.

4.2 Named Allergy Governor

The Governing Body shall appoint a Named Allergy Governor.

Responsibilities include:

- providing strategic oversight;
- reviewing incident reports and near misses;
- ensuring compliance with this policy;
- receiving updates from the Designated Allergy Lead;
- seeking assurance that legal requirements are met.

The named allergy governor is Amanda Dennis

4.3 Headteacher

The Headteacher will:

- ensure implementation of this policy;
- appoint a Designated Allergy Lead;
- ensure staff training is completed;
- ensure emergency procedures remain effective;
- ensure sufficient resources are available.

4.4 Designated Allergy Lead

The Designated Allergy Lead must be a member of the Senior Leadership Team.

They will:

- oversee allergy management;
- ensure the allergy register is maintained;
- coordinate Individual Healthcare Plans;
- oversee staff training;
- monitor medication arrangements;
- investigate incidents and near misses;
- report to governors;
- coordinate annual allergy audits;
- organise annual anaphylaxis drills.

Name of Allergy Lead: Ly Toom
Deputy Allergy Lead: Alison Lovett

4.5 School Office and Family Link Worker

The School Office and Family Link Worker will:

- collect allergy information during admissions;
- maintain records;
- facilitate communication with parents;
- support transition arrangements.

4.6 All Staff

All staff must:

- read and comply with this policy;
- complete required training;
- understand the needs of pupils with allergies;
- follow Individual Healthcare Plans;
- participate in emergency response where required;
- report incidents and near misses;
- promote inclusion and wellbeing.

4.7 Parents and Carers

Parents must:

- provide accurate information regarding allergies;
- notify the school of changes;
- supply medication where required;
- provide relevant medical documentation;
- work in partnership with the school.

4.8 Pupils

Pupils are encouraged, in an age-appropriate manner, to:

- understand their allergies;
- avoid known allergens;
- report concerns immediately;
- follow agreed management plans.

5. Identification of Allergies

The school will establish arrangements to identify:

- pupils with allergies;
- staff with allergies;
- visitors where reasonably practicable.

Information will be gathered through:

- admissions procedures;
- annual data collection exercises;
- healthcare plans;
- parental reporting.

6. Allergy Register

The school will maintain an up-to-date allergy register.

The register shall include:

- known allergens;
- allergy severity;
- risk of anaphylaxis;
- prescribed medication;
- medication locations;
- emergency contacts;
- Healthcare Plan status.

7. Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will normally be required where a pupil:

- has prescribed adrenaline medication;
- is at risk of anaphylaxis;
- requires specific management arrangements;
- has an allergy significantly impacting school participation.

Plans will include:

- photo identification;
- known allergens;
- symptoms;
- medication requirements;
- emergency arrangements;
- parent contacts;
- reasonable adjustments;
- Allergy Action Plan where available.

Plans will be reviewed:

- annually;
- following any significant incident;
- whenever circumstances change.

8. Risk Assessment and Prevention

Allergy risks will be considered in:

- classroom activities;
- food preparation;
- science lessons;
- craft activities;
- school events;
- educational visits;
- sports fixtures;
- residential visits;
- animal encounters.

Individual risk assessments may be completed where required.

9. Food and Catering Arrangements

The school will work closely with catering providers to ensure allergen risks are effectively managed.

Arrangements will include:

- allergen information availability;
- compliance with food legislation;
- allergen-labelling requirements;
- communication of menu changes;
- safe meal provision;
- safe food preparation procedures.

The school will discourage:

- food sharing, including swapping packed lunch items;
- unsafe food-related practices.

10. Food Brought into School

The school may implement reasonable controls regarding:

- birthday treats;
- fundraising food;
- class celebrations;
- packed lunches;
- food used for curriculum activities.

Controls shall be proportionate to identified risks and the needs of individual pupils.

11. Environmental Allergens

Where appropriate the school will manage risks associated with:

- pollen;
- animals;
- insect stings;
- latex;
- airborne allergens;
- contact allergens.

Reasonable control measures may include:

- activity planning;
- site monitoring;
- pupil education;
- adaptation of school activities.

12. Educational Visits and Residential Visits

Before visits the school will ensure:

- risks are assessed;
- relevant staff are briefed;
- medication accompanies pupils;
- emergency procedures are reviewed;
- catering arrangements are considered;
- staff understand relevant Healthcare Plans.

No pupil should be excluded solely because of an allergy where risks can be appropriately managed.

13. Inclusion, Equality and Wellbeing

The school recognises that allergies may affect wellbeing and confidence.

The school will:

- promote understanding and inclusion;
- challenge allergy-related bullying;
- support pupil wellbeing;
- provide reasonable adjustments where necessary;
- comply with the Equality Act 2010.

14. Medication and Adrenaline Auto-Injectors

Pupils prescribed adrenaline devices should have rapid access to them at all times.

The school will:

- maintain medication records;
- monitor expiry dates;
- ensure medication remains accessible;
- notify parents regarding replacement needs.

Medication must never be locked away or inaccessible during school activities.

15. Spare Adrenaline Auto-Injectors

The school will maintain spare adrenaline devices in accordance with current legislation and guidance.

Spare devices will:

- be clearly identified;
- be stored securely;
- remain accessible;
- be checked regularly;
- be replaced when used or expired.

Location of Spare Devices: Medicine box in staffroom

16. Emergency Response

All allergic reactions will be treated seriously.

Where anaphylaxis is suspected:

1. Administer adrenaline immediately.
2. Call 999.
3. Follow the Individual Healthcare Plan.
4. Contact parents/carers.
5. Record and review the incident.

All suspected anaphylaxis shall be treated as a medical emergency.

Detailed guidance is contained within the appendices.

17. Asthma

The school recognises the strong relationship between allergies and asthma.

Where relevant:

- Asthma Action Plans will be maintained;
- asthma information will form part of Healthcare Plans;
- emergency inhaler arrangements will be implemented where applicable.

Poorly controlled asthma may increase the severity of allergic reactions and must be taken into account when assessing risk.

18. Training

All staff will receive annual allergy awareness training.

Training will cover:

- allergy awareness;
- anaphylaxis;
- emergency procedures;
- use of adrenaline devices;
- allergy management procedures;
- incident reporting;
- inclusion and wellbeing.

New starters will receive allergy information during induction.

The school will complete at least one annual anaphylaxis drill.

18.1 Training Records

The Designated Allergy Lead will maintain records including:

- training dates;
- provider details;
- attendance records;
- refresher due dates;
- drill completion records.

19. Reporting and Learning Lessons

The school will record:

- allergic reactions;
- use of emergency medication;
- near misses;
- hospital admissions;
- corrective actions taken.

Following incidents the school will:

- investigate causes;
- identify lessons learned;
- amend procedures where required;
- provide support to affected individuals.

Where appropriate, incidents will be reported under RIDDOR and other applicable reporting requirements.

20. Information Sharing and Data Protection

Allergy information will be handled in accordance with UK GDPR and Data Protection legislation.

Information will be:

- stored securely;
- reviewed regularly;
- shared only where necessary to safeguard individuals;
- treated confidentially.

21. Communication and Awareness

This policy will be:

- published on the school website;
- available on request;
- referenced during induction;
- shared through staff training processes.

The school will actively promote age-appropriate allergy awareness amongst pupils.

22. Related Policies

This policy should be read alongside:

- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- Educational Visits Policy
- Safeguarding Policy
- Data Protection Policy
- Behaviour Policy
- Anti-Bullying Policy
- Equality and Inclusion Policy

APPENDICES:

1) **MANAGING ALLERGIC REACTIONS GUIDANCE**
2) **RESPONDING TO ANAPHYLAXIS GUIDANCE**

1)MANAGING ANAPHYLAXIS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

2)RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway	B – Breathing	C - Circulation
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen Tongue	• Difficult or noisy breathing • Wheeze or cough	• Persistent dizziness • Pale or floppy • Sleepy • Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.