



Achieve Believe Celebrate

Allergy Safety Policy

Marsh Green Primary School

Policy agreed (date):	September 2026
Policy published (date):	September 2026
Next review (date):	September 2027

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1. Purpose and commitment

Marsh Green Primary School is committed to providing a safe, inclusive environment in which pupils with allergies can attend, learn and participate fully in school life. We recognise that allergic reactions can range from mild symptoms to severe and potentially fatal anaphylaxis. Allergy safety is therefore a whole-school responsibility.

The school will identify allergy-related risks, reduce exposure to known allergens where reasonably practicable, prepare staff to recognise and respond to reactions, ensure timely access to prescribed and emergency adrenaline, and learn from incidents and near misses.

2. Statutory framework and national guidance

This policy should be read alongside current national requirements and guidance, including:

- Department for Education: Allergy safety in schools - statutory guidance (July 2026).
- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- Department for Education: Supporting pupils at school with medical conditions - statutory guidance.

- Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools.
- The Early Years Foundation Stage statutory framework, where applicable.
- Equality Act 2010, Health and Safety at Work etc. Act 1974, safeguarding duties and the common law duty of care.
- Current food-allergen information requirements and DfE school food allergy guidance.

Where national legislation or statutory guidance changes, the school will review this policy and its procedures promptly.

3. Leadership, governance and responsibilities

The Governing Body has strategic responsibility for ensuring that the school fulfils its statutory duties and has appropriate allergy safety arrangements in place.

The Headteacher has overall operational responsibility and will ensure that a named senior leader acts as the school's Allergy Safety Lead. The named lead will coordinate implementation, training, records, risk management, medication arrangements and policy review.

All staff have a responsibility to follow this policy, attend required training, understand how to summon help, know how to access emergency medication, and raise concerns immediately if arrangements appear unsafe.

4. Identifying pupils with allergies

Parents and carers must inform the school of any known or suspected allergy when a child joins Marsh Green and must tell the school promptly about any new diagnosis, change in symptoms, treatment, medication or clinical advice.

The school will maintain an up-to-date Allergy Register. It will identify, as appropriate, the pupil's allergens, symptoms, prescribed medication, emergency arrangements, location of medication and whether an Individual Healthcare Plan (IHP) and/or healthcare-professional Allergy Action Plan is in place.

Relevant information will be shared with staff who need it to keep the pupil safe, while respecting confidentiality and data-protection requirements.

5. Individual Healthcare Plans and Allergy Action Plans

The school will identify pupils whose allergy requires an IHP because their needs have a functional impact on school life, place them at risk of harm, or require arrangements additional to or different from those normally available.

Where a healthcare professional has provided an Allergy Action Plan, Asthma Action Plan or other clinical plan, the current plan will be incorporated into or referenced by the pupil's IHP. An IHP should clearly record:

- known allergens and likely routes of exposure;
- usual signs and symptoms, including signs of anaphylaxis;
- preventive arrangements and reasonable adjustments;
- prescribed medication and where it is kept;
- emergency response arrangements;
- arrangements for meals, snacks, clubs, PE, visits and trips;
- roles of the school, parents/carers, pupil and healthcare professionals;
- review arrangements and relevant emergency contacts.

IHPs will be treated as live documents and reviewed at least annually, and sooner following a serious incident, near miss, new clinical advice, change in medication or material change in the pupil's needs.

6. Staff awareness, training and induction

All staff who are present when pupils are scheduled to be on site will receive allergy-awareness and emergency-response training at least annually. This includes permanent staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision, where they have a pupil-facing role.

Training and induction arrangements will ensure staff understand:

- common allergens and routes of exposure;
- how to recognise mild/moderate allergic reactions and anaphylaxis;
- the importance of acting promptly and following a pupil's current action plan where available;
- where prescribed and spare adrenaline devices are located;
- how and when to administer an adrenaline auto-injector in accordance with training and manufacturer instructions;
- the need to call 999 for suspected anaphylaxis and to state "anaphylaxis";
- how to record and report incidents and near misses;
- how to support inclusion and avoid stigmatising pupils with allergies.

New staff will receive allergy-safety information as part of induction. Supply and cover staff will be given essential pupil-specific and emergency information before taking responsibility for pupils.

7. Reducing exposure to allergens

The school will take reasonable and proportionate steps to minimise exposure to known allergens. Risk reduction will be tailored to identified pupils and activities and will not rely solely on blanket statements such as "allergen-free".

Risk assessment will consider, where relevant:

- classroom and break-time snacks;

- school meals, packed lunches and breakfast/after-school provision;
- cooking, baking, food technology and tasting activities;
- craft, sensory and science activities that may contain food or other allergens;
- animals, plants, latex, medicines and insect-sting risks;
- cleaning routines, handwashing and management of spillages;
- parties, fundraising, celebrations and food brought into school;
- shared equipment and cross-contact risks;
- school trips, residentials, sports events and transport.

No food or product will be given to a pupil with a known allergy where staff are uncertain about its ingredients or safety for that pupil.

8. Food, catering and snacks

The school and its catering provider will comply with applicable food-allergen information requirements. Catering arrangements will include clear communication of pupils' dietary needs, management of ingredient substitutions and measures to minimise cross-contact.

Where menus or products change, allergen information must be checked again. Staff should not assume that a product previously used remains suitable.

Parents and carers are expected to follow school guidance about food brought onto the premises. Any school-wide restrictions, such as restrictions on nuts or nut products, are risk-reduction measures and do not create an allergen-free environment.

9. Prescribed adrenaline and emergency/spare adrenaline devices

Pupils at risk of anaphylaxis should have access to their prescribed adrenaline devices at school. Where a pupil does not carry their devices personally, they must be stored so that they are quickly and easily accessible and not locked away in a location that would delay treatment.

The school will maintain appropriately dosed spare adrenaline auto-injectors (AAIs) for emergency use in accordance with current national guidance. For a primary school, DfE guidance indicates that this will normally mean one pair of 150 microgram spare AAIs for children under 6 and one pair of 300 microgram spare AAIs for individuals over 6, with additional pairs if needed to meet the five-minute access standard across the site.

Spare AAIs will:

- be stored in pairs;
- be readily accessible and not locked away;
- be clearly labelled as school emergency devices;
- be located so that adrenaline can be brought to a person experiencing anaphylaxis within five minutes;
- be checked routinely for expiry date and condition;

- be replaced promptly following use, damage or expiry;
- be disposed of safely after use because auto-injectors contain a needle.

The school will maintain a documented location plan and checking record for spare AAls. Prescribed devices remain the first choice where immediately available and usable; a spare device may be used in an emergency in accordance with current law and guidance.

10. Responding to allergic reactions and anaphylaxis

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff must act immediately. If in doubt, staff should treat for anaphylaxis in line with current DfE guidance and the pupil's current Allergy Action Plan where available.

The emergency response is:

1. Call for help and stay with the pupil. Do not send the pupil to find medication or walk to the office.

2. Bring the pupil's prescribed adrenaline device(s) and/or the school's spare AAls to the pupil.

3. Administer adrenaline as soon as possible. DfE guidance states that, in practice, this should be within five minutes of anaphylaxis being recognised.
4. Call 999 immediately and ask for an ambulance, stating "anaphylaxis". Do not delay adrenaline while waiting to contact emergency services.
5. Position the pupil safely in accordance with current anaphylaxis guidance and training. Do not allow the pupil to stand or walk.
6. If symptoms do not improve or return, give a second dose of adrenaline after the interval specified in current emergency guidance and the device/action plan, if a second device is available.
7. Arrange for someone to meet the ambulance and provide relevant information, including the suspected trigger and time(s) adrenaline was administered.

8. Contact parents/carers as soon as practicable after emergency treatment has begun.

9. Record the incident and initiate the school's post-incident review process.

11. Educational visits, PE and off-site activities

Pupils with allergies should be enabled to participate fully in visits, trips, PE, clubs and enrichment activities wherever reasonably possible. Allergy risk must be considered during planning.

For pupils at risk of anaphylaxis, prescribed adrenaline must accompany the pupil and remain immediately accessible. A suitable member of staff who understands the pupil's needs and emergency response must accompany the pupil. The school will consider whether taking a spare AAI is appropriate for the visit in line with current guidance.

12. Inclusion, wellbeing and behaviour

The school recognises that allergy can affect emotional wellbeing, confidence, attendance and participation. Staff will support pupils in a calm, proportionate way and avoid unnecessary exclusion from activities.

Bullying, teasing, deliberately exposing another person to an allergen, threatening someone with an allergen or treating allergy as a joke will be treated seriously under the school's Behaviour and Safeguarding procedures.

13. Information sharing and confidentiality

The school will share relevant allergy information with staff and service providers who need it to keep pupils safe. Information will be proportionate, accurate and updated when circumstances change. Displays or photographs used for safety purposes will be managed carefully and only where justified by risk.

14. Incidents, near misses and learning

All serious allergic reactions, use of adrenaline, emergency-service call-outs and significant allergy-related near misses must be recorded and brought to the attention of the Headteacher / Allergy Safety Lead.

The school will review what happened, identify any failures or learning, make changes where necessary and share relevant learning with staff. The pupil's IHP and this policy will be reviewed if the incident or near miss indicates that existing arrangements may be unsafe or insufficient.

15. Partnership with parents and carers

Parents and carers are expected to provide accurate, current information; copies of current clinical plans; prescribed medication in date and in appropriate packaging; and replacement medication promptly when requested. They must inform school immediately of changes to diagnosis, symptoms, medication or healthcare advice.

The school will work collaboratively with families and relevant healthcare professionals to agree safe, practical and inclusive arrangements.

16. Supporting pupils to self-manage safely

Pupils will be supported, according to their age, maturity and understanding, to recognise symptoms, avoid known allergens, communicate concerns and understand their medication. Where clinically appropriate, pupils may carry their own prescribed adrenaline devices.

Responsibility for safe emergency arrangements does not rest solely with the pupil. Staff remain responsible for following school procedures and taking reasonable action in an emergency.

17. Monitoring and review

This policy will be reviewed at least annually and sooner following a serious incident, significant near miss, material change in a pupil's needs, or change to legislation or statutory guidance. The Governing Body will receive assurance that the policy is implemented, training is current, emergency medication is accessible and learning from incidents is acted upon.

The policy will be published on the school website and made available to parents, carers and staff.

Related school policies and documents

- Supporting Pupils with Medical Conditions Policy
- Administration of Medicines Policy
- First Aid Policy
- Safeguarding and Child Protection Policy
- Behaviour Policy
- Educational Visits Policy
- Health and Safety Policy
- Food / Catering procedures
- Data Protection Policy
- Individual Healthcare Plans and Allergy / Asthma Action Plans

National references

- Department for Education (2026), Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Department for Education (2026), Allergy safety policy - template.
- Department for Education, Supporting pupils at school with medical conditions - statutory guidance.
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools.
- Department for Education (2026), Allergy guidance for schools / school food standards resources.

Appendix A: Allergy Register template

This register should be kept up to date and accessible to authorised staff who need the information to keep pupils safe. It should be reviewed whenever the school receives updated information from a parent/carers or healthcare professional.

[illegible]

Appendix B: Emergency anaphylaxis procedure

ANAPHYLAXIS = MEDICAL EMERGENCY

1. Stay with the pupil and call for help.
2. Bring adrenaline to the pupil - do not make the pupil walk to it.
3. Give adrenaline as soon as possible; aim for within five minutes.
4. Call 999 and say “ANAPHYLAXIS”.
5. Keep the pupil safely positioned; do not allow them to stand or walk.
6. Give a second dose if required under current emergency guidance and available.
7. Meet the ambulance and tell paramedics what happened and when adrenaline was given.
8. Inform parents/carers and record the incident / near miss.

Follow the pupil's current Allergy Action Plan where available. If in doubt, treat suspected anaphylaxis promptly.

Appendix C: Spare AAI checking record

Use this record to evidence routine checks of the school's emergency/spare adrenaline auto-injectors and to trigger replacement before expiry.

[illegible]

Appendix D: Staff allergy training record

All staff present when pupils are scheduled to be on site should receive allergy-awareness and emergency-response training at least annually. Record induction/refresher arrangements for temporary, supply and cover staff as applicable.

[illegible]

Appendix E: Allergy incident / near-miss record

Complete this record after a serious allergic reaction, use of adrenaline, emergency-service call-out, or significant allergy-related near miss. Use the review section to identify learning and required changes.

Date and time	
Pupil / person involved	
Location	
Known allergy / suspected allergen	
What happened / symptoms observed	
Medication administered (device, dose, time)	
999 called? Time / outcome	
Parent/carer informed? Time	
Staff involved / witnesses	

Immediate actions taken	
What worked well	
What could be improved	
Changes required to IHP / risk assessment / policy / training	
Review completed by and date	

Appendix F: Individual Healthcare Plan (IHP)

Allergy / Anaphylaxis

Complete with parents/carers and the pupil where appropriate. Attach the current clinician-issued Allergy Action Plan. Review at least annually and sooner after a reaction, significant near miss, or change in diagnosis, medication or healthcare advice.

1. Pupil and plan details

Pupil name		Date of birth	
Year group / class		Plan start date	
Next review date		Plan coordinator / Allergy Lead	

2. Parent / carer and healthcare contacts

Parent / carer 1		Telephone	
Parent / carer 2		Telephone	
GP / practice		Specialist / allergy clinic	

3. Allergy information

Known allergen(s) / trigger(s):
Typical symptoms and how reactions may present:
Previous significant reactions / relevant risk factors (e.g. asthma, exercise, communication needs):

4. Medication and emergency equipment

Medication / device	Dose / strength	When to give	Storage / location	Expiry
Prescribed AAI brand / dose		Number held in school		
Exact location of prescribed AAI(s)		Location of school spare AAI(s)		

5. Emergency response

Signs / symptoms requiring immediate emergency action:
Pupil-specific emergency instructions:
ANAPHYLAXIS: Give adrenaline without delay, call 999 and state "anaphylaxis", keep the pupil supervised, and follow the current Allergy Action Plan. Do not send the pupil to collect medication.

Individual Healthcare Plan - School Arrangements and Review

6. Prevention and day-to-day arrangements

Reasonable steps to reduce exposure to identified allergens:
Food, snack, catering and lunchtime arrangements:
Classroom / curriculum considerations (including cooking, craft, sensory, science and PE):
Breakfast club / after-school / wraparound arrangements, if applicable:

7. Trips, participation and wellbeing

Educational visits, residentials, sports events and off-site arrangements:
Adjustments required for full inclusion, attendance, learning or emotional wellbeing:
How the pupil will be supported to understand and manage their allergy safely:

8. Information sharing, roles and training

Named staff with specific responsibilities / who needs to know:
Training required, staff covered and renewal date:
Contingency arrangements for staff absence, timetable/location changes or unavailable medication:

9. Agreement and review

Parent / carer name		Date	
School representative / role		Date	
Parent / carer signature		Pupil contribution / signature (where appropriate)	
School representative signature		Healthcare professional contribution (if applicable)	

10. Review record

Review date	What changed / outcome	People involved	Next review date

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Keep with this IHP: current Allergy Action Plan, relevant medication documentation, risk assessments and current clinical advice supplied to school.