THE EDWARD RICHARDSON PRIMARY SCHOOL

ALLERGY POLICY

Date of last review	Autumn 2026
Term next due for update	Autumn 2027
Member of staff responsible for this update	Headteacher
Governor responsible for this update	Chair of Governors
Requirement	Statutory

1. Purpose

The Edward Richardson Primary School is committed to providing a safe and inclusive environment in which pupils with allergies are able to attend school, learn and participate fully in school life.

This policy explains how the school identifies and supports pupils with allergies, reduces the risk of exposure to known allergens and responds to allergic reactions and anaphylaxis. It also sets out the school's arrangements for staff training, emergency medication, educational visits, information sharing and the recording of allergy-related incidents.

The policy applies throughout the school day and during breakfast clubs, after-school provision, educational visits, residential visits and other activities organised by the school.

It should be read alongside the school's policies relating to supporting pupils with medical conditions, administering medication, first aid, health and safety, educational visits, attendance, behaviour, anti-bullying and data protection.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires maintained schools, academies and pupil referral units to have, publish and keep under review an allergy safety policy. The school will have regard to the Department for Education's statutory guidance, Allergy safety in schools.

2. Understanding allergy

An allergy is a medical condition in which the immune system reacts abnormally to a substance that would normally be harmless. Allergens may include food, medicines, insect stings, latex, pollen, animal dander, dust mites, mould and other airborne or contact substances.

Allergic conditions include food allergy, allergic asthma, eczema and allergic rhinitis. More than one allergic condition may affect the same person.

An allergic reaction may be mild or moderate, but it can develop into anaphylaxis. Anaphylaxis is a potentially life-threatening reaction affecting the airway, breathing or circulation. It can occur without a rash or other visible skin symptoms.

Food intolerance and coeliac disease are not allergies and do not cause anaphylaxis. They may nevertheless require careful dietary management and appropriate support through the school's wider medical conditions arrangements.

3. Leadership and governance

The governing body is responsible for ensuring that the school has an effective allergy safety policy and that appropriate arrangements are in place to identify, assess and manage allergy-related risks.

The governing body will receive assurance that the policy is being implemented, that staff have received appropriate training and that serious incidents or significant near misses have been reviewed. Allergy-related risks will be considered within the school's wider risk-management arrangements.

The Headteacher is the school's named senior leader responsible for allergy safety. The Headteacher may delegate particular tasks, but retains overall responsibility for the implementation and monitoring of this policy.

The Headteacher will ensure that accurate records are maintained, staff are appropriately trained, pupils have suitable healthcare arrangements and emergency medication is readily accessible. The Headteacher will also ensure that catering, educational visits, wraparound care and other school activities take account of known allergy risks.

This policy will be reviewed at least annually. It will also be reviewed following a serious allergy-related incident, a significant near miss or a relevant change in legislation, guidance or school provision. It will be published on the school website and made available in hard copy on request, as expected by the DfE template.

4. Staff responsibilities and training

All staff have a responsibility for allergy safety. Staff must take reasonable steps to reduce the risk of pupils coming into contact with known allergens and must respond promptly and appropriately if an allergic reaction is suspected.

All staff who are present while pupils are on site will receive allergy awareness and emergency response training at least annually. This includes teachers, teaching assistants, office staff, premises staff, lunchtime supervisors, catering staff, wraparound-care staff, supply teachers, temporary staff, peripatetic staff, agency workers and regular volunteers.

Training will help staff to understand the range of allergic conditions, recognise the symptoms of an allergic reaction and anaphylaxis, locate emergency medication and respond appropriately. Staff will be shown how to administer adrenaline devices and will understand the importance of giving adrenaline without delay where anaphylaxis is suspected.

Training will also cover the relationship between food allergy, asthma and anaphylaxis, the use of Allergy and Asthma Action Plans, the impact allergy can have on a pupil's wellbeing and the procedures for reporting incidents and near misses.

New staff will receive allergy safety information as part of their induction. Supply, temporary and cover staff will be given relevant information before taking responsibility for pupils. This will include information about pupils who may require emergency support and the location of their medication.

Staff must not delay emergency treatment while attempting to contact a parent, the Headteacher or another senior member of staff.

5. Identifying pupils with allergies

The school will gather information about allergies when a pupil joins the school and whenever a new allergy is diagnosed or suspected. Information may be obtained from parents, previous schools or settings and healthcare professionals.

Parents must inform the school promptly if their child has a diagnosed or suspected allergy, experiences an allergic reaction or has a change in medication, treatment or medical advice. They must also provide updated Allergy or Asthma Action Plans when these become available.

The school will maintain an allergy register containing relevant information about pupils with known allergies. This may include the pupil's photograph, known allergens, likely symptoms, medication, emergency arrangements, the location of medication and details of any Individual Healthcare Plan.

Medical information will be reviewed regularly and whenever the school is informed that a pupil's needs have changed.

The school will also make reasonable arrangements to identify and support members of staff and visitors with allergies where this information is necessary for their safety.

6. Individual Healthcare Plans (IHPs)

A pupil will normally have an Individual Healthcare Plan where their allergy places them at risk of harm, has a significant effect on them at school or requires arrangements that are additional to or different from those made for pupils generally.

The plan will be developed in consultation with the pupil, where appropriate, their parents, relevant school staff and healthcare professionals where advice is available.

The Individual Healthcare Plan will describe the pupil's allergy, known triggers, symptoms, medication and emergency arrangements. It will also explain any reasonable adjustments needed during lessons, meals, playtimes, clubs, educational visits and other school activities.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or referred to within the Individual Healthcare Plan.

Plans will be reviewed at least annually and whenever the pupil's needs, medication or medical advice change. They will also be reconsidered following a relevant incident or near miss and before significant transitions.

7. Sharing information

Information about a pupil's allergy will be shared with members of staff who need it in order to protect the pupil or provide appropriate support. This may include teaching staff, support staff, lunchtime supervisors, first aiders, catering staff,

wraparound-care staff, supply staff and staff accompanying educational visits.

Health information is sensitive personal data and will be handled in accordance with the Data Protection Act 2018, UK GDPR and the school's data-protection arrangements.

Information will be shared in a controlled and respectful way. The school will avoid unnecessary disclosure or arrangements that single a pupil out or cause embarrassment. Emergency information will nevertheless be sufficiently accessible to allow staff to act immediately.

8. Minimising exposure to allergens

The school cannot guarantee an allergen-free environment. It will instead take reasonable and proportionate steps to reduce the risk of exposure to known allergens.

Risk-management arrangements will be based on the needs of individual pupils. The school will not assume that every pupil with the same allergy requires identical support.

Relevant information will be shared with staff, food-preparation areas and eating surfaces will be cleaned appropriately and pupils will be discouraged from sharing food, drinks, bottles or utensils. Effective handwashing will be promoted before and after eating.

Staff planning activities must consider whether pupils could be exposed to allergens. This includes cooking, food tasting, science, art, craft, sensory activities, gardening, Forest School, animal visits and activities involving latex, cosmetics or other contact allergens.

Resources that have contained significant allergens will not be used where they create an avoidable risk. This includes items such as nut-spread jars, egg boxes or food packaging where contamination cannot be safely managed.

Where a pupil has a known airborne, contact or environmental allergy, reasonable measures will be considered through their Individual Healthcare Plan or risk assessment. These may include changes to cleaning, ventilation, animal contact, outdoor activities, grass cutting or the use of particular materials.

9. Nuts and food brought into school

The school asks pupils, families and staff not to bring nuts or products containing nuts onto the school premises.

This precaution reduces risk but does not make the school nut-free. The school cannot guarantee that all food brought onto the premises is free from nuts or traces of nuts. The school will therefore describe itself as allergy aware rather than allergen-free.

Parents will be asked to check ingredient labels and follow any additional restrictions communicated in relation to a particular pupil, class, event or activity.

Food intended for general distribution must not be brought into school without prior agreement. Where food is provided for celebrations, fundraising or curriculum activities, clear ingredient and allergen information must be available.

Any restrictions relating to allergens other than nuts will be based on individual risk assessment and communicated clearly.

10. School meals and catering

The school and its catering provider will comply with relevant food-information and allergen-labelling requirements.

Up-to-date information about pupils' food allergies will be provided to lunch time staff. Lunch time staff will have access to accurate ingredient and allergen information and will follow appropriate procedures when preparing and serving food.

Menu changes and ingredient substitutions must be checked carefully. Cross-contamination risks will be assessed and managed, and agreed systems will be used to identify pupils who require special diets.

No member of staff should guess whether food is safe for a pupil. Where reliable ingredient or allergen information is unavailable, the food must not be given to the pupil.

Parents are responsible for providing accurate and current medical and dietary information. The catering provider may request medical evidence before putting a medically required special diet in place.

11. Supporting wellbeing and inclusion

The school recognises that allergy can affect a pupil's emotional wellbeing as well as their physical health. Pupils may experience anxiety about eating, joining activities, attending visits or being separated from their medication.

Staff will listen to pupils' views and involve them in decisions in a way that is appropriate to their age and understanding. The school will provide reassurance without minimising the risks they face and will help pupils develop increasing independence where this is safe and appropriate.

Reasonable adjustments will be made so that pupils with allergies can participate fully in lessons, meals, clubs, educational visits and other aspects of school life. Allergy will not be used as a reason to isolate a pupil or exclude them unnecessarily.

Bullying, teasing, threats involving allergens, deliberate contamination of food or misuse of another pupil's medication will be treated seriously under the school's behaviour, anti-bullying and safeguarding procedures.

Deliberately exposing someone to a known allergen may place them at significant risk of harm and will be treated as a serious matter.

12. Supporting pupils to manage their allergy

Pupils will be helped to understand their allergy, avoid known triggers, recognise symptoms and seek help.

Decisions about whether a pupil carries or administers their own medication will be made individually. The decision will take account of the pupil's age, competence, understanding, medical advice and the views of the pupil and their parents.

There will not be a fixed age at which all pupils are expected to carry their own medication. A pupil who can self-administer may still require supervision and support.

All pupils with prescribed emergency medication must know where it is kept. Staff responsible for them must also know its location.

13. Prescribed adrenaline

Pupils who have been prescribed adrenaline must have rapid access to their devices at all times.

Prescribed devices will be clearly labelled for the named pupil, stored in accordance with the manufacturer's instructions and kept readily accessible. They will not be locked away.

Arrangements will ensure access during lessons, lunchtimes, playtimes, physical education, wraparound care and educational visits.

The school will keep a record of pupils who have been prescribed adrenaline and will monitor expiry dates. Parents remain responsible for supplying replacement devices before they expire and for informing the school of any changes.

Emergency medication must be brought to the pupil. A pupil experiencing a suspected allergic emergency must not be sent to collect medication or asked to walk to the school office.

14. Spare adrenaline devices

The school will maintain spare adrenaline devices for emergency use in accordance with current legislation and DfE guidance.

Spare devices will be stored in clearly marked emergency kits and will be readily accessible rather than locked away. They will be stored in pairs so that a second dose is immediately available if required.

The location of the devices will be planned so that they can be brought to any pupil within five minutes. Their condition and

expiry dates will be checked regularly, and they will be replaced promptly when used, damaged or expired.

The school's spare adrenaline devices are located at:

School Office

The member of staff responsible for checking them is:

Julie Sparks

A spare device may be used where anaphylaxis is suspected and the pupil's own device is unavailable, damaged, expired or cannot be administered, provided that its use is permitted under the current legal and healthcare arrangements.

Used adrenaline auto-injectors will be handed to ambulance staff or placed in an appropriate sharps container.

15. Responding to an allergic reaction

A pupil experiencing an allergic reaction must not be left unattended.

Symptoms of a mild or moderate allergic reaction may include swollen lips, face or eyes, an itchy or tingling mouth, hives, an itchy rash, abdominal pain, vomiting or a sudden change in behaviour.

Where these symptoms occur, staff will follow the pupil's Allergy Action Plan, administer prescribed antihistamine where authorised, contact the pupil's parents and monitor the pupil closely for at least 60 minutes.

If symptoms affect the pupil's airway, breathing or circulation, or there is any doubt about whether the reaction is anaphylaxis, staff must treat it as an emergency.

Emergency response to suspected anaphylaxis

1. Give adrenaline immediately.
2. Call 999 and state clearly that anaphylaxis is suspected.
3. Bring medication and assistance to the pupil. Do not make the pupil walk.
4. Keep the pupil lying flat with their legs raised. Where breathing is difficult, they may sit with their legs extended. They must not stand or walk.
5. Stay with the pupil and continue to monitor them.
6. If there is no improvement after five minutes, give a second dose of adrenaline using a second device.
7. Contact the pupil's parents or emergency contacts.
8. Begin CPR if the pupil becomes unresponsive and is not breathing normally.
9. Ensure that ambulance staff are told what medication has been given and at what time.
10. The pupil must be assessed by ambulance clinicians even if they appear to recover.

An asthma inhaler must not be given instead of adrenaline where anaphylaxis is suspected. It may be given after adrenaline where this is directed in the pupil's Action Plan.

The statutory guidance emphasises immediate adrenaline, calling 999, preventing the person from standing or walking and giving a second dose after five minutes if symptoms do not improve.

16. Educational visits and activities away from school

Pupils with allergies will be supported to participate in educational visits, residential visits, sports, clubs and other activities away from school.

Where allergy creates an additional risk, a proportionate risk assessment will be completed. This will consider the pupil's allergens, food arrangements, access to medication, staff training, transport, the location of the activity and access to emergency services.

A pupil at risk of anaphylaxis must have their prescribed adrenaline devices with them. Medication must remain readily

accessible rather than being stored in luggage that cannot be reached quickly.

Two devices will normally be available and at least one member of staff accompanying the visit will be trained to administer them.

Parents will not routinely be required to accompany their child in order for the child to take part.

Where medication has not been provided, the school will contact the parent and assess whether alternative safe arrangements can be made. A pupil will not be excluded automatically without consideration of their individual circumstances and any reasonable alternatives.

17. Wraparound care and external providers

The requirements of this policy apply to school-run breakfast clubs, after-school clubs and other extended provision.

Staff working in these provisions will receive relevant allergy information and will know how to access emergency medication.

Where an external organisation provides activities on the school site, the school will establish how allergy information will be shared, how emergency medication will be accessed and how incidents will be reported.

18. Incidents and near misses

An allergy-related incident includes an allergic reaction, suspected anaphylaxis, administration of adrenaline, accidental exposure to an allergen, a medication error or a failure in food preparation or allergen information.

A near miss is an event that could reasonably have caused an allergic reaction or other harm but did not.

All incidents and near misses must be reported to the Headteacher and recorded. Parents will be informed of incidents involving their child.

The record will include what happened, the suspected allergen, symptoms, action taken, medication administered, communication with parents or emergency services and any immediate corrective action.

Serious incidents and significant near misses will be reported to the governing board. The school will also consider whether reporting to an external organisation is required.

Following an incident or near miss, the school will review the pupil's Individual Healthcare Plan, relevant risk assessments, medication arrangements, staff training and any catering or supervision procedures.

The policy itself will be reviewed where an incident suggests that existing arrangements may not provide sufficient protection. This reflects the DfE expectation that schools explain how incidents and near misses will be recorded, reported and addressed.

20. Raising awareness

This policy will be published on the school website and shared with staff through annual training and induction.

Relevant information will also be shared with catering providers, wraparound-care staff and external organisations where necessary.

Pupils will receive age-appropriate information about allergy safety, including the importance of not sharing food and of seeking adult help immediately if someone becomes unwell.

Where appropriate, and with the agreement of the pupil and their parents, classmates may be told how to seek help in an emergency. Pupils will not be expected to take responsibility for administering treatment.

21. Complaints

Concerns about allergy safety should be raised promptly with the class teacher, Headteacher or another appropriate member of staff.

Complaints will be considered under the school's complaints procedure. Urgent safety concerns will be addressed immediately and will not be delayed while the formal complaints process takes place.

22. Monitoring and review

The Headteacher will monitor the implementation of this policy. This will include reviewing staff training, the allergy register, Individual Healthcare Plans, medication checks, catering arrangements, educational visits and any incidents or near misses.

The views of pupils and parents will be considered where appropriate.

The policy will be reviewed annually and sooner where there is a serious incident, significant near miss, change in legislation or guidance, change in school provision or evidence that existing arrangements need to be improved.

The governing board will approve the policy and receive assurance about its implementation.