Allergy Safety Policy
September 2026

Policy Information

Named Allergy Leads:

- Sarah Jordan, Headteacher and Designated Safeguarding Lead (DSL)
- Frances Verran, Allergy Lead
- Pamela Storey, Named Allergy Governor Lead

This policy will be shared on a need to know basis with the relevant agencies/clubs linked to school and care of named children who are at risk.

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1. Policy Statement

Longparish C of E Primary School is committed to safeguarding and promoting the welfare of all pupils. We recognise that allergies can have a significant impact on a child's health, wellbeing, safety and ability to participate fully in school life.

This policy complies with the requirements of Section 34 of the Children's Wellbeing and Schools Act 2026 and should be read alongside the school's Safeguarding Policy, Supporting Pupils with Medical Conditions Policy, First Aid Policy, Health and Safety Policy and Educational Visits Policy.

Our aims are to:

- Provide a safe environment for all pupils with allergies.
- Minimise the risk of exposure to known allergens.
- Ensure prompt and effective responses to allergic reactions and anaphylaxis.
- Promote inclusion and wellbeing for pupils with allergies.
- Provide staff with appropriate knowledge and training.
- Ensure effective communication between home, school and healthcare professionals.
- Maintain effective safeguarding arrangements for pupils with medical conditions and allergies.

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2. Roles and Responsibilities

Governing Body

The Governing Body will:

- Ensure the school has an effective Allergy Safety Policy.
- Review the policy annually.
- Monitor implementation of procedures and training.
- Ensure sufficient resources are available to support allergy management.

Headteacher

The Headteacher will:

- Ensure this policy is implemented consistently.
- Ensure staff receive appropriate training.
- Ensure suitable records are maintained.

Allergy Leads

The school's named Allergy Leads are:

- **Sarah Jordan, Headteacher and Designated Safeguarding Lead (DSL)**
- **Frances Verran, Allergy Lead**

The Allergy Leads are responsible for:

- Coordinating allergy management across the school.
- Maintaining and monitoring records of pupils with allergies.
- Ensuring Individual Healthcare Plans (IHPs) and Allergy Action Plans are kept up to date.
- Organising allergy awareness and emergency response training.
- Monitoring the implementation of this policy.
- Reviewing allergy incidents and near misses.
- Liaising with parents, carers, healthcare professionals and external agencies as appropriate.
- Leading the annual review of the Allergy Safety Policy.

Staff

All staff are responsible for:

- Following this policy.
- Knowing which pupils have severe allergies.
- Understanding emergency procedures.
- Reporting concerns, incidents or near misses.
- Supporting pupils safely and inclusively.

Parents and Carers

Parents and carers must:

- Inform the school of any diagnosed allergies.
- Provide up-to-date medical information and action plans.
- Supply prescribed medication within expiry dates.
- Notify the school of any changes to medical needs.

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3. Identification of Pupils with Allergies

The school will identify pupils with allergies through:

- Admission forms.
- Medical information forms.

- Discussions with parents and healthcare professionals.
- Information received from previous settings.

A confidential register of pupils with allergies will be maintained by the Allergy Leads and reviewed regularly.

The register will include:

- Known allergens.
- Severity of reactions.
- Medication requirements.
- Location of medication.
- Individual Healthcare Plans.
- Allergy Action Plans where provided.

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4. Individual Healthcare Plans (IHPs)

An Individual Healthcare Plan will be developed where a pupil:

- Has an allergy that impacts upon their school life.
- Is at risk of harm due to their allergy.
- Requires arrangements that are additional to or different from those provided generally.

The IHP will include:

- Details of the pupil's allergy and triggers.
- Signs and symptoms of reaction.
- Emergency procedures.
- Medication details.
- Staff responsibilities.
- Reasonable adjustments required.

These will be shared on a need to know basis with the relevant agencies/clubs linked to school.

Where healthcare professionals provide an Allergy Action Plan or Asthma Action Plan, this will be attached to and referenced within the IHP.

IHPs will be reviewed annually or sooner where circumstances change.

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5. Staff Training

All staff present when pupils are on site will receive allergy awareness and emergency response training annually.

This includes:

- Teachers.
- Teaching assistants.
- Office staff.

- Lunchtime staff.
- Breakfast and after-school club staff.
- Regular volunteers.
- Temporary and supply staff where relevant.

Training will ensure staff:

- Have an awareness of allergy and associated risks.
- Understand the difference between food allergy, food intolerance and coeliac disease.
- Can recognise the symptoms of allergic reactions.
- Understand and recognise anaphylaxis.
- Know how to respond in an emergency.
- Know how to call emergency services and inform parents.
- Know how to locate and administer emergency medication.
- Know how to use adrenaline auto-injectors and emergency inhalers where appropriate.
- Understand the school's Allergy Safety Policy.
- Know how to access Individual Healthcare Plans and Allergy Action Plans.
- Understand their responsibilities in reducing risk.
- Understand procedures for reporting incidents and near misses.

New staff will receive allergy awareness information as part of their induction.

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6. Promoting Wellbeing

The school recognises that living with allergies can cause anxiety for children and families.

The school will:

- Promote a culture of understanding and inclusion.
- Encourage pupils to communicate concerns.
- Support pupils to manage their allergies safely and confidently.
- Ensure pupils are not unnecessarily excluded from activities.
- Provide pastoral support where required.

Bullying

The school has a zero-tolerance approach to bullying related to allergies or medical conditions.

Any incidents involving:

- Teasing.
- Intimidation.
- Threatening behaviour.
- Deliberate exposure to allergens.

will be treated as serious behavioural and safeguarding concerns and addressed in line with the school's Behaviour Policy and Safeguarding Policy.

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7. Minimising Risk

The school cannot guarantee an allergen-free environment. However, we will take all reasonable steps to minimise risk.

The following will be adhered to:

Food Provided by the School

The school will:

- Work closely with catering providers.
- Ensure allergen information is available.
- Consider identified allergies when planning menus.
- Promote good hygiene before and after eating.
- Consider provision for hygiene on schools trips due to the higher risk
- Promote the awareness of children in relation to risk, e.g not touching others' food and only eating food provided specifically for them by approved adults
- Consider alternative treats being available in school for birthdays etc.
- Consider seating arrangements when food is being consumed
- Consider any additional risk that clubs, activities, school outings or residentials entail

Food Brought into School

Parents and carers are requested to:

- Follow school guidance regarding allergens.
- Avoid sending foods that may create a known risk to identified pupils where requested by the school.
- Consider seating arrangements when food is being consumed

Classroom Activities

When planning activities, staff will consider allergen risks including:

- Cooking.
- Food tasting.
- Science activities.
- Arts and crafts.
- Musical activities involving food products.
- Animal-related activities.
- Consider seating arrangements when food is being consumed

Safe alternatives will be provided where necessary.

Airborne and Contact Allergies

Where pupils have airborne or contact allergies, reasonable adjustments will be made to minimise exposure to identified allergens.

8. Medication and Adrenaline Auto-Injectors (AAIs)

Pupils prescribed AAIs must have rapid access to their medication at all times.

Medication will:

- Be clearly labelled.
- Be stored according to medical advice.
- Be readily accessible during the school day.
- Accompany pupils during off-site activities, visits and sporting events.

Parents remain responsible for:

- Supplying medication.
- Monitoring expiry dates.
- Replacing expired medication promptly.

The Allergy Leads will maintain records of pupils prescribed adrenaline devices and associated Allergy Action Plans.

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9. Spare Adrenaline Auto-Injectors

The school maintains spare adrenaline auto-injectors in accordance with statutory guidance.

The school will ensure:

- Spare AAIs are readily accessible and not locked away.
- Devices are clearly labelled.
- Devices are stored in pairs.
- Devices are checked regularly for expiry dates.
- Expired devices are replaced promptly.
- Accurate records are maintained of use and replacement.

The school will ensure that no pupil is more than five minutes away from an adrenaline device whilst on site.

Emergency anaphylaxis kits may contain:

- Spare AAIs.
- Emergency asthma inhalers where appropriate.
- Spacers.
- Instructions for use.

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10. Educational Visits and Off-Site Activities

Pupils with allergies will be included in all educational visits wherever reasonably possible.

When planning visits:

- Appropriate risk assessments will be completed.
- Allergy risks will be considered.
- Necessary medication will accompany pupils.
- Staff trained in emergency response procedures will be present.
- Emergency arrangements will be communicated to relevant staff.

Pupils at risk of anaphylaxis should always have access to their prescribed adrenaline device during visits.

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11. Emergency Procedures

In the event of a suspected allergic reaction:

1. Follow the pupil's Allergy Action Plan.
2. Administer prescribed medication immediately if required.
3. Administer adrenaline without delay if anaphylaxis is suspected.
4. Call 999.
5. Inform parents or carers as soon as practicable.
6. Monitor the pupil continuously until emergency services arrive.

Staff understand that prompt administration of adrenaline is critical in the management of anaphylaxis.

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12. Recording and Reporting Incidents

All allergic reactions, administration of medication, incidents and near misses will be recorded.

Records will include:

- Date and time.
- Location.
- Nature of the incident.
- Action taken.
- Outcome.
- Any recommendations for future practice.

Following serious incidents, the Allergy Leads will review procedures and identify lessons learned, recording this information via CPOMS and our Near Misses/medical records.

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13. Information Sharing and Confidentiality

The school will share relevant information with staff who require it in order to keep pupils safe.

Information sharing will be:

- Lawful.
- Necessary.
- Proportionate.
- Secure.

Health information is classed as special category data under UK GDPR and will be stored and shared appropriately.

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14. Safeguarding Considerations

The school recognises that concerns regarding medical conditions and allergy management may occasionally highlight wider safeguarding concerns.

Examples include:

- Repeated failure to provide required medication.
- Failure to collect replacement medication.
- Failure to seek medical advice following serious reactions.
- Concerns regarding medical neglect.

Any safeguarding concerns will be reported to the Designated Safeguarding Lead and managed in accordance with the school's Safeguarding Policy.

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15. Awareness of the Policy

This policy will be:

- Published on the school website.
- Available in hard copy upon request.
- Shared with all staff.
- Included within annual allergy awareness training.
- Reviewed annually or following a significant incident.

The school will also seek to raise awareness of allergy safety amongst pupils in an age-appropriate manner.

Approval and Review

Item	Date
Policy Adopted and ratified by Governing Body	September 2026
Headteacher	Sarah Jordan
Named Allergy Lead	Frances Verran
Review Period	Annually
Next Review Date	September 2027

Longparish C of E Primary School is committed to ensuring that every pupil with an allergy is safe, included, supported and able to thrive within our school community.

If there is a near miss or circumstances change, the review will be brought forward.

Record of Epi Pen use	
Name of child	
Name of adult(s) administering	
Date	
Time	
Symptoms seen	
Summary of actions taken	
Used epi pen disposal	Did ambulance take epi pen? Yes/No
Follow up with child and parents?	(give details)
Epi pen reordered?	
Epi pen 0.3mg or Epi pen Junior 0.15mg	
Please sign and date	
Counter signed by HT/Allergy Safety Lead	

Epi logged out (date and time)	Reason	Adult	Logged back in (date and time)	Epi pens checked and accounted for SJ/FV

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH | anaphylaxis UK | AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)



2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

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2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen.
Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....