

Allergy Safety Policy

Congerstone Primary School

This policy sets out how the school will reduce exposure to known allergens, include pupils with allergies fully in school life and respond without delay to suspected anaphylaxis. It is based on the Anaphylaxis UK Allergy Safety Model Policy dated July 2026 and the statutory Allergy Safety in Schools guidance.

Policy information	School position
Policy owner and implementation lead	Headteacher (Anthea Lawton) and named Allergy Lead (Kelly Rogers)
Approval body	Governing Body
Approval date	September 2026
Review frequency	At least annually, and after any allergic reaction, near miss or relevant change in guidance
Next review date	September 2027
Published	School website and staff policy systems
Related policies	Supporting Pupils with Medical Conditions; First Aid; Health and Safety; Safeguarding and Child Protection; Educational Visits; Food and Catering; Equality; Behaviour and Anti-bullying; Attendance; Data Protection

1 Purpose and scope

Congerstone Primary School is committed to a safe, inclusive and welcoming environment for pupils, staff, volunteers and visitors with allergies. Allergy can be life-threatening, and anaphylaxis always requires an emergency response. This policy applies during the school day, wraparound care, clubs, trips, sporting events, residential visits, performances and any other school-led activity.

The school takes an allergy-aware approach. It does not describe itself as allergen-free and will not normally impose blanket food bans, because these can create false reassurance. Any restriction will follow an individual and whole-school risk assessment, medical advice where available, and will be proportionate to the risk.

Coeliac disease and food intolerance require careful dietary management but do not cause anaphylaxis and are managed through individual arrangements. Asthma, eczema and allergic rhinitis are managed under the school's medical-conditions procedures. Where a pupil has both asthma and allergy, their plans must be read together because poorly controlled asthma can increase risk.

2 Core principles

- Every pupil with an allergy will be treated as an individual and included in all aspects of school life through reasonable adjustments.
- Information supplied by families and health professionals will be acted upon, kept current and shared securely with those who need it.

- Known allergens will be considered in curriculum planning, catering, celebrations, visits, premises, animals and activities involving food or materials.
- Medication must be quickly accessible. An adrenaline device must be brought to the person; the person must not be sent to fetch help or medication.
- All staff will know how to summon help, recognise anaphylaxis, administer an adrenaline device and call 999.
- Incidents and near misses will be reported, reviewed without blame and used to improve practice.

3 Understanding allergy and anaphylaxis

An allergic reaction occurs when a susceptible person is exposed to an allergen. Common causes of severe reactions include foods such as peanuts, tree nuts, milk, egg, wheat, fish, shellfish and sesame; insect stings; medicines; and latex. Any food may cause an allergic reaction.

Most food-related anaphylaxis follows eating the allergen. Skin contact is more likely to cause a local or mild reaction, although every reaction must be monitored and managed in accordance with the person's plan. Anaphylaxis may occur without a rash.

4 Recognising and responding to an allergic reaction

Mild to moderate symptoms

- Raised red rash or hives anywhere on the body
- Tingling or itching in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting
- Mild throat tightness
- A sudden change in behaviour

Follow the person's Allergy Action Plan or Individual Healthcare Plan. Give the prescribed antihistamine when directed and monitor continuously because symptoms can progress.

Anaphylaxis symptoms

Area	Signs
Airway	Swelling of the throat, tongue or upper airway; throat tightness; hoarse voice; difficulty swallowing
Breathing	Sudden wheeze; breathing difficulty; noisy breathing; persistent cough
Circulation	Dizziness; faintness; sudden sleepiness; confusion; pale or clammy skin; collapse or loss of consciousness

If anaphylaxis is suspected, administer adrenaline immediately. Do not wait for every symptom to appear, for a rash, for parental consent, or for the ambulance to arrive.

Emergency procedure

1. Keep the person where they are, call for help and do not leave them unattended.
2. Lay them flat with legs raised. If breathing is difficult, allow them to sit up only briefly as needed. Do not make them stand or walk. If pregnant, place them on their left side.
3. Administer the person's own adrenaline device without delay and note the time. If it is unavailable or misfires, use an appropriate school spare device.
4. Call 999. Say "anaphylaxis", give the school or visit location and follow the call handler's instructions.

5. If there is no improvement after five minutes, administer a second adrenaline device.
6. If there are no signs of life, begin CPR and use an automated external defibrillator if available.
7. Contact the parent or carer as soon as possible, without delaying emergency treatment.
8. Keep the person in position and continuously supervised until the ambulance arrives. All cases of anaphylaxis require hospital assessment, even if the person appears to recover.

Where a person has both severe allergy and asthma and staff are unsure whether symptoms are anaphylaxis or an asthma attack, adrenaline must be given first, followed by asthma treatment in line with the person's plan.

5 Identifying individuals with allergies

Pupils

Before admission, parents and carers are asked for details of allergies, previous reactions, dietary requirements, prescribed medication and clinical plans. For an in-year admission, information will be obtained and shared with relevant staff and catering as soon as possible. The school will seek information from the previous setting as part of transition, while creating its own current arrangements with the family.

The Allergy Lead maintains a secure register recording each pupil's allergen, medication, whether an Allergy Action Plan and Individual Healthcare Plan are in place, and essential risk controls. Current information is shared on a need-to-know basis through the school's secure information systems, staff briefings, classroom arrangements, catering procedures and visit documentation.

Staff, volunteers and visitors

Staff are invited to disclose allergies through employment health arrangements so that an appropriate workplace risk assessment and emergency plan can be agreed. Regular volunteers and visitors are asked to notify the school of relevant allergies before activities involving food, animals, outdoor exposure or other foreseeable allergens. Temporary, supply, peripatetic and club staff receive the information and emergency briefing needed for their role.

6 Individual plans and medication

A clinical Allergy Action Plan is completed by an appropriate healthcare professional and describes the allergy and prescribed treatment. The parent or carer must ensure that the school has a current copy and an up-to-date photograph. The plan is attached to the school-owned Individual Healthcare Plan.

An Individual Healthcare Plan is developed with the parent or carer, pupil where appropriate, relevant staff and healthcare advice. It records individual risks, reasonable adjustments, daily arrangements, medication, emergency action, communication and arrangements for activities outside the classroom. It will be reviewed at least annually and whenever treatment, staffing or circumstances change, or after an incident or near miss.

Pupils prescribed adrenaline are expected to have two in-date devices available in school. In a primary setting, the devices will normally be kept in a clearly labelled, readily accessible emergency kit close enough to be brought to the pupil within five minutes. A pupil may carry their own devices only where this is agreed in their Individual Healthcare Plan and is consistent with their understanding and competence. Staff remain responsible for responding and must never assume that a child can self-administer during an emergency.

Devices are stored at room temperature in accordance with the manufacturer's instructions, protected from direct sunlight and extremes of heat, and never refrigerated. The Allergy Lead or delegated trained member of staff checks personal and spare devices at least monthly, records the check and seeks replacement in sufficient time before expiry. Used devices are handed to paramedics or placed in the designated sharps container. Expired or degraded devices are returned through an appropriate pharmacy or waste route.

7 School spare adrenaline devices

The school will maintain spare adrenaline devices for emergency use in accordance with current legislation and guidance. For a primary school, the model policy recommends at least one pair of 150 microgram devices

and one pair of 300 microgram devices. The Governing Body will approve the brands, doses, quantities and locations recorded in Appendix 1 after considering pupil need, the size and layout of the site and wraparound provision.

A spare device may be used to save life when a person's own prescribed device is unavailable, has misfired, or where anaphylaxis occurs in someone without a previous diagnosis. In an emergency, any person may take reasonable action to save life. Staff must use an age- and weight-appropriate dose and follow the instructions on the device and current emergency guidance.

8 Reducing exposure to allergens

The Allergy Lead coordinates a whole-school allergy risk assessment. Allergy is also considered in all relevant activity and visit risk assessments. Controls will be proportionate, practical and reviewed with the individuals affected.

- Review food, ingredients and non-food allergens used in lessons, clubs, rewards and celebrations before the activity; substitute or adapt where needed.
- Require handwashing with soap and water before and after eating or handling food; clean tables, utensils and shared equipment to reduce residue and cross-contact.
- Teach pupils not to share, swap or trade food, drinks, utensils or containers and explain why.
- Manage food brought from home, birthday items, fundraising and PTA events through advance communication, labelling and individual checks.
- Consider airborne and contact allergens, including latex, art materials, plants, insects and animals. School-dog or animal activities must include location, cleaning and hand-hygiene controls.
- Brief contractors and visitors where their work or activity may introduce a relevant allergen.
- Communicate additional controls before festivals, end-of-term events, themed days and other changes to routine.

9 Food provision and catering

The school will ensure that its catering arrangements comply with food-allergen law and that the caterer can provide accurate allergen information. Pupil information will be given to catering promptly and updated whenever the school is notified of a change. Parents and carers will be able to discuss safe options with the school and caterer.

- A robust identification method, recorded in Appendix 1, will be used at the point of service and will not depend on one person alone. Two checks will confirm that the correct meal reaches the correct pupil.
- Food supplied or used by the school, including curriculum ingredients, will be identifiable and labelled. Labels and recipes will be rechecked whenever a product changes.
- Staff preparing or serving food will understand allergen labels, cross-contact prevention, cleaning and the pupil-identification system.
- Food supplied for breakfast club, after-school provision, trips, celebrations and school events will follow the same standards. Third-party providers must receive this policy and demonstrate equivalent arrangements.
- Where food is brought in by others, the school will give advance instructions and will not serve it to a pupil with an allergy unless its ingredients and suitability have been confirmed under the pupil's plan.
- Pupils entitled to benefits-related free school meals will continue to receive their entitlement through a safe arrangement agreed with their family.

10 Curriculum, celebrations and school animals

Teachers will check planned ingredients and materials against the allergy register and individual plans before cooking, science, art, sensory play or other practical work. Adaptations will protect the whole group where possible and avoid singling out the pupil. Rewards and celebrations should not rely on food where this would create avoidable risk or exclusion.

Any activity involving a school dog or visiting animal will be risk assessed. Controls may include limiting the animal to agreed areas, enhanced cleaning, preventing licking or contact with food areas, handwashing after contact, and an alternative activity that provides equal access.

11 Educational visits, sport and evacuation

Pupils with allergies will be included in visits, fixtures, residentials and extracurricular activities. The visit leader will assess allergen exposure, food provision, transport, emergency medication, staff competence, communications and access to emergency care. Reasonable alternatives will be planned where needed, without requiring a parent to attend as a condition of participation.

- Before departure, the visit leader checks that two prescribed devices and other required medication are present, in date and accessible. If essential medication is unavailable, the pupil cannot leave until safe arrangements are restored.
- The visit leader and Allergy Lead decide whether school spare devices should also travel. Sufficient appropriate spare provision must remain for pupils on site.
- Host venues, activity providers and other schools are told relevant allergy information in advance and asked to confirm food and emergency arrangements.
- Medication accompanies pupils during fire drills, evacuations and lockdowns. Staff must know who takes it and how it remains accessible at the assembly or relocation point.

12 Training and communication

All staff, including teaching, support, office, lunchtime, catering and wraparound staff, receive allergy awareness and emergency-response training at induction and at least annually. Supply, temporary, coaching, peripatetic, volunteer and third-party staff receive an appropriate briefing before taking responsibility for pupils.

Training includes common allergens, risk reduction, recognising mild reactions and anaphylaxis, the emergency procedure, positioning, how to use each device stocked by the school, where personal and spare medication is kept, incident reporting and the needs of pupils currently on the allergy register. Staff practise with trainer devices at least annually. Key messages are refreshed during the year and before higher-risk events.

13 Roles and responsibilities

Role	Responsibilities
Governing Body	Approve and monitor this policy; appoint a link governor; ensure resources, oversight and review; consider allergy risk on the school risk register.
Headteacher and Allergy Lead	Lead implementation; maintain the register and plans; coordinate risk assessment, training and communication; oversee catering arrangements, spare devices, monthly checks, incidents and policy review.
All staff	Know pupils and plans relevant to their role; reduce risk; support inclusion; recognise reactions; act immediately in an emergency; report incidents and near misses.
Teachers and visit leaders	Plan inclusive curriculum and visits; check allergens and medication; brief supporting adults and providers; implement individual controls.
Catering and food providers	Maintain accurate allergen information; prevent cross-contact; follow the pupil-identification and double-check process; report errors and near misses.

Role	Responsibilities
Parents and carers	Give complete, current information; participate in plans; supply two in-date prescribed devices and other medication; replace used or expired items; tell school about reactions and changes.
Pupils	As appropriate to age and understanding, avoid sharing food, follow agreed routines, tell an adult immediately about symptoms or exposure, and contribute to their plan.

14 Incidents and near misses

Every allergic reaction and near miss, including unintended exposure, incorrect food, labelling error, missing medication or delay in access, must be recorded immediately on the system named in Appendix 1 and reported to the Headteacher and Allergy Lead. The school will preserve relevant evidence where appropriate, such as packaging, labels, menus or samples, without compromising first aid or safety.

The review will establish what happened, what controls failed or worked, what must change, who is responsible and when actions will be checked. The pupil and family, and any staff directly involved, will have an opportunity to contribute. The Individual Healthcare Plan and risk assessments will be updated where necessary. Statutory or regulatory reporting, including to environmental health, the Health and Safety Executive or safeguarding partners, will be completed where thresholds are met.

15 Wellbeing, inclusion and safeguarding

Allergy anxiety can affect learning, attendance and participation. Staff will listen to pupils, plan inclusively, avoid unnecessary isolation and respond promptly to concerns. Deliberately exposing someone to an allergen, hiding medication, pressuring them to eat, or mocking their dietary needs is serious and will be addressed through safeguarding and behaviour procedures.

A safeguarding referral will be considered where information or essential medication is repeatedly withheld, where a child is placed at avoidable risk, or where a medical condition increases vulnerability to neglect, abuse or exploitation.

16 Unacceptable practice

- Delaying access to medication or sending an unwell pupil to the office or medical room without suitable supervision.
- Waiting for permission or for emergency services before giving adrenaline when anaphylaxis is suspected.
- Assuming all pupils with the same allergy need identical support, or that an older pupil needs no adult support.
- Ignoring the pupil's or family's views, clinical evidence or healthcare advice.
- Treating the absence of a final diagnosis as evidence that a pupil is not at risk.
- Penalising allergy-related absence or excluding it from fair attendance arrangements.
- Expecting a parent or carer to attend school to provide routine medical support.
- Creating unnecessary barriers to participation, including requiring a parent to accompany a pupil on a visit.

17 Confidentiality and information sharing

Allergy information is health information and is handled in accordance with UK data-protection law and school policy. This does not prevent relevant information being shared securely with staff, caterers, visit providers or emergency services where it is necessary to protect life, support the pupil or meet legal duties. Information displayed for identification will be limited to what is necessary and kept away from public access.

18 Monitoring, publication and review

The Governing Body will monitor implementation through reports from the Headteacher and Allergy Lead. Monitoring will include training completion, current plans and medication, monthly device checks, catering assurance, incidents and near misses, risk-assessment actions and feedback from pupils and families. The policy will be published on the school website and reviewed at least annually, after any relevant incident or near miss, and whenever statutory or clinical guidance changes.

Appendix 1 Local operating details to approve

Item	Approved school detail
Named Allergy Lead	Kelly Rogers
Link governor	Perri Griffin
150 microgram spare devices	Brand: [insert] Quantity: [insert]
300 microgram spare devices	Brand: [insert] Quantity: [insert]
Emergency kit locations	Main School Office
Kit container and label	green container labelled "Emergency Anaphylaxis Kit"
Monthly checker and deputy	Caroline Hunter
Sharps container location	Main School Office
Incident and near-miss system	Complete form and give to Office Manager
Secure allergy register location	Main School Office
Catering identification method	
Catering provider/contact	Aspen
Emergency assembly arrangements	Office Manager to bring the supplies

Appendix 2 Emergency quick reference

Suspect anaphylaxis if there is sudden Airway, Breathing or Circulation difficulty, particularly in a person with a known allergy. A rash may be absent.

1. Call for help and keep the person where they are.
2. Lay flat with legs raised; if breathing is difficult, allow brief supported sitting. Do not stand or walk.
3. Give an adrenaline device immediately and note the time.
4. Call 999 and say "anaphylaxis".
5. Give a second adrenaline device after five minutes if there is no improvement.
6. Start CPR if there are no signs of life.
7. Contact the parent or carer.
8. Transfer to hospital by ambulance for assessment.

Appendix 3 Reference framework

- Anaphylaxis UK, Allergy Safety Model Policy, July 2026.
- Department for Education, Allergy Safety in Schools, July 2026.
- Department of Health guidance on the use of adrenaline auto-injectors in schools.
- Supporting pupils at school with medical conditions statutory guidance.
- Children's Wellbeing and Schools Act 2026, section 34.
- Children Act 1989; Education Act 2002; Health and Safety at Work etc. Act 1974; Equality Act 2010.
- Special Educational Needs and Disability Code of Practice and the Early Years Foundation Stage statutory framework.
- Food Standards Agency allergen-management guidance and school food allergy guidance.

Useful links: <https://www.anaphylaxis.org.uk/education> | <https://www.allergyuk.org> | <https://www.sparepensinschools.uk> | <https://www.gov.uk/government/publications/allergy-safety-in-schools>