



INKBERROW PRIMARY SCHOOL

Allergy Safety Policy

2026/27

Our commitment

We are an allergy-aware school. We will take practical, proportionate steps to reduce the risk of exposure to known allergens, respond quickly to allergic reactions, and ensure that every child can take a full and safe part in school life.

Policy information	Detail
Policy owner and Allergy Lead	Glenn Duggan Seville, Head Teacher (Allergy Lead training completed: National College – August 2026).
Approved by	Academy Standards Committee (ASC)
Date approved	September 2026
Review cycle	Annually, and sooner following an allergy incident, near miss, significant change in need or updated statutory guidance.
Next review due	September 2027
Linked policies	Supporting Pupils with Medical Conditions; Safeguarding and Child Protection; Health and Safety; First Aid; Educational Visits; Food and Nutrition; Behaviour; Equality; SEND; Attendance.
Statutory framework	Allergy Safety in Schools statutory guidance (DfE, July 2026); Children's Wellbeing and Schools Act 2026; Equality Act 2010; Children Act 1989; Education Act 2002; Health and Safety at Work etc. Act 1974; Human Medicines (Amendment) Regulations 2017; EYFS statutory framework.

1. Purpose, scope and principles

This policy sets out Inkberrow Primary School's arrangements for managing allergies safely. It applies to pupils, staff, volunteers, visitors, contractors, breakfast/after-school provision, school-led events, educational visits and all activities taking place on or off the school site.

It sits alongside the school's Supporting Pupils with Medical Conditions Policy. Where a child has an individual healthcare plan (IHP), allergy action plan or other clinical care plan, that child-specific plan must be followed. This policy provides the whole-school systems which make those arrangements workable and safe.

We will:

- treat allergy safety as a safeguarding, equality, health and safety and inclusion priority;
- work in partnership with children, parents/carers, healthcare professionals, catering providers and the Trust;
- make reasonable adjustments so that children with allergies can participate fully in learning, enrichment, visits and celebrations;
- reduce risk through robust planning, high hygiene standards, accurate information-sharing and proportionate control measures;
- recognise and respond to allergic reactions without delay; and
- learn from incidents and near misses in a fair, no-blame culture.

2. Understanding allergy and anaphylaxis

Allergy is a spectrum of conditions in which a person reacts when exposed to a substance (an allergen). Allergens can include food, medicines, insect stings, latex and environmental substances. Food allergens commonly associated with serious reactions include peanuts, tree nuts, milk, egg, wheat, fish, shellfish and sesame, although any food can cause a reaction.

Anaphylaxis is a serious, potentially life-threatening allergic reaction. It may occur very quickly, and a skin rash may not be present. The first treatment for suspected anaphylaxis is adrenaline. Antihistamine must never delay adrenaline where anaphylaxis is suspected.

Key principle

When in doubt, give adrenaline and call 999. It is safer to give adrenaline promptly than to delay treatment for suspected anaphylaxis.

3. Emergency response to anaphylaxis

Any member of staff who suspects anaphylaxis must act immediately and summon help. Staff should follow the child's allergy action plan and the instructions on the adrenaline device, where available.

1. Keep the child where they are, call for help and do not leave them alone.
2. Lay the child flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched for the shortest possible time. Do not allow them to stand or walk.
3. Administer the child's prescribed adrenaline device without delay and record the time. If the child has both asthma and a serious allergy and there is doubt, give adrenaline first.
4. Call 999, state "anaphylaxis" clearly, and request an ambulance.
5. If there is no improvement after five minutes, administer a second adrenaline device.
6. If there are no signs of life, commence CPR.
7. Contact parents/carers as soon as practicable.
8. The child must attend hospital for observation, even if they appear to have recovered. Staff should retain used devices for the ambulance crew where possible.

4. Recognising symptoms

Mild to moderate symptoms may include itchy or raised rash, tingling/itching in the mouth, swelling of lips/face/eyes, stomach pain or vomiting, mild throat tightness, or a sudden change in behaviour. Follow the individual action plan. Monitor closely, because symptoms can progress.

The ABC symptoms of anaphylaxis include:

Area	Possible symptoms
Airway	Swelling of throat, tongue or upper airway; tight throat; hoarse voice; difficulty swallowing.
Breathing	Wheezing; persistent cough; noisy or difficult breathing; sudden shortness of breath.
Circulation	Dizziness, faintness, unusual tiredness or sleepiness, confusion, pale/clammy skin, collapse or loss of consciousness.

5. Roles and responsibilities

Academy Standards Committee, Trust and Head Teacher

- ensure this policy is in place, published, implemented, monitored and reviewed;
- ensure allergy safety is included on the school risk register and considered through health and safety governance;
- ensure sufficient resources, appropriate training, emergency arrangements and systems of assurance are in place;
- review significant incidents, trends, audit findings and resulting actions; and
- appoint or confirm a named ASC link governor for allergy safety: Mrs. Katie Hunt

Allergy Lead - Glenn Duggan Seville

The Allergy Lead has completed Allergy Lead training through National College and is responsible for leading implementation of this policy. This includes:

- maintaining the allergy register and ensuring that relevant information is current, accurate and securely shared on a need-to-know basis;
- co-ordinating IHPs using the Department for Education recommended templates and ensuring medical practitioner-provided allergy action/care plans are attached;
- liaising with parents/carers, health professionals, catering providers and staff;
- ensuring pupil-specific risk assessments, classroom plans and visit arrangements are in place;
- maintaining the allergy risk register, arranging monitoring and reviewing incidents/near misses;
- overseeing stock, storage, checks and replacement of emergency allergy medication and any spare device provision;
- ensuring annual training, induction and practical refresher arrangements; and
- reporting relevant updates to the Head Teacher, ASC and Trust.

All staff

- read and implement this policy and any IHP/care plan relevant to the children they support;
- recognise symptoms, know how to obtain medication promptly and act without delay in an emergency;
- plan lessons, food-related activities, celebrations, trips and events inclusively;
- maintain high standards of hygiene and prevent food-sharing;
- report any change in need, incident or near miss immediately; and
- ensure that a child who appears to be having an allergic reaction is supervised and help comes to the child.

Parents/carers and pupils

- provide accurate and up-to-date medical information, a current practitioner-provided allergy action/care plan where applicable, and in-date medication;
- give written consent for school to administer prescribed medication using the school consent form;
- inform school promptly after a reaction outside school, a change in medication, diagnosis or management advice;
- work with school to co-produce and review the IHP; and
- support their child, where age and developmentally appropriate, to understand their allergy and to avoid food sharing.

6. Identification, information-sharing and individual plans

Medical information is collected at admission and updated when parents/carers notify the school of a change. Allergy information will be considered during transition, including transition visits and changes of class or key staff. The school will request relevant information from previous settings where appropriate and will meet with families before a child with a known significant allergy starts or returns following a change in need.

The Allergy Lead will maintain a secure allergy register. Relevant information will be shared with staff who need it to keep the child safe, including teaching and support staff, supply/cover staff, first aiders, trip leaders, catering staff and wraparound providers. Information will be handled in accordance with UK GDPR and school data-protection procedures.

A child requiring active management beyond ordinary classroom arrangements will have an IHP. The school will use the Department for Education recommended IHP templates. The IHP will be co-produced with parents/carers, reflect the child's needs and include reasonable adjustments, daily controls, emergency arrangements, medication location, staff responsibilities, trips/PE arrangements and review dates. A current allergy action plan or care plan provided by a medical practitioner will be attached to the IHP and will not be altered by school.

Review of plans

IHPs will be reviewed at least annually, before significant transition points, after any incident or near miss, and whenever the child's medical advice or needs change. The child's photograph will be checked and updated annually where used for emergency identification.

7. Reducing exposure to allergens

The school is allergy-aware. We do not rely on blanket food bans because they can create a false sense of security. Any restriction will be based on a documented risk assessment, medical advice and the needs of the individual child, and will be limited to the smallest area and time needed to manage the risk safely.

The school-wide allergy risk assessment and pupil-specific assessments will consider food provided by school, food brought from home, curriculum activities, non-food allergens, hygiene, visitors, events, trips, external providers and reasonable adjustments. Controls will be reviewed when needs or arrangements change.

Daily classroom and school arrangements

- Children and adults must not share food, drinks, utensils, food containers or medication. Staff will reinforce this in an age-appropriate way.
- Food used in teaching, tasting, cooking, science, celebrations or rewards will be planned. Ingredients must be checked, clearly labelled and risk assessed against known allergies. Safe, inclusive alternatives will be offered.
- Staff will use effective handwashing and surface-cleaning routines before and after food activities.
- Relevant staff will know the location of each child's emergency medication, which must be accessible without delay.
- Supply staff, coaches, peripatetic teachers, volunteers and regular visitors will receive essential child-specific information before they work unsupervised with a child with an allergy.
- The school will communicate allergy-aware expectations to parents/carers and to organisers of school events.

Food provision and catering

The school will work with its catering provider to ensure food allergen information is available, accurate and accessible. The catering provider must operate in line with relevant food allergen legislation and have procedures to prevent cross-contamination and to ensure the correct meal reaches the correct child.

School-specific catering arrangements - complete and maintain	Local detail
Catering provider and contact	Cupcakes Catering
How the child is identified at point of service	List provided
Two-person checking process	List is checked at office and member of staff checking the order

Where current menu/allergen information is available	Sent in daily with food catering company
Arrangements for packed lunches, school milk, snack and celebrations	Letters to parents to classes with specific allergens Milk is only drunk in classrooms and not taken outside

The same expectations apply to school-led breakfast and after-school provision. Third-party providers using the site must be made aware of this policy and must demonstrate that they can meet appropriate allergy safety arrangements.

Non-food allergens

The school will identify and manage relevant non-food allergens such as latex, medicines, insect stings, animals and environmental triggers. Where an airborne or contact allergen is identified, reasonable, evidence-informed controls will be recorded in the child's IHP and risk assessment.

8. Medication, storage and administration

Medication is essential for some children to access school safely. The school will follow the Supporting Pupils with Medical Conditions Policy and the child's IHP/care plan when storing or administering medication.

Medication	Inkberrow Primary School arrangement
Prescribed adrenaline auto-injectors (AAIs) and reliever inhalers	Stored in classrooms in clearly labelled, accessible boxes. They must be available immediately to the child and accompanying staff throughout the school day, including PE, breaks, lunch and educational visits.
Other prescribed medicines	Stored securely in the school office. Parents/carers must complete the school's written consent form before prescribed medication can be administered, unless emergency action is required to save life.
Storage standards	Medication will be stored in line with manufacturer guidance, at room temperature where required, protected from extremes of heat and direct sunlight, and not locked away where rapid access is essential.
Checking and replacement	The Allergy Lead or delegated competent member of staff will check medication and expiry dates at least monthly and request replacement in good time. Parents/carers remain responsible for providing in-date prescribed medication.

The school will only hold and use spare AAIs if these have been procured and are maintained in accordance with the Human Medicines (Amendment) Regulations 2017 and local arrangements. Any spare AAI is not a replacement for a child's own prescribed devices.

Spare AAI arrangements - complete if the school holds spare devices	Local detail
Brands, strengths and quantities held	Anaphylaxis Kit (Epi Pen 150 and 300) Spare Jext pens (150 and 300)
Location(s) and container identification	School Office - use a clearly marked emergency container; do not use green]
Monthly checker and deputy	Anne Hiley
Replacement and disposal process	Kitt Anaphylaxis will provide new pens

9. Training, induction and drills

All staff will receive annual allergy awareness and adrenaline auto-injector training. The school's September 2026 training is delivered through National College: Allergy Awareness and Auto Injectors. Training records will be retained and monitored by the Allergy Lead.

Training will cover the nature and risks of allergy; avoiding exposure; recognising mild, moderate and ABC symptoms; emergency response; use of prescribed and, where held, spare devices; medication storage; IHPs and care plans; food hygiene and food sharing; trips and inclusion; recording/reporting; and supporting children's wellbeing.

- New staff, supply staff, volunteers, coaches and relevant contractors will receive appropriate induction before working with children, including child-specific information where required.
- Staff will have opportunities to practise with trainer devices at least annually and more frequently where identified by risk assessment or need.
- Key allergy safety messages will be refreshed through briefings, before higher-risk events and at relevant seasonal points such as celebrations, trips and end-of-term activities.
- Emergency medication must be included in fire evacuation, lockdown, PE and trip arrangements.

10. Trips, PE, enrichment and external providers

Children with allergies will be fully included in every aspect of school life. A child will not be excluded from a trip, PE lesson, club, celebration or other activity because of allergy. The school will make reasonable adjustments and plan proportionate safety controls.

- Trip leaders will review the child's IHP and complete an allergy-specific element of the visit risk assessment, including food, activity risks, transport, medication, staffing, communication and access to emergency services.
- Before departure, the trip leader will check that the child's prescribed medication is present, accessible and in date, and that responsible staff know how to use it.
- An adult will carry/maintain immediate access to medication throughout the activity. The child must never be separated from their emergency medication.
- The Allergy Lead and trip leader will decide whether a spare AAI should accompany the visit, while retaining sufficient emergency provision on site.
- Hosts, venues, sports fixtures and external providers will be informed of relevant allergy needs and agreed controls in advance, with information shared on a need-to-know basis.

11. Incidents, near misses and learning

All allergic reactions, medication use, accidental exposures and near misses must be recorded promptly. A near miss includes an event that could have caused exposure or harm but did not, such as a labelling error or food being brought to the wrong child.

Inkberrow Primary School will use Medical Tracker and the school's accident/incident reporting arrangements to record and manage allergy-related incidents and near misses. The Head Teacher and Allergy Lead will ensure appropriate internal escalation and retain medical/food evidence where relevant and safe to do so.

- ensure the child receives immediate care and contact parents/carers;
- review what happened in a no-blame, learning-focused way;
- consider whether the IHP, risk assessment, staff training, catering controls or communication need amendment;
- share relevant learning with staff and, where appropriate, the family and ASC;
- report to the local authority environmental health team if unsafe food supplied by the school as a food business is implicated; and
- consider safeguarding, Health and Safety Executive/RIDDOR or Trust reporting where the circumstances require this.

12. Wellbeing, equality and safeguarding

Severe allergy may amount to a disability under the Equality Act 2010. The school will make reasonable adjustments and will not discriminate against, stigmatise or create unnecessary barriers for children with allergies. Allergy-related bullying is treated seriously and will be addressed through the Behaviour and Anti-Bullying policies.

Allergy safety is a safeguarding matter. The school will consider a safeguarding response if a child is repeatedly sent to school without essential medication, if relevant medical information is withheld, or if there are concerns that a child is at increased risk because their medical condition is not being safely supported.

The school will plan events, rewards and celebrations inclusively from the outset, support children who experience anxiety about allergies, and ensure that all pupils understand why food sharing is unsafe.

13. Unacceptable practice

The following practice is unacceptable and will be addressed through the school's management, safeguarding, health and safety or conduct procedures as appropriate:

- preventing a child from easily accessing and administering medication in accordance with their IHP;
- assuming all children with the same allergy need the same support;
- ignoring the child's, parents/carers' or healthcare professionals' views and evidence;
- sending a child who may be having an allergic reaction to the office or medical room alone, rather than bringing help to them;
- requiring parents/carers to attend school to administer medication or provide routine support as a condition of inclusion;
- excluding a child from trips, activities or rewards because of their allergy or medically related absence;
- failing to plan food-related activities or allowing unsafe food sharing; and
- treating a child as not having an allergy merely because diagnosis or investigation is not yet complete.

14. Monitoring, review and publication

The Allergy Lead will monitor implementation through the allergy register, IHP audit, medication checks, training records, risk register, incident/near-miss review and discussion with families and staff. A summary of assurance and any recommended improvements will be shared with the Head Teacher and ASC at least annually.

This policy will be published on the school website and reviewed annually, or sooner where there is a significant incident, a change in guidance, a change in school arrangements or learning from a near miss.

Appendix A - Allergy safety checklist

Check	Evidence / action
Current allergy register maintained and reviewed	
IHPs use DfE recommended templates and have current practitioner care plans attached	
Classroom emergency medication boxes labelled, accessible and checked	
Other prescribed medication held in school office with parent consent	
Annual staff training completed and induction arrangements in place	
Catering arrangements and point-of-service checks confirmed	
School and pupil-specific risk assessments reviewed	
Incident/near-miss trends reviewed; actions closed	
ASC allergy safety update completed	

Appendix B - Key sources

- Department for Education, Allergy Safety in Schools statutory guidance (July 2026).
- Department for Education, Supporting Pupils at School with Medical Conditions statutory guidance.
- Department for Education, Guidance on the use of adrenaline auto-injectors in schools.
- Food Standards Agency / Department for Education, Allergy guidance for schools.
- Anaphylaxis UK, education resources and emergency response materials.
- Human Medicines (Amendment) Regulations 2017.

Appendix C - Individual Healthcare Plan Template

Department for Education recommended template (July 2026). This appendix should be completed alongside the child's current medical practitioner-provided allergy action plan and any relevant care plan.

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: <i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Parental consent:	Date:
Prescription medication: <i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: <i>Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</i>	
Parental consent:	Date:
Use of “spare” salbutamol inhaler: <i>If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</i>	
Parental consent:	Date:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: <i>Attach any Action Plan to the IHP for use in an emergency.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Issued by:	Date:
Care Plan: <i>Note where any relevant care plan can be found.</i> <i>Note what staff are responsible for delivering / supporting delivery of the care plan.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Date:	Date: