Allergy Safety Policy

Wheelwright Lane Primary

September 2026

Statutory basis and related guidance

This policy has been reviewed against the Department for Education's Allergy safety in schools statutory guidance (July 2026). The governing body/proprietor and school leaders must have regard to that guidance. This policy should be read alongside the school's Children with Medical Conditions Policy and the relevant Individual Healthcare Plans (IHPs), Allergy Action Plans and Asthma Action Plans.

DfE: Allergy safety in schools

DfE: Supporting pupils with medical conditions at school

School policy cross-reference: Children with Medical Conditions Policy (school website/policy repository).

1. Purpose and Scope

This policy sets out how Wheelwright Lane Primary will identify, reduce and respond to allergy-related risks and support pupils with allergies to participate safely and fully in school life. It reflects the Allergy safety in schools statutory guidance published by the Department for Education in July 2026.

The policy applies to all pupils, staff, volunteers, supply and agency staff, visitors and contractors where they have a pupil-facing role. Allergy safety includes food allergy, anaphylaxis, asthma where relevant to allergy, eczema, allergic rhinitis/hay fever, contact and airborne allergens, insect-sting allergy and other medically recognised hypersensitivities or triggers that may pose a significant risk.

• Wheelwright Lane will maintain a dedicated allergy safety policy, review it at least annually and review it sooner following a serious incident or near miss.

• The head teacher and Deputy Head will have overall responsibility for allergy safety and implementation of this policy.

• The school will ensure pupils with allergies are enabled and supported to attend and participate as fully as possible in lessons, lunch, clubs, sports, trips, visits and extracurricular activities.

2. Key Principles

• Safety: all allergic reactions are taken seriously and emergency response arrangements are robust.

• Preparedness: staff are trained, equipped and confident to recognise and respond to allergic reactions, anaphylaxis and acute asthma.

• Inclusion: allergy must not unnecessarily restrict a pupil's access to education, activities, trips, clubs or social opportunities. Reasonable adjustments will be made so pupils can participate alongside their peers.

• Individualised support: support will be based on the pupil's individual needs, risk, competence and healthcare advice; pupils with the same diagnosis may require different arrangements.

• Collaboration: pupils, parents/carers, teachers, senior leaders and relevant healthcare professionals will work together.

• Confidentiality with safe information sharing: medical information will be shared only with those who need it to keep the pupil safe and included, in accordance with data protection requirements.

• Wellbeing: the school will recognise and address anxiety, stigma and bullying associated with allergy and will promote confidence and age-appropriate self-management.

3. Roles and Responsibilities

Headteacher and Senior Leadership Team

• Ensure the school has effective allergy safety arrangements and that this policy is implemented and reviewed.

• Provide regular allergy-safety updates and reminders to staff throughout the year, including updates following incidents, near misses, changes to pupil needs or changes in guidance.

• Ensure all staff receive allergy awareness and emergency response training at least annually, with appropriate induction for new staff and arrangements for supply, agency and temporary staff.

• Ensure allergy risks are reflected in the school's allergy register and are actively managed.

• Ensure spare AAIs and emergency asthma inhalers are purchased, stored, checked, replaced and readily accessible in accordance with current guidance.

• Ensure serious incidents and near misses are recorded, investigated and used to improve arrangements.

All Staff

• Complete annual allergy awareness and emergency response training and any additional updates required by senior leaders.

• Know which pupils have identified allergy/medical needs, where their IHPs and action plans can be accessed, and how to obtain emergency medication quickly.

• Follow the pupil's IHP, Allergy Action Plan and/or Asthma Action Plan.

• Consider allergy risks when planning lessons and activities, including cooking, craft, science, music, PE, animals and off-site visits.

• Take reasonable steps to minimise exposure to known allergens and support full inclusion.

• Report allergic reactions, anaphylaxis, serious incidents and near misses promptly.

Teachers / Class Teachers

• Know the allergy and emergency arrangements for pupils in their class.

• Meet with parents/carers at least annually to review and update each relevant IHP and ensure the plan reflects current needs, medication, triggers, action plans, reasonable adjustments and emergency arrangements.

• Ensure the current IHP and essential emergency information are available to all staff who need to know and are taken into account in lesson and activity planning.

• Ensure the pupil's prescribed AAI(s) and current IHP/essential emergency information accompany the pupil whenever they move around school or attend an activity, lesson, club, trip or visit, in line with the pupil's individual arrangements.

• Promptly refer any change in the pupil's condition, medication or healthcare advice to the SENCo/designated medical lead.

Head Teacher, Senior Leaders and SENCo

• The office staff will Maintain the allergy register and ensure IHPs are current, accessible to relevant staff and reviewed at least annually and whenever circumstances change.

• Coordinate annual training, induction training and allergy emergency drills.

• Ensure parents are contacted where further information, medication or updated healthcare advice is required.

• Lead or coordinate post-incident reviews and ensure lessons learned are reflected in IHPs, risk assessments and this policy.

Office Staff

• Maintain accurate allergy and medical information received through admissions and subsequent updates.

• Pass relevant information promptly to the SENCo/designated medical lead and teaching staff.

• Maintain records of staff allergy training, refresher requirements and compliance.

• Maintain records of spare AAI and emergency asthma inhaler checks and expiry dates where this responsibility is delegated to the office.

• Ensure emergency medication can be accessed immediately by authorised/trained staff.

Parents/Carers

• Provide accurate, current information about their child's allergy, triggers, medication and healthcare advice.

• Provide prescribed AAIs and other required medication and ensure they are in date.

• Inform the school immediately of any changes to their child's allergy, medication, treatment, healthcare advice or emergency plan.

• Attend/engage with annual IHP review meetings and provide updated Allergy Action Plans and Asthma Action Plans where applicable.

• Work with the school to agree reasonable adjustments that promote safety and inclusion.

Pupils (where appropriate)

• Be supported to understand their allergy and develop age-appropriate self-management skills.

• Where appropriate and safe, carry their own prescribed medication and/or adrenaline device in accordance with their IHP.

• Follow age-appropriate safety arrangements around food, allergens and medication.

4. Identification, Allergy Register and Individual Healthcare Plans

The school will identify pupils, staff and visitors with known allergy where relevant, record known allergens and identify whether prescribed emergency medication is required. Information will be gathered from pupils, parents/carers, previous settings and healthcare professionals as appropriate.

Any pupil whose allergy requires specific supportive arrangements will have an Individual Healthcare Plan (IHP). The IHP will be developed with the pupil and parents/carers and will take account of healthcare-professional advice.

Relevant IHPs should include:

• pupil's name, date of birth/class, current photograph and emergency contact details;

• known allergens/triggers and the likely signs and symptoms of a reaction;

• any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional;

• prescribed medication, including adrenaline devices and asthma reliever inhalers, and how/when they are accessed;

• who needs to know about the allergy and what support they are responsible for providing;

• arrangements for reducing allergen exposure and reasonable adjustments;

• arrangements for food and mealtimes;

• arrangements for lessons, PE, clubs, trips and visits;

• emergency response arrangements, including location of spare AAIs and emergency asthma inhaler arrangements;

• the extent to which the pupil can self-manage and any supervision/monitoring required;

• the date of issue, review date and who is responsible for reviewing the plan.

IHPs will be reviewed at least annually. Teachers/class teachers will meet with parents/carers each year to update the plan, with the SENCo/designated medical lead overseeing the process. An IHP must also be reviewed promptly after any significant change in circumstances, new diagnosis, change in medication, new healthcare advice, serious incident or near miss. Parents/carers are responsible for informing the school promptly of any changes.

Asthma Action Plans and asthma-related arrangements will also be reviewed at least annually and whenever there is a change in symptoms, triggers, medication or healthcare advice. Relevant asthma plans will be attached to or referenced within the IHP where appropriate.

5. Staff Training, Updates and Drills

All staff who are present when pupils are on site, including permanent, temporary, supply, agency, peripatetic, catering and regular club staff, will receive allergy awareness and emergency response training at least annually. First aid training alone is not sufficient.

• Training will cover allergy awareness, the difference between allergy, coeliac disease and food intolerance, recognition of allergic reactions and anaphylaxis, emergency response, use of prescribed and spare adrenaline devices, acute asthma response, the school's allergy policy, IHPs/action plans, allergen-risk reduction, inclusion and incident reporting.

• New staff will receive appropriate allergy information and induction training before working unsupervised with pupils.

• Senior leaders will provide regular updates/reminders during the school year so that staff remain familiar with pupil allergy arrangements, changes in needs, emergency procedures and lessons learned from incidents or near misses.

• The school will conduct periodic allergy emergency drills or scenario-based exercises as part of ongoing preparedness and will record outcomes and actions.

• Training records will be maintained and monitored by the school.

6. Prescribed Adrenaline Auto-Injectors (AAIs) and Emergency Asthma Medication

Pupils at risk of anaphylaxis must have their prescribed adrenaline device(s) readily accessible. Where prescribed two devices, both must be accessible at all times in accordance with the pupil's IHP.

The pupil's prescribed AAI and the current IHP/essential emergency information will accompany the pupil whenever the pupil moves around school and during lessons, PE, clubs, activities, trips and visits. The responsible adult will ensure that the medication and plan are immediately available.

Pupils who are able to self-manage may carry their own prescribed medication where this is agreed in the IHP. Self-management decisions will be individualised and made with the pupil, parent/carer and healthcare professionals where appropriate.

Spare AAIs

• The school will stock spare AAIs in the correct doses for the pupils it serves and in accordance with current Department for Education/DHSC arrangements.

• Spare AAIs will be stored in pairs, clearly labelled, at room temperature and protected from heat and direct sunlight. This is in the main school office

• Spare AAIs must be readily accessible and available within the time required for emergency response. They must not be stored in a location that is locked or requires a key.

• At Wheelwright Lane Primary, spare AAIs will be held in the school office in a clearly labelled, secure but immediately accessible location, out of pupils' reach where necessary. The storage arrangement will never delay access to the medication.

• Expiry dates, condition and storage requirements will be checked regularly and checks recorded.

• Used or expired devices will be disposed of safely in accordance with manufacturer/medicine-disposal requirements.

Emergency asthma inhalers

• Where the school holds an emergency asthma reliever inhaler and spacer, these will be stored alongside emergency allergy medication where appropriate and in accordance with the relevant guidance.

• Emergency asthma inhalers may only be used in the circumstances permitted by the relevant guidance and where required written consent is in place.

• Each pupil's prescribed reliever inhaler must be readily accessible in accordance with their IHP/Asthma Action Plan.

7. Prevention and Minimising Allergen Exposure

The school will take reasonable steps to minimise exposure to known allergens while avoiding unnecessary restrictions on participation.

• Staff will consider allergen risks when planning every activity, including cooking, food technology, craft, science, music, PE, animal-related activities and special events.

• Food brought into school by pupils, staff or families will be managed in accordance with the pupil's needs and the school's arrangements. Food will not be traded or shared.

• Food, drinks and lunchboxes intended for pupils with food allergy will be clearly labelled and handled safely.

• School caterers will provide clear allergen information and suitable food options. Staff will understand how to check labels and manage cross-contamination.

• Cross-contamination will be carefully monitored during food preparation, serving and classroom activities. Food preparation areas and utensils will be cleaned appropriately and processes will be planned to reduce allergen transfer.

• Where possible, the school will source foods and ingredients that can be safely accessed by all pupils, supporting inclusion and reducing the need for pupils with allergy to be separated from peers.

• Unlabelled food will not be used where allergen information is needed to keep a pupil safe.

• Where a lesson or activity would otherwise use a material containing a known allergen, an appropriate alternative will be used so that the whole group can participate wherever possible.

• Allergen information will be available to parents/carers and pupils where appropriate.

8. Cooking, Food Technology and Classroom Activities

Cooking and food-related learning will be carefully planned so that all children can access the lesson safely. Inclusion is an important principle of this policy; pupils should not be routinely excluded from cooking or other curriculum activities because of allergy.

• Teachers will check ingredients and allergen information before the lesson and consider each pupil's IHP.

• Cross-contamination will be carefully monitored through ingredient selection, preparation order, cleaning of surfaces and utensils and safe storage.

• Where possible, ingredients will be selected so that they can be safely used by all pupils in the class.

• Where an ingredient cannot safely be used by a pupil, an equivalent safe alternative will be planned so the pupil can take part in the same learning objective.

• Food packaging, containers and craft materials that may contain traces of allergens will be considered before use.

• Parents/carers will be consulted where a new or unusual ingredient presents a significant risk or where individual advice is required.

9. Inclusion, Wellbeing and Anti-Bullying

• Pupils with allergy will be enabled to participate in normal school activities, including lunch, clubs, rewards, PE, educational visits and trips, unless a specific risk assessment identifies a necessary adjustment.

• The school will not require parents/carers to attend school or trips to provide routine medical support where the school is responsible for making the agreed arrangements.

• Staff will be alert to anxiety, stigma and bullying related to allergy, including deliberate exposure to allergens, threats, teasing or exclusion. Incidents will be addressed under the school's behaviour and safeguarding procedures.

• Pupils and families will be involved in decisions about arrangements that affect them wherever possible.

• Attendance will not be unfairly penalised where absence is related to allergy, medical appointments or necessary health management.

10. School Trips, Visits and Off-Site Activities

Pupils with allergy must be able to participate in trips and external visits wherever reasonably possible. A specific risk assessment will be completed for pupils at risk of anaphylaxis.

• The pupil's IHP, Allergy Action Plan/Asthma Action Plan and prescribed emergency medication will be reviewed before the visit.

• The pupil's prescribed AAI(s) will travel with them and must be immediately accessible throughout the visit, including during transport and activities.

• The pupil will be allocated to a named adult who has responsibility for the pupil's IHP and prescribed AAI(s) for the duration of the trip. The named adult will know the emergency procedure, the location of medication and how to summon emergency help.

• At least one appropriate member of staff accompanying the visit will have current allergy emergency-response training and be able to administer adrenaline in an emergency.

• Where appropriate, the school will consider taking spare AAIs on a trip, but this must not result in spare AAIs being unavailable on school premises.

• Catering, accommodation, transport, activities and venue arrangements will be checked in advance for allergen risks and reasonable adjustments.

• Emergency contact arrangements and access to emergency medical care will be confirmed before departure.

• The same arrangements will apply to clubs and activities that take place away from the normal classroom base.

11. Emergency Response: Allergic Reaction and Anaphylaxis

If anaphylaxis is suspected, treat it as an emergency. Do not delay adrenaline while waiting for confirmation or for emergency services to arrive.

Immediate actions

1. Use the pupil's prescribed adrenaline device immediately if available. If it is unavailable, has misfired, or the person does not have prescribed adrenaline, use a suitable spare AAI in accordance with training and the emergency arrangements.

2. Call 999 and state that anaphylaxis is suspected.

3. Bring help and medication to the pupil. Do not send the pupil to the office or medical room and do not allow them to stand or walk around unnecessarily.

4. Follow the pupil's Allergy Action Plan/IHP.

5. If there is no improvement after 5 minutes, a further dose of adrenaline should be given where available and clinically appropriate under the emergency plan.

6. Inform parents/carers as soon as possible.

7. Remain with the pupil and follow emergency services' instructions.

Staff should recognise that anaphylaxis may occur without a skin rash and that sudden breathing difficulty in a pupil with food allergy and asthma may be anaphylaxis. A reliever inhaler must never be used instead of adrenaline for anaphylaxis.

12. Serious Incidents and Near Misses

• All serious allergic incidents and near misses will be recorded promptly.

• Parents/carers will be informed and their information about an incident or near miss will be taken into account, including where symptoms become apparent after the pupil has gone home.

• Incidents will be reviewed by the appropriate senior leader/SENCo/first aider and recorded on the school's safeguarding/incident system (including CPOMS where appropriate).

• The review will consider whether the IHP, risk assessment, training, supervision, food arrangements, medication access or other procedures need to change.

• Lessons learned will be shared with relevant staff and will inform policy review and staff updates.

13. Information Sharing and Communication

• Information about pupils' allergies will be shared with staff who need it to keep the pupil safe and included, while respecting confidentiality and data protection.

• The school will ensure relevant staff can access current IHPs/action plans and know where emergency medication is located.

• Parents/carers will be informed of relevant incidents and significant changes to arrangements.

• This policy will be communicated to staff, pupils and parents/carers and published on the school website. A hard copy will be available on request.

14. Monitoring, Review and Publication

• This policy will be reviewed at least annually by the named senior leader and senior leadership team.

• The review will consider incidents, near misses, training, drills, medication checks, changes in pupil needs and any changes to statutory guidance.

• The policy will also be reviewed following any serious incident or near miss where the existing arrangements may have contributed to risk.

• Pupils with allergy and their families will be involved in reviewing arrangements where appropriate.

• The allergy register will be reviewed regularly and updated whenever new information is received.

15. Related Policies and Guidance

DfE – Allergy safety in schools statutory guidance

DfE – Supporting pupils with medical conditions at school

School documents to be read alongside this policy: Children with Medical Conditions Policy; First Aid Policy; Safeguarding and Child Protection Policy; Educational Visits Policy; Food/Allergen and Catering procedures; Behaviour and Anti-Bullying Policy; Attendance Policy; relevant Individual Healthcare Plans, Allergy Action Plans and Asthma Action Plans.

Policy dates

Date of policy: September 2026

Review date: August 2027, or earlier if required following a serious incident, near miss, change in guidance or significant change in school arrangements.

Appendix A: Post-Incident Review Template

To be completed after any allergic reaction, anaphylaxis event or significant allergy-related near miss and reviewed by the Headteacher/SENCo or designated senior leader.

1. Pupil Information

Name:

Class:

Date of incident:

Known allergies/triggers:

IHP in place? Yes / No

Allergy Action Plan attached/current? Yes / No

Asthma Action Plan attached/current where applicable? Yes / No

Were prescribed AAIs available and accessible? Yes / No

2. Description of Incident

Location:

Activity taking place:

Staff present:

Named adult responsible for IHP/medication:

Time symptoms first noticed:

Symptoms observed:

Allergen known/suspected:

3. Actions Taken

AAI administered? Yes / No

Time of first dose:

Time of second dose (if given):

Device used: Pupil's own / Spare AAI

999 called? Yes / No

Time call made:

Positioning of pupil:

Other interventions (e.g. asthma reliever/antihistamine where appropriate):

4. Outcome

Paramedics attended? Yes / No

Pupil taken to hospital? Yes / No

Parent/carer informed:

Time contacted:

By whom:

5. Review of Contributing Factors

Did the IHP reflect the pupil's current needs?

Were AAIs accessible and in date?

Was the IHP/AAI with the pupil?

Was the named responsible adult present?

Did staff follow procedures correctly?

Were food/cooking/cross-contamination controls effective?

Any communication or response-time issues?

6. Lessons Learned

What went well?

What could be improved?

Changes required to IHP?

Changes required to staff training/updates?

Changes required to medication storage/availability?

Changes required to classroom, cooking or dining procedures?

Changes required to trip/visit risk assessment?

7. Actions Required

Action:

Person responsible:

Deadline:

Completed (Y/N):

8. Sign-Off

Completed by:

Role:

Date:

Reviewed by Headteacher/SENCo/Senior Leader:

Date: