



LEAGRAVE PRIMARY SCHOOL

Striving for Excellence, Learning for Life

Allergy Safety Policy

Ratified by Governors

Date: September 2026

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Publication	School Website/ Staff Pack

STATUTORY

We have carefully considered and analysed the impact of this policy on equality and the possible implications for all pupils, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations

1. Purpose and scope

Leagrave Primary School is committed to providing a safe, inclusive environment in which pupils with allergies can participate fully in school life. Allergic reactions can range from mild symptoms to severe, life-threatening anaphylaxis. We will reduce avoidable exposure to known allergens, ensure staff can recognise and respond to allergic reactions, and make appropriate arrangements for individual pupils.

This policy applies during the school day and, where the school is responsible, to breakfast clubs, after-school clubs, school-run activities and educational visits.

We cannot guarantee an allergen-free environment. We will instead use a proportionate, risk-based approach to minimise exposure and provide a prompt, effective emergency response.

2. Legal and statutory framework

This policy has been prepared with regard to the Children's Wellbeing and Schools Act 2026, the Department for Education statutory guidance "Allergy safety in schools" (2026), the statutory guidance on supporting pupils at school with medical conditions, relevant Department of Health and Social Care guidance on adrenaline auto-injectors, and applicable food information, equality, health and safety and data protection requirements.

The Governing Body will ensure that this policy is reviewed at least once every year, publicised within the school community and published on the school website.

3. Leadership and responsibilities

The Governing Body has overall responsibility for ensuring that appropriate arrangements are in place to support pupils with allergies. The Headteacher will nominate a named member of the senior leadership team as the Designated Senior Leader for Allergy Safety.

- oversee implementation and review of this policy;
- maintain effective systems for identifying pupils with allergies and recording relevant information;
- ensure Individual Healthcare Plans (IHPs) are used where required;
- ensure staff receive appropriate allergy awareness and emergency response training;
- oversee arrangements for prescribed and spare adrenaline auto-injectors (AAIs);
- coordinate with parents/carers, catering providers and healthcare professionals as appropriate;
- ensure serious incidents and near misses are recorded, reviewed and used to improve practice; and
- report significant risks, incidents and learning to the Governing Body.

All staff must follow this policy, complete required training and act promptly if an allergic reaction or anaphylaxis is suspected.

4. Identifying pupils with allergies

Parents and carers are responsible for informing the school of any known or suspected allergy affecting their child and for providing updated information when circumstances change.

- the allergen or suspected allergen;
- the nature and severity of previous reactions;

- prescribed medication and dosage/device information;
- relevant medical advice;
- an Allergy Action Plan and/or Asthma Action Plan where available; and
- any change to diagnosis, symptoms, treatment or medication.

The school will actively seek allergy information on admission and will maintain a secure record of pupils with known allergies.

In cases where a pupil has allergies, the pupil's information, including a photograph, is clearly displayed in the medical room, staff room and school kitchen, and the Phase Leader and kitchen manager will be notified. The pupil will be placed on the Medical Register. The school nurse will liaise with the school, the family and pupil.

5. Individual Healthcare Plans (IHPs)

An Individual Healthcare Plan will be developed where a pupil's allergy has a functional impact in school, places them at risk of harm, and requires arrangements that are additional to or different from those made generally.

The IHP will be developed with parents/carers, the pupil where appropriate, relevant school staff and healthcare professionals where needed. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, the IHP will refer to or attach it. The IHP will be reviewed whenever circumstances or the Action Plan change. (Cross reference with Supporting Children with Medical Needs Policy)

6. Staff training and awareness

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, agency staff, peripatetic staff, catering staff, breakfast/after-school club staff and regular volunteers with pupil-facing responsibilities.

We will also make suitable induction arrangements for new staff and ensure supply and cover staff have received the necessary allergy awareness information and training before taking responsibility for pupils.

- how allergic reactions can occur and common triggers;
- the difference between food allergy, food intolerance and coeliac disease;
- signs and symptoms of allergic reactions and anaphylaxis;
- how to obtain emergency assistance and contact parents/carers;
- where emergency medication is kept;
- how and when to administer an AAI, including practical familiarisation with the devices used in school;
- how to use Allergy and Asthma Action Plans;
- responsibilities for reducing exposure to known allergens;
- the impact allergies can have on wellbeing; and
- how to report an allergy-related incident or near miss.

7. Minimising the risk of exposure

Legrave Primary School will take reasonable and proportionate steps to reduce the risk of pupils, staff and visitors with known allergies coming into contact with their allergens.

- food prepared or supplied by the school;
- packed lunches, snacks, treats, celebrations and food brought in by others;
- breakfast and after-school provision;
- cooking activities and food used in lessons;
- art, craft, science and musical activities;
- animals, gardening and outdoor activities;
- contact or airborne allergens where relevant;
- cleaning products and other materials;
- school events; and
- educational visits and residential trips.

Staff planning an activity involving food or other potential allergens must consider the needs of pupils with known allergies in advance and make reasonable adjustments where required.

8. Food and catering

The school will work with its catering team to maintain appropriate allergen controls and provide clear information about allergens in food supplied by the school. Catering staff will receive relevant information about pupils whose allergies affect the food service, using controlled and proportionate information-sharing arrangements.

- minimise cross-contact during food preparation and service;
- maintain accurate allergen information for menus and recipes;
- manage substitutions carefully so special dietary needs continue to be met;
- document individually managed catering arrangements within the pupil's IHP where appropriate; and
- encourage pupils not to share or swap food, drinks, bottles or eating utensils.

Any school-wide restrictions on food brought onto the premises will be communicated clearly to parents/carers, pupils and staff and will be based on identified risks rather than a claim that the site is completely allergen-free. All foods that contains nuts are banned from school.

9. Prescribed adrenaline auto-injectors

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

Identifying children who have an AAI?

At the beginning of the autumn term details of children affected will be given to class teachers and photographs of all the relevant children will be put on notice boards in the staff room and the medical room and will be given to the kitchen manager. However, it is important to recognise that in a large school like Legrave Primary School it is very difficult for all members of staff to know all children, and that a leading responsibility for monitoring for anaphylaxis falls to those adults that have most frequent contact with individual children- this would usually be the class teacher.

AAI storage

AAIs are clearly labelled with the child's name, photograph and class. They are stored in the Medical room and are accessible and available for use at all times. They can be located within 5 minutes from wherever they may be needed whilst the child is at school.

AAIs are checked termly for expiry dates and outdated ones are sent home or parents/carers to dispose of. Teachers should ask for replacements prior to the expiry date, using the form attached in Appendix 3.

The management of AAI's.

- A form (See Appendix 1) requesting the school to administer the necessary AAI in an emergency needs to be signed by the parents/carers.
- Pupils who need AAI will be placed on the school's medical register and will have a medical care plan which will be written by the school nurse and signed by parents/carers.
- AAI will be brought in to school through the school office where the usual procedures for medication being brought to school, will be followed. (please see Supporting Children with Medical Needs policy) AAI must be in their original containers with the pharmacist's full labelling of the child's full name, type of AAI. The AAI needs to be labelled with the child's name and class.
- The AAI will be kept in the medical room. Teachers taking children out of school on a trip/ visit, are responsible for ensuring that they have the appropriate AAI with them. They are responsible for looking after them while they are not in the medical room and should return them to the medical room at the end of the trip/ visit.
- Immediate access to AAI is essential. For this reason, no child who has an AAI will be allowed to be in school or go on school trips if the medication is not available. If a child is found to be in school without the correct medication parents/ carers will be asked to bring it to school. If this is not possible they will be asked to collect the child and only return when the child has the medication.
- As AAI are designed to be used in emergencies only, medical help should always be sought immediately, parents/carers must be informed and an ambulance must be called.
- Staff who have been trained in anaphylaxis treatment will take the lead in administering the AAI and another member of staff should support them in this.
- Staff will record when the AAI was administered as well as the time and date.
- When an AAI is used, the Headteacher will be informed immediately, an ambulance will be called using 999 and the child's parents/ carers will be informed as soon as possible.
- In the absence of the Headteacher another member of the Senior Leadership Team will be informed.
- Parents are asked to take their child's prescribed AAI home before school holidays (including half-term breaks), to ensure that prescribed AAI remain in date and have not expired.

10. School spare adrenaline devices

The school will maintain and manage spare adrenaline devices in accordance with current statutory guidance and any regulations in force. Spare devices are an emergency back-up and do not replace pupils' prescribed medication.

Legrave Primary School has two AAI which are kept in the medical room and will be used only in emergencies by children whose parents have given written permission for this to happen.

The spare AAI will only be administered by a member of staff who has had specific training in the administration of AAI.

These “spare” AAI's can only be used:

- for pupils who are known to be at risk of anaphylaxis, and only if medical authorisation and written parental consent have been provided.
- if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

Children with food allergies are not always prescribed an AAI, but may still be at risk of anaphylaxis.

These children *can* be given the spare AAI in an emergency, so long as:

- the school has a care plan confirming that the child is at risk of anaphylaxis
- a healthcare professional has authorised use of a spare AAI in an emergency in that child
- the child's parent/carer has provided consent for a spare AAI to be administered.

All children with a diagnosis of food allergy and at risk of anaphylaxis should have a written Allergy Management Plan.

If a pupil is having anaphylaxis but does not have the required medical authorisation and parent/carer consent for a “spare” AAI to be used, the school will immediately call 999 and seek advice: If “spare” AAI's are available, they will be mentioned to the call handler/emergency medical dispatcher, as they can authorise its use if appropriate.

Instructions about how to use the spare AAI are displayed in the medical room at all times.

We keep a **register of pupils** to whom the spare AAI(s) can be administered.

This register is kept with the Emergency Anaphylaxis kit.

The register and spare AAI's are checked regularly by Fiona Game (Community Education Officer) and Sharan Bird (Administration and First Aider) to ensure they are up-to-date and that the AAI's are in date. They are responsible for ensuring that replacement AAI's are obtained when expiry dates approach.

The spare AAI is kept in the medical room, is easily accessible at all times but is kept separately from any AAI's prescribed to pupils; the spare AAI's are clearly labelled as ‘spare.’

All AAI's are kept at room temperature (in line with manufacturer's guidelines), away from direct sunlight and extremes of temperature. They are not to be stored in a refrigerator.

Disposal of used AAI's

AAI's are for single-use and cannot be reused. Used AAI's can be given to the ambulance paramedics on arrival, or can be disposed of in a pre-ordered sharps bin for collection by the local council.

11. Emergency response to suspected anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY

1. Administer adrenaline without delay if anaphylaxis is suspected.
2. Use the pupil's prescribed AAI where immediately available; otherwise use an appropriate spare device in line with current guidance.
3. Call 999 immediately and state that anaphylaxis is suspected.

4. Follow the pupil's Allergy Action Plan/IHP where available and keep the pupil under continuous adult supervision.
5. Position the pupil appropriately and avoid unnecessary movement.
6. Give a second dose of adrenaline after the interval specified in current emergency guidance if symptoms have not improved or have returned and a second device is available.
7. Ensure ambulance staff take responsibility for the pupil and provide all relevant information.
8. Contact the pupil's parent/carer as soon as possible.
9. Record the incident and complete a post-incident review.

A pupil who has received adrenaline must receive emergency medical assessment even if they appear to have recovered. Staff must not delay adrenaline because of uncertainty about severity when anaphylaxis is suspected.

12. Educational visits and off-site activities

Having an allergy will not, by itself, prevent a pupil from participating in school trips, residential visits, sports or other educational opportunities. Reasonable adjustments will be made to enable safe and inclusive participation.

- a specific risk assessment for pupils at risk of anaphylaxis;
- the pupil's prescribed medication accompanies them and remains rapidly accessible;
- appropriately trained staff are present;
- staff know the pupil's allergens, symptoms and emergency arrangements;
- food and accommodation arrangements are assessed where relevant; and
- the group has a practical plan for obtaining emergency medical assistance.

13. Wellbeing, inclusion and bullying

The school recognises that allergy and the risk of anaphylaxis can cause significant anxiety for pupils and families. Pupils with allergies will be supported to participate fully in school life and will not be unnecessarily excluded from activities.

The school will promote age-appropriate understanding of allergies without identifying or singling out individual pupils unnecessarily. Bullying, teasing, threatening behaviour or deliberate exposure of another pupil to an allergen will be treated seriously under the school's Behaviour and Anti-Bullying Policies.

14. Serious incidents and near misses

Serious allergy-related incidents and relevant near misses will be recorded, reported internally and reviewed. The purpose of the review is to learn and improve, not merely to document what happened.

- what happened and the sequence of events;
- whether established procedures and Action Plans were followed;
- whether medication and emergency equipment were sufficiently accessible;
- whether communication arrangements were effective;
- whether further training is required;
- whether an IHP, risk assessment or catering arrangement requires amendment;

- whether this policy or wider school procedures need to change; and
- whether any external statutory reporting requirement applies.

Parents/carers and, where appropriate, the pupil will be involved in the review. Significant incidents and learning will be reported to the Governing Body.

15. Information sharing and confidentiality

Information about a pupil's allergy will be shared with staff where this is necessary to protect the pupil's health, safety and wellbeing. Health information is special category personal data and will be handled in accordance with UK GDPR, the Data Protection Act 2018 and the school's Data Protection Policy.

Information will be shared in a controlled and respectful manner and only with those who reasonably need it. Where appropriate, the school will consult parents/carers and pupils about how allergy information is communicated to classmates and the wider community.

16. Responsibilities of parents and carers

- provide accurate and up-to-date information about their child's allergy;
- provide relevant healthcare documentation and Action Plans;
- supply prescribed medication as agreed with the school;
- replace prescribed medication before it expires;
- inform the school promptly of any change in diagnosis, treatment or medication;
- work with the school when an IHP or risk assessment is required; and
- support reasonable school-wide allergy safety measures.

17. Responsibilities of pupils

Taking account of age, maturity and understanding, pupils will be encouraged to understand their allergy and known triggers, avoid sharing food and drinks, tell an adult immediately if they feel unwell or believe they have been exposed to an allergen, know where their medication is kept, and contribute to their IHP and safety arrangements where appropriate.

18. Communication, publication and review

This policy will be published on the school website, readily available to parents/carers and staff, and available in hard copy on request. The school will take steps at least annually to bring the policy to the attention of pupils, parents/carers and everyone who works at the school, whether paid or unpaid.

The Governing Body and Headteacher will monitor implementation. The policy will be formally reviewed at least annually and earlier where a serious incident or significant near miss occurs, practice indicates that existing procedures may leave a person at risk, relevant legislation or guidance changes, or changes to the school site or operation require arrangements to be reconsidered.

School-specific operational arrangements

Designated Senior Leader for Allergy Safety: Sadia Tufiq (SENDCo)

Deputy / cover lead: Debbie Bastin (Deputy Headteacher an DSL)

Location(s) of prescribed pupil AAls: In the hanging pouches in the Medical Room/

In the medical cabinet in the Nursery.

Location(s) of spare AAI kit(s): In the hanging pouches in the Medical Room

Person responsible for checking spare AAls: Sharan Bird and Fiona Game

Frequency of recorded medication checks: Termly

Catering provider / allergy contact: Tom Saunders

Where allergy/IHP records are stored: In the Medical Room, in the main Office, in the Staff room and in the kitchen

How supply staff are briefed: Supply staff are given class information sheets on arrival which include information about children's medical needs and allergies.

Out-of-hours / club arrangements: All staff who run these clubs are trained in First Aid including allergies. The clubs are located near the Medical room and AAI's are accessible at all times.

Governor approval

The Governing Body confirms that it has reviewed this policy, considered the school's operational arrangements and is satisfied that appropriate systems are in place to support pupils with allergies in line with current statutory requirements and guidance.

Key references

- Department for Education - Allergy safety in schools (statutory guidance), published 6 July 2026

<https://www.gov.uk/government/publications/allergy-safety-in-schools>

- Department for Education - Allergy guidance for schools

<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

- Children's Wellbeing and Schools Act 2026, section 34

<https://www.legislation.gov.uk/ukpga/2026/21/section/34>

- Department of Health and Social Care - Using emergency adrenaline auto-injectors in schools

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>



Authorisation for the administering of Adrenaline Auto Injection

This form supports the school's allergy safety arrangements and should be read alongside the pupil's Individual Healthcare Plan (IHP) and current Allergy Plan. It does not replace clinical advice.

I, (parent/ carer's name)
the Parent / Carer of the child named below, give permission for
Leagrave Primary School to act on my behalf to administer an Adrenaline Auto
Injection (AAI) to my child in the case of anaphylaxis.

Child's name Class

Name of AAI

Date prescribed.....

Expiry date.....

Reason for medication- please include known allergens

.....

Any other instructions

.....

Children who have AAI's in school will need a Health Plan. Is this in place?

yes	no
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I confirm that the information supplied is accurate and that the school may administer the pupil's prescribed AAI in accordance with the pupil's IHP/Allergy action Plan and current emergency guidance. Where the law and current guidance permit use of a school spare AAI, I consent to its use for my child in an emergency.

Telephone Number of parent /carer and an alternative adult to contact

.....

Parent or carer's signature and date

.....

Storage and Care of AAls- Checklist

Class.....

Please check the following on a termly basis:

- AAls are present and in working order.
- AAls are clearly labelled with child's name, class, expiry date of epipen.
- Request replacement AAls prior to expiry date.

Child's Name	Date of Expiry	Letter sent home	Comments	Signature



Leagrave Primary School

Anaphylaxis Medication Replacement Note

This note is to advise you that:

Child's name _____ Class _____

Needs a replacement _____

Why _____

Signed _____ (member of staff)

Date _____ Time _____

NB: If the correct medication is not in school children may not be allowed to attend until such time as it is.



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Post-Incident / Near-Miss Review Record

Pupil / person involved: _____

Date, time and location: _____

Allergen / suspected trigger:

Symptoms observed: _____

Medication given (device, dose, time):

999 called / ambulance outcome:

Parent/carer contacted: _____

Was the IHP/Action Plan followed?:

Was medication accessible within the planned timeframe?:

Immediate learning/actions: _____

IHP/risk assessment/catering/training changes required:

External reporting considered/completed:

Review lead and date: _____

Compliance note

This combined policy supersedes the school's 2023 non-statutory "Treating Children who Experience Anaphylaxis" policy. It has been consolidated around the statutory allergy-safety duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026 and the Department for Education's statutory guidance "Allergy safety in schools" published 6 July 2026. The operational forms above retain useful school procedures from the earlier policy while avoiding provisions that could conflict with current statutory guidance or individual clinical advice.