

SUNNYHILL PRIMARY SCHOOL

Allergy Safety Policy



Approved by:	FGB
Date:	25th September 2026
Next Review:	Autumn 2027

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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Definitions

Allergy:

An adverse reaction by the immune system to a normally harmless substance, such as food, medication, insect stings, or latex.

Allergen:

A substance that triggers an allergic reaction.

Mild to Moderate Allergic Reaction:

Symptoms may include hives, itching, swelling, abdominal pain, vomiting.

Anaphylaxis (Severe Reaction):

A life-threatening allergic reaction that may include difficulty breathing, throat/tongue swelling, dizziness, or collapse. Requires immediate administration of adrenaline (epinephrine) via auto-injector and calling emergency services.

4. Roles and responsibilities

4.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The Allergy Safety Policy is monitored for effectiveness and reviewed on an annual basis, and after any incident where a pupil experiences an allergic reaction
- Staff are trained to provide the support that pupils need and that they receive allergy and anaphylaxis training on annual basis
- The school has an allergy safety policy which sets out:
 - Arrangements to reduce the risk of individuals coming into contact with their known allergens
 - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

4.2 Allergy safety lead

The nominated allergy safety lead is Amy Crosthwaite.

They're responsible for:

- Implementing this Allergy Safety Policy
- Reviewing the Allergy Safety Policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff and the catering provider
- All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive regular allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Ensure Emergency Adrenaline Auto-Injectors (AAI) are available, accessible and in date
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

4.3 Head Teacher

The Head Teacher is responsible for:

Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP for serious allergies (where a child has a prescribed epi-pen) is required to specify arrangements that reflect the pupil's circumstances

4.4 At least 2 named members of staff

Paulina Bartman and Brian Moore are responsible for:

- Checking AAI's are present and in date on a half termly basis
- Making sure that replacement AAI's are obtained when expiry dates approach

4.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care and be familiar with pupil's Individual Healthcare Plans (IHP) and/or Action Plan if one is in place, or School Medical Plan
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead
- Attending/Completing training on allergy and anaphylaxis on annual basis
- Responding immediately and appropriately to in the event of a medical emergency
- Reinforce good hygiene practices including those in relation to the management of food
- Monitoring food brought into school. Ensuring that pupils do not share food or drink in order to prevent accidental contact with an allergen.
- Take note of allergens when ordering food for curriculum activities and cross check ingredients with a second member of staff.
- Informing the Head Teacher/SBM of any allergy they have and whether an AAI is ever required.

4.6 Parents/Carers

Parents/carers are responsible for:

- Being aware of our school's Allergy Safety Policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis by completing School Medical Plan on annual basis and when changes occur
- Ensuring prescribed medication such as: 2 in-date adrenaline auto-injectors and any other medication examples are: inhalers, antihistamine, medical moisturisers, glucose juice or tablets, glucagon pen, insulin testing strips and needles (this list is not exhaustive), are provided and making sure these are replaced in a timely manner
- Completing and returning the catering provider food allergy form with medical evidence
- Following the school's guidance on food brought in to be shared e.g. for class parties at Christmas and end of the year
- Following the school's guidance on packed lunch (see School Food Policy)

- Updating the school on any changes to their child's condition

4.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their medications, i.e. inhalers, antihistamine, medical moisturisers
- Alert a member of staff when early signs of a reaction are recognised

4.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

5. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

5.1 Identifying pupils at risk

All pupils admitted to Sunnyhill Primary School must complete Sunnyhill Admission Form which includes questions whether the child has any food allergies or medical conditions. The Admissions Officer reviews the form when enrolling children and alerts the Admin and Pupil Support Officer of any allergy declarations immediately via email.

For pupils admitted mid-year, allergy information is also verified during the induction meeting with parents.

The Admin and Pupil Support Officer will send the School Medical Plan to parents/carers for completion once their place at the school has been confirmed, but before their first school year starts. The School Medical Plan contains information what allergy/Medical condition the pupil has, whether they require medication, what are the emergency procedures and requests consent for administering medication. When a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place **within 2 weeks.**

The School Medical Plan is sent to parents/carers at the start of each academic year asking them to complete their child's medical information as necessary to ensure the information we hold is accurate and up to date.

We ask that parents/carers inform us by email to info@sunnyhill.lambeth.sch.uk if their child's medical needs change during the school year.

5.2 Identifying staff and visitors at risk

Staff are asked to inform the school of any allergies or medical conditions that may put them at risk while carrying out their duties. Medical condition information is collected as part of pre-employment health check carried out once an offer has been made. Staff are asked to update the school if their medical needs change.

Visitor's Guide Booklet asks visitors to inform the office staff if they have any allergies.

5.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The Head Teacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed as detailed in the 'Supporting Pupils with Medical Conditions at school Policy' or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the 'Supporting Pupils with Medical Conditions at school Policy' would permit it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school, their IHP will be shared as part of the transition.

5.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional, subject to the Health Authority policy and guidelines.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional subject to the Health Authority policy and guidelines.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

If an allergy and/or asthma action plan has been issued, it should be attached to the pupil's IHP and/or School Medical Plan. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

5.5 Register of pupils with known allergies

The school maintains an Allergy Register of pupils who have a known allergy or medical conditions. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI (Adrenaline Auto Injector) (and if so, what type and dose)
- Whether School Medical Plan has been completed and consent to administer medication has been given

In order to facilitate easy access for school staff, the allergy register is kept centrally on GDrive and shared with all staff. A hard copy version is kept in the first aid cabinet in the office and updated regularly. Pupils with food allergies have their medical card with picture displayed within the kitchen school lunch server area and can be checked quickly by any member of staff as part of initiating an emergency response

6. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

7. Minimising risk

We identify potential sources of exposure across the school day and implement proportionate controls to reduce risk for pupils, staff, and visitors. This includes maintaining accurate records of allergies, reducing opportunities for cross-contamination, and adapting activities, environments, and routines where needed.

7.1 Hygiene procedures

The school takes measures to prevent contamination, such as:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

7.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

Catering staff receive appropriate training and are able to identify pupils with allergies.

KS1 pupils are given an allergy card lanyard before going to lunch by their teacher, while KS2 pupils collect and return their allergy card lanyard from the school office.

Allergy Cards with pictures of children are displayed in the kitchen server area.

Parents/Carers have to complete our caterers 'Food Allergy and Food Intolerance Management form' and return to the school office with medical evidence of the child's allergy and a current photo of the child.

The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements.

School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers

Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils

Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Where food is provided by the school, staff will understand how to read labels for food allergens

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

7.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

7.4 Animals

Ensure safe hygiene practices are followed when handling or touching animals.

- All pupils will always wash hands with soap and water after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals and are kept at safe distance

7.5 Visits and trips

No pupils with allergies will be excluded from taking part.

The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip

Adrenaline Auto Injector for pupils at risk of anaphylaxis will be taken on a school trip.

All Staff are trained to administer adrenaline in an emergency.

Appropriate measures will be taken in line with the school's Adrenaline Auto Injector protocols for off-site events and school trips (see section 8.5)

8. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (**known as anaphylaxis**) and respond appropriately:

- Staff are trained in the administration of adrenaline to minimise delays in an emergency.
- Move pupil away from allergen source and stay with the pupil
- If the pupil has an allergy action plan, this must be followed
- A spare school Adrenaline device (AD) will only be used if:
 - The pupil does not have a prescribed AD
 - The pupil's prescribed AD are not available or misfire
- Note the time of adrenaline auto-injector administration; If symptoms persist and medical plan allows it a second AAI may be given after 5 minutes
- Monitor breathing, colour, responsiveness and swelling;
- Emergency services are called; Parents/carers are also contacted and informed

9. Adrenaline Auto Injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), our procedures are detailed below.

9.1 Prescribed AAIs

Pupils who are prescribed Adrenaline Auto-Injector have one kept in their classroom and another in the school office First Aid cabinet.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

The AAls will be checked for expiry dates on a termly basis and parents/carers will be contacted to provide a replacement.

If AAI is administered, this will be recorded on the Pupil Medicine Administration Log.

9.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAls) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAls may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliever inhaler, and ensuring they are stored according to the guidance.

All spare ADs and inhalers are ordered from Eureka Direct.

The school orders 1x spare Epi Pen for juniors 150mcg for children under 6 years, 1x spare Epi Pen 300mcg for children from 6 years and adults, and 1x emergency inhaler.

Spare AAI will be stored in the school office in the First Aid cupboard.

Paulina Bartman and Brian Moore are responsible for:

- Checking termly that spare AAls and the emergency asthma reliever inhaler are present (in the school office and classroom as necessary) and in date
- Obtaining replacement AAls when the expiry date is near

9.3 Disposal

AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions in the yellow medical bins.

9.4 Using spare ADs in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline auto-injectors to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline auto injectors to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

9.5 Use of ADs off school premises

Pupils at risk of anaphylaxis will have their ADs taken on school trips, residential trips and any off-site events. ADs are placed in a clearly labelled pouch.

10. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

10.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

10.2 Incident reporting

The parents/carers of a pupil will be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the Head Teacher and School Business Manager. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. See [how to make a RIDDOR report](#)

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

11. Allergy awareness

11.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills periodically. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Have a training on How to Use Emergency Adrenaline Auto-Injector for Anaphylaxis
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

11.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Teachers teach pupils about allergies using resources from [Allergy School](#)

12. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

12.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

13. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

14. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the Governors, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

15. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behavior policy