



Allergy Safety Policy 2026

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1. 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](#)

2. Introduction

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an allergen) they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later. Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Children who have a skin reaction need monitoring for at least an hour.

We have a whole school awareness approach. We ensure all staff and children are aware of what allergies are, the importance of avoiding allergens, the signs and symptoms, how to deal with allergic reactions and to ensure that procedures are in place to minimize the risk of exposure to allergens.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

The school recognises that asthma and allergy frequently coexist and that pupils with food allergy and asthma may be at greater risk of severe allergic reactions. Where a pupil has both asthma and an allergy, their Individual Healthcare Plan (IHP) will reflect both conditions and will be supported by an appropriate Allergy Action Plan and Asthma Action Plan provided by healthcare professionals.

Staff training will include awareness of the relationship between asthma and allergy, recognition of symptoms, and appropriate emergency responses. Day-to-day management of asthma is detailed within the school's Medical Conditions Policy.

Havannah First School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. The school will make reasonable adjustments to ensure pupils with allergies are not disadvantaged or excluded from any aspect of school life.

Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

3. Roles and Responsibilities

3.1 The Governing Body

The Governing Body is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- 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 Body delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy Safety Lead

Havannah First School has a named member of the senior leadership team, Helen McKenna, who is responsible for allergy safety including the implementation of the allergy safety policy and its review.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared

with staff and catering teams as soon as possible but within two weeks of the child starting (delegated to)

- holding a register of children and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan (delegated to Sarah Lancaster, School Business Manager)
- ensures that systems are robust for the identification of children when they are collecting their meal (delegated Sarah Lancaster, School Business Manager and Emily Watson de Francisco, First Aid Lead)
- Communication about:
 - the policy
 - the children who are on the register
 - the importance of recording and reporting near misses and incidents
- Communication with:
 - Governors to provide updates about the policy implementation
 - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
 - Teachers and TAs
 - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
 - Caterer; the procedures in the kitchen and the procedures for ensuring that the children with allergies are provided with a safe meal (delegated to NCC employed chef who works from information from SBM and Midday Supervisor)
 - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) including requesting allergy action plans when appropriate
 - Children to develop an understanding of allergy through information assemblies and PSHE discussions
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire (delegated to Emily Francisco, First Aid Lead)
- that IHPs are created and communicated – given to teachers to store in class boxes as well as copies being held in the office.
- Training
 - ensuring that all staff have annual training and that allergy is included in induction
 - ensuring that all staff have the opportunity to practise with trainer adrenaline devices at least annually.

3.3 Headteacher

In the case of Havannah First School, the Headteacher is also the Allergy Safety Lead.

The headteacher 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 is required to specify arrangements that reflect the pupil's circumstances.

3.4 School's First Aid Leads are responsible for:

- Checking spare AAls are present and in date on a monthly basis
- Making sure that replacement AAls are obtained when expiry dates approach
- Communicating with the caterer (NCC) and ensuring that children receive a safe meal
- Ensuring a robust method of identifying children with allergies at lunchtime – cards are created from information held by SBM, new children, children with new allergies and Reception are supervised to assist them to get and use their own card. Midday Supervisor is a First Aid Lead.

3.5 Teaching, support staff and midday staff

Teaching, support staff and midday staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of and following our allergy safety policy and procedures, including the storage and accessibility of ADs for individuals
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- 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, including near misses, to the Allergy Safety Lead/Headteacher
- Supporting the creation of the children's IHPs and implementing IHPs
- Teachers complete risk assessments for curriculum activities involving food, trips and visits including sporting events

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our and adhering to 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
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to school
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

In an age appropriate way, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their medication

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Following our No Outsiders approach

4. Identifying Individuals at Risk

4.1 Identifying pupils at risk

We will:

- **For new starters**, office will send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication.

- **Where a pupil has a new diagnosis and/or in the case of in-year admits**, office will send a form and put arrangements in place within 2 weeks and prior to the child starting school. We will work closely with parents to get the provision right as soon as is practically possible.
- Office will send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via ParentMail and then update information, including lunch time cards
- Office will ask parents/carers to inform us in writing by email to admin@havannah.newcastle.sch.uk if their child's medical needs change during the school year.

Transition

Allergy information and existing care plans are shared as part of a child's transition. Havannah First School will request allergy information from the previous school or setting. We will work with parents/carers, if appropriate, to write a new IHP. Staff will provide information about children for transition visits ahead of a formal move to a new school. Allergy is a category on CPOMS and therefore new schools will also receive this information electronically or via printed copies of CPOMS as appropriate.

Information Sharing

UK GDPR does not prevent the sharing of a child's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through: eg. electronic information on SIMS and paper copies as well as individual pen portraits. Information and photographs of children with allergies are shared with the kitchen via paper copies and displayed on the wall.

Supply staff are given copies of the pupil pen portraits when they sign into school. These provide staff with allergy information and emergency procedures before they assume responsibility for children.

Visitors and regular volunteers

Visitors and volunteers will be asked to tell us about allergies ahead of their visit. The main school admin email will have statement to remind people to let us know about any allergies ahead of visiting. There will also be a sign on the wall where people sign in. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment. It is the responsibility of adult visitors to share this information.

Staff

Pre-employment process will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment. This may include carrying out a risk assessment, identifying and removing or reducing exposure to allergens, informing relevant staff and colleagues where appropriate, making reasonable workplace adjustments, and ensuring that emergency procedures and any required medication are in place.

4.3 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/or
- 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 headteacher 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 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 school's medical conditions policy would permit them to carry and administer it or for it to be accessible to trained staff, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Pupils will be involved in decisions about their allergy management wherever appropriate to their age and understanding

4.4 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. These detail the child's allergy and medication. Allergy action plans are issued for children who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Children with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

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.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

These will only be updated by the medical professional following a review of the child's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the child annually so that the child is recognisable.

4.5 Register of Pupils with Known Allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made

The register is kept and displayed in the medical room and also kept in the school office and can be checked quickly by any member of staff as part of initiating an emergency response. It is also saved on the secure T drive in school. The information from the register is part of the medical conditions and dietary information

document which is also in the school kitchen and stored in the office. The information for each class is a also part of the pen portraits document in each classroom.

5. Assessing Risk

Class Teachers will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons which expose children to food or other allergens
- Science experiments involving foods or other allergens
- Activities 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 when animals visit the site and before contact with the school dog.

6. Minimising Risk

6.1 Hygiene procedures and food in classrooms

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- School asks all parents and carers to label children's own water bottles.
- School asks all parents and carers to label children's own lunch boxes.
- If children with allergies do not have labels on their bottles and lunch bottles, school will label them.
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance.
- Parents and Carers are informed that food cannot be sent into school to be shared. Any birthday cakes, religious celebration gifts etc are refused.
- When children are taking part in food tasting or cooking sessions (eg Lunar New Year Celebrations), staff will check all labels on food brought into school and home cooked food will not be permitted. Staff will check directly with parents/carers where there is any doubt.

6.2 Catering

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

- Catering staff (NCC) receive appropriate training and are able to identify pupils with allergies
- 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 the school chef is 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)

- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- Photographs are displayed near the hatch to identify all children who have known allergies
- Children have cards which state the known allergens – these are given to children in Reception, children with new allergies and children new to school as they approach the hatch by school staff and are handed to the serving staff at the hatch. As children get older and are more independent, as well as known to the Chef and catering team, they manage this independently. This process is supervised by TAs or the Midday Supervisor (also a Lead First Aider).

6.3 PTFA and Community Events

- When the PTFA organise fairs and events where there will be food present, the providers are made aware that allergy information must be shown on labels/menus.
- Food items are only sold/given to children when they are accompanied by their parents/carers.
- The PTFA volunteers who organise events are encouraged by school to complete training.
- Parents/carers are made aware in advance that they must supervise their children and be aware of allergens.

6.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered when possible
- At certain times of the year, staff will assess whether it is safe to go outside (eg late summer/September when wasps are more likely to sting)

6.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact.
- Pupils with animal allergies will not interact with animals.
- We have a separate risk assessment for the school dog.

6.5 Visits and trips

We will ensure that children with allergies are fully included in every trip, sporting event, or extracurricular activities.

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.

Volunteers who are supporting will be made aware of children at risk.

Children at risk will be placed in a group with a first aider from school.

The school will conduct a risk assessment for any pupil with a known allergy and at risk of anaphylaxis taking part in a school trip.

Pupils at risk of anaphylaxis should have their own ADs with them.

A 'spare' AD will also be taken on each visit. One of each size will also remain in school.

Staff trained to administer adrenaline in an emergency will be present on the school trip.

Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips.

7. 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

If the pupil has an allergy action plan, this must be followed

A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD is not available or misfires

If anaphylaxis is suspected:

- Administer adrenaline immediately if anaphylaxis is suspected.
- Call 999 and state "anaphylaxis".
- Send a second adult to collect additional medication.
- Contact parents/carers.
- If symptoms persist after 5 minutes and a second injector is available, administer it.
- Child must attend hospital after adrenaline administration.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

ADs and inhalers will be kept in each child's individual classroom. They will be in a storage box in their own pouch with their name and allergy information on the front. Staff in each classroom know where the box is kept.

Classrooms are unlocked and accessible at all times.

ADs are no more than 5 minutes away from where they may be needed and are taken outside for PE, playtimes, lunchtimes and outdoor learning activities.

ADs are kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Parents/carers are responsible for ensuring that children have access to their emergency medication during travel to and from school.

Parents/carers of children attending wraparound care should contact Playtime Paradise directly to make arrangements for additional medication/devices to be kept in their setting.

Parents/carers of children attending extra-curricular activities before/after the school day need to make the provider aware of any known allergies and comply with the policy of each provider.

Children attending any extra-curricular clubs before or after school should **not** bring snacks/food into school. If these are necessary for after school clubs due to individual needs, school will arrange for the parents/carers to bring these to the office in advance and they will be collected by the club provider when they arrive at school.

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.

Medication will be sent home at the end of each academic year and should be returned at the beginning of the new academic year with the appropriate paperwork. Parents/carers are responsible for ensuring that medication is in date and in school at all times.

If a child has used any of their emergency medication in school, this will be recorded on their IHP and the parent/carer will be informed immediately.

8.2 Spare ADs and Inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) 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 AAIs 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.

ADs will be purchased via Eureka Direct or another reputable provider if unavailable

The school will hold 2 x 150mcg (age 0-5yrs) and 2 x 300mcg (age 6yrs+) This ensures that one device can always be in school and one can be available for off-site visits.

The school will aim to buy the EpiPen brand where available, Jext may also be purchased.

Spare AAIs will be kept:

150mcg AD will be held in the school office on top of the cupboard in a box labelled 'Anaphylaxis Kit'.

300mcg AD will be held in the medical room in an open storage box fixed to the wall labelled 'Anaphylaxis Kit'.

No more than 5 minutes away from where they may be needed.

At room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

In pairs, in case a second one is necessary – unless one is out on an off-site visit where the child's own AD will also be available.

Separate from any pupils' prescribed ADs to avoid confusion.

Separate from the training devices (these are in the office but not visible) to avoid confusion.

Emily Watson de Francisco & Gemma Kirk are responsible for:

- Checking twice per half term (equating to monthly) that spare ADs and the emergency asthma reliever inhaler are present and in date – dedicated time is given by school for this task.
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be given to the parent/carer to be disposed of and signed out of school on the child's IHP form. The school spare ADs, if used and when expired, will be disposed of in line with current local guidance.

8.4 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 devices to be used in an emergency.

The school will seek advance consent wherever possible from parents/carers of pupils for spare adrenaline devices 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.

8.5 Use of ADs off school premises

The trip first aider will carry individual pupil's AD/medication and administer if necessary. A school spare AD appropriate for the age of the children on the visit will be taken on each off-site event in case of an emergency.

9. 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.

9.1 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 on CPOMS, 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.

9.2 Incident reporting

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

The school will share the report with the child's parents/carers, the pupil or the individual involved.

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 child, 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 Helen McKenna, Headteacher. The allergy safety lead, also Helen McKenna, will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the child's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident recurring.

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 child has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

To the local authority environmental health team: any allergen-related food safety incidents.

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.

10. Allergy Awareness

10.1 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 who work directly with the children and regular volunteers. It also includes catering staff (training provided by NCC) and others who may oversee pupils at breakfast or after-school clubs (training provided by organization as appropriate). 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 and Jext so staff can practise safely and be familiar with the differences. These are held by the office but are not visible and will need to be requested. This is to avoid any confusion with actual devices, spare or prescribed.

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
- 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')

10.2 Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Banning foods, especially nuts, can create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction. However, due to known allergies currently in school, we ask all parents, carers and staff to avoid bringing the following into school:

- Nuts and foods containing nuts
- Sesame seeds and foods containing sesame or sesame seeds

If a pupil brings these foods into school, they will be asked to eat them away from others to minimise the risk, or, more likely, the food will be confiscated. If confiscated, a replacement will be provided by school where possible (eg. A piece of fruit or an item from the kitchen). Parents and carers will be informed and reminded to adhere to the policy in the future.

10.3 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.

The allergy safety policy will be included in the school's annual package of safeguarding policies which are read and signed for in September.

11. Wellbeing

We recognise that pupils can experience feelings of anxiety, sadness or isolation due to allergies. We also understand that they may experience bullying or unpleasant interactions such as name calling or unkind comments from other children.

We support children with allergies through:

Regular check-ins with key members of staff

Reassurance that steps are being taken to minimise the risks of exposure to allergens and that robust measures are in place in the event of a reaction

The PSHE curriculum, in particular 'No Outsiders'

Adhering to the Behaviour Policy and Anti bullying Policy.

11.1 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 child 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'.

12. 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.

13. Safeguarding

Havannah First School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

14. Unacceptable Practice

Havannah First School staff are clear about what constitutes unacceptable practice and is committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- ignoring the views of the child or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision - In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child, although in some circumstances, parents or carers will be invited to attend in order to support staff or reassure their child. This would always be discussed and agreed in advance.

15. Working with Outside Providers

Havannah First School is committed to ensuring that pupils with allergies are safe, included and able to participate fully in all aspects of school life, including activities delivered by external organisations, contractors and providers. The school recognises that responsibility for pupil safety remains paramount whenever outside providers are working with pupils on the school site or on behalf of the school. All providers are informed of this policy and are asked to read and understand it as well as ensuring that all staff are trained and have the competence to follow their own policies and procedures.

Before and after school club providers

External partners who run activities in school have their own policies and procedures in place. These are shared with parents and carers as well as school. They assume responsibility for knowing who is attending each club and what their needs are in advance of the first session which children attend.

After school activities: School will work with partners to ensure that children bring their ADs and medication to the club. Teachers ensure these are sent to after school activities with children. Providers then return these to the office as they leave the building. The office staff will either return these to classes on the following morning before school begins, or, delegate this to another member of staff before the school begins. Providers are made aware of where additional devices are stored in school.

Before school activities: Providers must arrive in time to visit classrooms and collect ADs and medicines for children before the club and return these with/via children or bring to classrooms for the start of the day (depending on the age and development of the children). Providers are made aware of where additional devices are stored in school.

Wraparound care providers

Playtime Paradise (wrap around care on site) has its own policy and procedures in place. They also communicate directly with parents and carers and have prescribed ADs and medication which are separate to those held by school. They are aware of where school's 'spare' devices are.

Peripatetic teachers, sports coaches and other visitors

Information is shared with visiting coaches and teachers if they are working alone with children. They will be asked to ensure that children's devices and medication are taken to activities and returned to classrooms. School asks for assurances that visiting staff have training.

Supply agencies

School asks for assurances that all staff registered with the agency have up to date training. Supply staff are given information about children with allergies on arrival.

Where the school is not satisfied that appropriate allergy management arrangements are in place, the Headteacher or Allergy Safety Lead reserves the right to require additional controls, amend arrangements or withdraw approval for the activity to proceed.

16. Monitoring

Monitoring will include:

- Annual check of allergy register;
- Termly check of medication expiry dates;
- Review of incidents and near misses by governors; and
- Annual report to governors on allergy safety.

17. 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 and Relationships policy

18. Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs:

<https://www.anaphylaxis.org.uk/education>

Allergy UK: <https://www.allergyuk.org/about-allergy/types-of-allergies>

Allergy Safety in Schools July 2026: <https://www.gov.uk/government/publications/allergy-safety-in-schools>
[Guidance on the use of adrenaline auto-injectors in schools](#)

Spare Pens in School: <https://www.sparepensinschools.uk>

Benedict's law:

<https://benedictblythe.com/benedicts-law>

<https://www.anaphylaxis.org.uk/education/benedicts-law>

Food:

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

Allergy Guidance for food businesses: <https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses>

Statutory Duties:

The duties under Section 34 of the [Children's Wellbeing and Schools Act 2026](#) place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and children under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#);

The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).

[The Early Years Foundation Stage \(EYFS\) statutory framework](#).

