All Saints' C of E Primary School Title: Allergy Policy	
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Equality and Diversity Statement

All Saints' C of E (VC) Primary School, Maldon is committed to treating all members of the community with fairness and respect regardless of their ethnic background, gender, religion, disability, sexual orientation or their socio-economic background. This policy has been written to assist the school community and ensure that as far as is reasonable no child or adult shall be unfairly treated, discriminated against or disadvantaged as a result.

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1. Purpose

This policy sets out how All Saints C of E Primary School, Maldon will identify, manage and minimise risks from allergens and ensure children with allergies are supported to participate fully and safely in school life.

This policy has been produced in line with the statutory guidance “Allergy Safety in Schools” (July 2026) and Section 34 of the Children’s Wellbeing and Schools Act 2026.

2. Scope

This policy applies to all staff at All Saints C of E Primary School, Maldon and covers the roles, responsibilities and training requirements for all staff, volunteers and governors. It ensures that the school will take reasonable, proportionate measures to reduce exposure to known allergens, ensure emergency response readiness and protect wellbeing.

3. Roles and responsibilities

Governing Body

The Governing Body ensures the school has an up-to-date allergy safety policy, published and reviewed at least annually. They ensure that the policy sets out arrangements for reducing the risk of individuals coming into contact with their known allergens and the emergency response plans for cases of anaphylaxis.

Headteacher

The Headteacher has overall responsibility for the implementation of this policy and in consultation with parents/carers and any relevant medical professionals decides whether a pupils allergy can be managed through the adjustments detailed in the medical conditions policy or whether an Individual Health Care Plan is required to specify arrangements that reflect the pupils’s circumstances.

The Headteacher is also responsible for ensuring there is a named Allergy Safety Lead.

Allergy Safety Lead

The nominated allergy safety lead is responsible for implementing the allergy safety policy, for promoting allergy awareness across the school community and ensuring that appropriate arrangements are in place for the storage and replacement of emergency medication.

They will also ensure that:

- All allergy information is up to date and readily available to all members of staff.

- All pupils who require one have an up to date Individual Health Care Plan(IHP).
- All staff receive regular allergy awareness training.
- Appropriate staff are aware of what activities need an allergy risk assessment.
- Together with the Headteacher any serious incidents or near misses are recorded and reported. Lessons learnt and potential changes to the pupils IHP, to the allergy policy or to operating procedures are considered and shared with staff.

Class teachers and support staff

Teaching and support staff are responsible for knowing the children in their care that have allergies and for following IHPs and school procedures to keep those pupils safe.

They are responsible for reducing risk in their classroom and on activities through careful planning and ensuring the wellbeing and inclusion of pupils with allergies through adaptive approaches so that no pupil with an allergy is ever excluded from activity in school.

They are responsible for attending training so that they are able recognise the signs of an allergic reaction and anaphylaxis and respond accordingly.

Catering manager and lunchtime staff

The catering manager is responsible for ensuring allergen information is correct on the school menu and all catering staff are responsible for ensuring they follow the correct procedures for meal provision and food handling. The catering manager will ensure that all catering staff have the relevant food allergy training and this is up to date.

Parents/carers

It is the responsibility of our parents and carers to provide accurate, up-to-date medical information and to communicate any changes in circumstances with the school immediately. This supports school arrangements and contributes to keeping IHPs up to date.

If required parents should provide 2, in-date, adrenaline auto injectors and any other medication, including inhalers or antihistamine etc.

Pupils

As pupils with allergens grow they will increasingly become more aware of their allergens and the risks they pose, will understand their own care where appropriate and the measures to be taken to keep themselves safe including where appropriate how and when to use their auto injector.

All other pupils will be responsible for being aware of allergens and the risks they pose to their peers. Eg, that we are a nut free school and being responsible for ensuring they do not have food products that contain nuts.

4. Identification and record keeping

On admission and at in-year entry, parents/carers will complete medical information including known allergies and whether prescribed medication (e.g. AAI) is required. Previous records and healthcare plans will be requested from prior settings where possible.

The school will maintain a secure, central register of all individuals (children, staff and volunteers where appropriate) with known allergies. Records will include:

- identified allergens
- medication in school,
- whether an IHP and/or Individual Risk Assessment exists
- emergency contact details.

For new staff, temporary staff, supply and regular volunteers the allergy lead will ensure they receive the same information and induction arrangements (see Training).

5. Allergens and Allergic reactions

Common allergic conditions include:
a) Hay Fever
b) Skin allergies
c) Food allergy
d) Asthma
e) Insect stings

Allergic reactions vary in severity, from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis.

In general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation (“ABC”) and can be treated with a non-drowsy oral antihistamine (available over the counter for those aged over 6 years) or local treatments such as nose sprays or eye drops.

However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g. skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored (e.g. in a first aid room) for at least 60 minutes afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:
a) Swollen lips, face or eyes
b) Itchy/tingling mouth
c) Mild throat tightness
d) Hives or itchy skin rash
e) Abdominal pain or vomiting
f) Sudden change in behaviour

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC").

Anaphylaxis

A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing).
B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing.
C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis reactions involve the Airway/Breathing/Circulation ("ABC"). Reactions usually progress quickly and can be life-threatening – so anaphylaxis always requires an immediate emergency response.

The vast majority of anaphylaxis reactions require the individual to have eaten food to which they are allergic. Contact through skin or the air tends to produce less severe allergic reactions. Anaphylaxis reactions solely due to skin contact are very rare. As noted above, anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger. Emergency planning should therefore be based on the individual child or young person's documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.

6. Individual Healthcare Plans (IHPs) and Individual Risk Assessments

An IHP will be created for any child whose allergy has a functional impact at school, where the child is at risk of harm, or where additional/different arrangements are required.

The IHP will:

- Record triggers, usual symptoms, usual response, prescribed medication (including dose and location), emergency contact details and consent.
- Attach any Allergy Action Plan issued by a healthcare professional.

- Be reviewed at least annually with parents or whenever a child's allergen circumstances change.

An Individual Risk Assessment will:

- Describe practical arrangements in school, storage and access to medication, arrangements for meals, classroom adaptations and PE and trip arrangements.
- Be developed with parents/carers, and where possible any relevant healthcare professionals.
- Be reviewed at least annually at the same time as their Health Care Plan or when a child's allergen circumstances change.

7. Prescribed adrenaline autoinjectors (AAIs)

Children who are prescribed adrenaline devices will have rapid access to them at all times — in classrooms, lunch areas, playgrounds, sports fields and on trips. Where a child needs their device, staff must be able to access it quickly. When a pupil is in school their adrenaline devices will be stored in the medical room clearly labelled and in their class box. Where they are on a trip or visit the named adult on their individual risk assessment will carry their medication at all times to support quick and easy access where needed.

Parents are responsible for ensuring prescribed devices are provided and in-date. When devices are supplied to school, the Allergy Lead will record them on the central register and check expiry dates termly.

Where appropriate and agreed in the IHP, children may take their device home at the end of the school day (e.g. for use on the journey home). The school will keep records of devices taken home and returned.

8. Spare (emergency) adrenaline devices and emergency inhalers

The school will maintain at least one clearly labelled emergency anaphylaxis kit containing four AAIs (of appropriate dosages), instructions, gloves and a sharps box for disposal.

This emergency kits will:

- Be stored where staff can access them quickly (not locked away). At All Saints this is at the front of the school immediately inside the entrance to the school, next to both our defibrillator and bleed kit.
- Be clearly labelled and kept separate from named prescribed medication.
- Be checked regularly by the Allergy Lead or delegated staff to ensure contents are in date and replacements arranged immediately if used or expired.

Used or expired AAIs will be disposed of safely in the school's medical waste arrangements and replacements ordered promptly.

9. Staff training and induction

The school ensures that all staff receive allergy awareness training at least annually and that new starters complete this training as part of their induction.

Catering staff complete Level 3 allergy training every 3 years but should complete allergy awareness training annually in line with all other staff.

Allergy awareness training will ensure that all staff understand how to recognise, prevent and respond to allergic reactions, including the use of emergency medication such as auto injectors.

10. Minimising risk and practical measures

Catering and meals

The school will provide clear allergen information for all food provided by the school (menus, ingredient lists) and ensure provision of safe alternatives. Catering and supervisory staff will follow strict procedures to avoid cross-contamination (separate utensils, cleaning protocols, surface cleaning between meals) and this will be included in their training.

Where appropriate, children with allergies will have designated lunch arrangements agreed in their IHP. At All Saints children with allergies are clearly identified through the wearing of a lanyard to support staff in keeping children safe. Catering staff plate pupils with allergies meals in advance and these are clearly labelled to ensure each child receives the correct meal.

Food brought in from home

Parents will be asked not to send in snacks containing high-risk allergens, most notably products containing nuts, for consumption by others where the school has identified pupils at high risk.

The School aims to be nut-free at all times, however, due to factors outside of the School's control, we can never say we are a completely 'Nut-free School'. The School's kitchens and dining rooms aim to be 'nut free environments', and there are well established arrangements in place to try to prevent nuts, or foods that could contain nuts, being used or stored in kitchen or food preparation areas, or served to pupils in meals prepared or provided by the School. However, whilst it is our aim and our intention to never knowingly serve food containing nuts or traces of nuts, we cannot guarantee that all food is nut free as a product could have been incorrectly labelled at source or contaminated prior to arrival at school. There is also always the possibility that pupils or staff could bring food containing nuts into the dining room with a risk of

sharing or cross contamination. Through our vigilance, procedures and education of the school community we will continue to minimise this risk.

Curriculum activities

Staff planning practical activities (cooking, science, craft, animal handling, music where food props are used) must consult the central allergy register and the child's IHP and Individual Risk Assessment and take reasonable measures to reduce exposure (e.g. substitute materials, protective equipment, seating adjustments).

Events and clubs

Staff taking clubs will have access to the allergy register as with every other member of staff. As with curriculum planning they will take reasonable measures to support pupils in accessing activity so that allergens do not become a barrier to enrichment activity. This extends to events such as PTA events where again protective measures and reasonable adjustments will be made to support all children including those with allergies attending.

Visits and trips

A specific risk assessment will be completed for any trip and for any child at risk of anaphylaxis. The risk assessment will confirm:

- The activities being conducted as part of the trip and any reasonable adjustments that need to be made in order to support pupils with allergies safely accessing activity
- The designated member of staff carrying the pupils AAI and pupils individual health care plan.
- Members of staff that have been trained to administer AAIs that are in attendance on the trip.

For residential trips the Inclusion Lead will coordinate arrangements well in advance and obtain parental consent and copies of IHPs. The same arrangements as for any school trip will apply.

11. Serious Incidents, Near Misses and Incident Reporting

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.

Any allergic reaction, suspected allergic reaction, use of an adrenaline auto-injector, serious incident or ‘near miss’ relating to allergy safety will be recorded as soon as practicable. The incident will be recorded on the schools Health and Safety platform, MySafety by the Headteacher. This reporting will trigger a process of investigation and provide the opportunity to reflect on practice and make adjustments to practice or procedures where necessary.

12. Information sharing and data protection

Health information is special category data under UK GDPR. The school has a lawful basis to record and share necessary health information where required to protect the child’s health and safety.

IHPs and relevant allergy information will be shared on a need-to-know basis with staff who have responsibility for the child (class teacher, lunchtime staff, trip leaders).

13. Awareness, communication and wellbeing

The school allergy policy will be published on the school website and hard copies provided on Request.

The school will raise allergy awareness with pupils through appropriate curriculum opportunities and assemblies, designed to reduce stigma and bullying and to equip peers with age-appropriate ways to help (for example, how to summon help in an emergency).

The school will address bullying of children with allergy as part of its behaviour and anti-bullying approaches; any incidents will be taken seriously and managed in line with school policy.

14. Monitoring, review and governor oversight

Named Governors responsible for monitoring the arrangements for supporting pupils with allergies will monitor pupils as part of the annual governor monitoring cycle.

The allergy policy will be reviewed at least annually (September) or sooner after any serious incident or near-miss.

15. Equality and inclusion

All reasonable adjustments will be made so children with allergies can participate fully in all aspects of school life and this commitment is detailed in pupils' individual risk assessments.

Sources
Department for Education: Allergy Safety in Schools (statutory guidance), July 2026.
Children's Wellbeing and Schools Act 2026, Section 34 (requirement for allergy safety policies).

Appendix A

Practical checklists (operational)

Annually

- Review IHPs and Individual Risk Assessments for pupils with parents

Termly

- Check expiry of prescribed and spare devices; reorder as necessary.

Weekly

- Check emergency kit contents and that kits are accessible.

In advance of school trip, visit or event

- Confirm medication present and staff trained
- Record arrangements for pupils on risk assessment.

After any serious incident or near miss

- Complete incident record on Mysafety platform
- Investigate incident
- Consult with parents
- Update IHP/individual risk assessment and arrangements.

Appendix B - Example template of individual risk assessment

Allergy Management Risk Assessment for Individual Students

This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced by the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Child/Young person:	**Date of Birth:**
Setting/School: All Saints C of E Primary School	**Key Worker/Teacher/Tutor**:
Allergies:	
G.P: Name: Phone number:	**Clinic/Hospital:** Name: Phone number:
Date:	**Review date:**
Who is responsible for providing support in school:	
People involved in writing this plan:	
Signatures: Setting Manager/Head Teacher: Date: **I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe,** **I give permission for my child's photograph to be displayed sensitively to keep my child safe,** **I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected.** Parents: Date:	

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.			
Can the student recognise a reaction for themselves?			
What have been the symptoms of previous reactions?			
What are the hazards for each activity?	**What are you already doing to control the risks?**	**Probability**	**Impact**
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales Parties Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			
Curriculum activities:			

Cooking			
Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			
Science activities:			
PE:Indoor / Outdoor / Forest Schools			
Playtime: Playground / Field			
Offsite activities:			
Curriculum visitors Day trips	.		
Residential visits			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	**Rare**	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable