Barham Church of England Primary School

Allergy Safety Policy

Adopted	**September 2026**
Date of next review	**July 2027**

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Educational Visits Policy, Safeguarding Policy and Data Protection Policy.

Policy information

School	Barham Church of England Primary School
Address	Valley Road, Barham, Kent, CT4 6NX
Policy responsibility	Governing Body
Named senior leader for allergy safety	Headteacher - Mrs Jo Duhig
Operational coordination	Headteacher and designated school office/medical staff
Date adopted	September 2026
Review date	July 2027, or sooner following a serious incident, near miss or change in guidance
Applies to	Pupils, staff, volunteers, visitors, contractors with pupil-facing roles, catering, Kingfisher Breakfast and After School Club, clubs, school events and educational visits
Publication	School website; hard copy available on request

Important operational requirement

The school will keep its pair of 150 microgram spare adrenaline auto-injectors and its pair of 300 microgram spare adrenaline auto-injectors in a clearly marked emergency anaphylaxis kit in the school office/medical area. These can be reached within 5 minutes from any point on the school site.

Contents

1. Purpose and principles

Barham Church of England Primary School is committed to enabling every pupil with an allergy to attend safely, regularly and fully, including during lessons, lunchtimes, play, swimming, outdoor learning, wraparound care, clubs, performances, school events and educational visits.

The aims of this policy are to:

- identify pupils and other individuals with known or suspected allergies and understand the support they require;
- reduce the risk of accidental exposure to known allergens through proportionate, practical controls;
- ensure staff can recognise and respond promptly to allergic reactions, anaphylaxis and associated acute asthma;
- provide rapid access to prescribed and spare emergency medication;

- promote inclusion, dignity, wellbeing and increasing independence; and
- record and learn from every serious incident and near miss.

The school is allergy-aware, not "allergy-free". It is not possible to guarantee that an allergen will never be present. The school will therefore use layered controls, individual planning, clear communication and an effective emergency response rather than relying on a single blanket ban.

Our Christian values shape the way this policy is implemented:

- **Kind:** we listen carefully, include pupils with allergies, respect their dignity and challenge teasing or bullying;
- **Confident:** we make sure pupils, families and staff understand the arrangements and know what to do in an emergency;
- **Curious:** we help pupils develop age-appropriate knowledge about allergies, ask sensible questions and learn how to keep themselves and others safe.

2. Legal framework and related policies

This policy has been written with regard to the following legislation and guidance:

- section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- Department for Education, Allergy safety in schools: statutory guidance (published July 2026);
- Department for Education, Supporting pupils with medical conditions at school;
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools;
- Medicines and Healthcare products Regulatory Agency guidance on the safe use of adrenaline auto-injectors;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Data Protection Act 2018 and UK GDPR;
- Early Years Foundation Stage statutory framework; and
- relevant food information and food safety requirements.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Safeguarding and Child Protection Policy, Educational Visits Policy, Risk Assessment arrangements, Food and Catering procedures, Data Protection Policy and Complaints Policy.

3. Definitions

Term	Meaning
Allergy	an abnormal immune response to a normally harmless substance, such as a food, insect sting, medicine, animal, latex, pollen or another airborne or contact allergen.
Allergen	the substance that triggers an allergic reaction.
Anaphylaxis	a severe and potentially fatal allergic reaction that may affect the airway, breathing or circulation.
Adrenaline auto-injector (AAI)	a pre-loaded device that delivers a measured dose of adrenaline for emergency treatment of anaphylaxis.

Term	Meaning
Food intolerance	a reaction that does not involve the immune system and does not cause anaphylaxis. Coeliac disease is an autoimmune condition and requires strict avoidance of gluten; it is not a food allergy.
Near miss	an event in which a person could have been exposed to an allergen or could have experienced harm, but serious harm was avoided by chance or timely action.

4. Roles and responsibilities

4.1 Governing Body

- approve and keep this policy under review, ensuring it is published and readily available;
- ensure allergy risks are included within the school's risk-management arrangements;
- provide appropriate challenge and oversight regarding training, emergency medication, incidents and near misses; and
- ensure that pupils with allergies are not disadvantaged or unlawfully discriminated against.

4.2 Headteacher and named allergy safety lead

- lead implementation of this policy and ensure responsibilities are clearly allocated;
- maintain oversight of the allergy register, Individual Healthcare Plans, staff training and emergency arrangements;
- ensure sufficient, in-date spare AAIs of the appropriate doses are available and accessible;
- ensure the school site, activities and visits are planned so emergency adrenaline can reach a person within five minutes;
- ensure incidents and near misses are recorded, investigated and used to improve practice;
- liaise with parents, healthcare professionals, catering staff and external providers; and
- report significant themes and assurance information to governors without unnecessary disclosure of personal health data.

4.3 All staff, including supply staff, regular volunteers and wraparound staff

- complete allergy awareness and emergency response training at least annually and engage with induction and updates;
- know how to access the allergy register, relevant Allergy or Asthma Action Plans and emergency medication;
- follow individual arrangements and take reasonable steps to prevent exposure to known allergens;
- check activities, ingredients and resources before use where allergen exposure is possible;
- act immediately in an emergency, including administering adrenaline and calling 999;
- never leave a child experiencing a reaction alone or send them to obtain their own medication; and
- report every reaction, medication administration, concern and near miss promptly.

4.4 Catering provider and food-handling staff

- comply with food allergen information and food safety requirements;
- keep accurate ingredient and allergen information and make it readily available;
- use appropriate controls to reduce cross-contact and clearly identify meals prepared for pupils with dietary requirements;
- ensure substitutes or recipe changes are checked before service;
- communicate promptly with the school and parents when a safe meal cannot be assured; and
- participate in school allergy training and incident reviews.

4.5 Parents and carers

- provide accurate, current information about known or suspected allergies at admission and whenever circumstances change;
- provide current Allergy Action Plans, medical advice and medication in its original labelled packaging;
- provide both prescribed adrenaline devices where advised and ensure all medicines are in date and replaced promptly after use, damage or expiry;
- discuss food, trip and activity arrangements with the school where individual planning is required;
- collect medication when required for journeys home and return it as agreed; and
- report any reaction believed to have arisen from school exposure, including a reaction that becomes apparent after the child has returned home.

4.6 Pupils

Pupils will be supported, according to age and understanding, to:

- avoid sharing or swapping food, drinks, cutlery or containers;
- check with an adult before eating unfamiliar food;
- tell an adult immediately if they feel unwell, think they have eaten or touched an allergen, or notice a friend becoming unwell;
- understand where their medication is kept and, where agreed in their IHP, carry and use it responsibly; and
- show kindness and respect towards people with allergies.

5. Identifying people with allergies and maintaining records

The school will gather allergy information when a pupil is admitted, through annual data checking and whenever a parent, pupil, previous setting or healthcare professional provides updated information. A formal diagnosis is not required before proportionate support is considered.

The school will maintain a secure allergy register using its management and medical record systems, including Medical Tracker where appropriate. The record will include, as relevant:

- a recent photograph and basic identification details;
- known or suspected allergens and the likely type and severity of reaction;
- prescribed medication and where it is stored;
- whether the pupil has an Allergy Action Plan, Asthma Action Plan and/or Individual Healthcare Plan;
- food and environmental controls or reasonable adjustments;
- emergency contacts and relevant healthcare professional details; and
- consent and arrangements relating to emergency medication.

Staff who need the information to keep a pupil safe will have timely access to it. Supply, cover, catering, wraparound and visit staff will be briefed before taking responsibility. Information will be displayed only where necessary, proportionate and respectful.

Staff members and regular visitors with allergies are encouraged to notify the Headteacher or office so reasonable workplace and emergency arrangements can be agreed. Visitors attending events may be asked to disclose relevant allergies to the event organiser.

6. Individual Healthcare Plans and Allergy Action Plans

A pupil will have an Individual Healthcare Plan (IHP) where the allergy has a functional impact in school, creates a risk of harm and requires arrangements additional to or different from those made generally. An IHP may also be appropriate while an allergy is being investigated.

The IHP will be produced by the school in partnership with the pupil, parents and relevant healthcare professionals. It will describe the school arrangements, not replace clinical advice. It will normally include:

- allergens, symptoms and the functional impact on health, learning and wellbeing;
- preventive controls and reasonable adjustments, including at meals and during activities;
- medication, access arrangements, consent, storage and emergency actions;

- who needs to know and what training or support is required;
- arrangements for playtimes, swimming, OPAL, forest school, clubs, wraparound care and visits;
- arrangements for absence, return to school and transition where relevant; and
- a review date.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or clearly referenced within the IHP. The IHP will be reviewed at least annually, whenever new clinical information is received, when medication changes, following a significant incident or near miss, or when the pupil's needs or school arrangements change.

7. Staff training and allergy awareness

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes teachers, teaching assistants, office staff, midday supervisors, catering staff, site staff with pupil-facing duties, Kingfisher Club staff, coaches, peripatetic staff, supply staff, agency workers and regular volunteers.

New staff will receive training as part of induction. Supply or cover staff will receive an emergency briefing before pupil contact and will not be placed as the sole responsible adult for a pupil at risk unless they understand the pupil's plan and the emergency arrangements.

Training will cover:

- common allergies, how reactions occur and the difference between allergy, intolerance and coeliac disease;
- links between food allergy, asthma, eczema and hay fever;
- known allergens within the school and how to find individual information;
- signs of mild, moderate and severe allergic reactions, including airway, breathing and circulation symptoms;
- recognition and management of anaphylaxis and acute asthma;
- how to locate and use prescribed and school spare AAIs, including practice with trainer devices;
- calling 999, informing parents and supporting the person safely while waiting for an ambulance;
- preventing exposure and planning activities, meals and visits;
- wellbeing, inclusion and bullying; and
- recording incidents, medication use and near misses.

Training records will be retained. First aid training alone is not treated as sufficient allergy training. The school will undertake a simulated allergy emergency drill at least annually, record the outcome and address any learning identified.

8. Minimising exposure to allergens

Risk reduction will be proportionate to the individual, the allergen, the route of exposure and the activity. Controls may include:

- good handwashing with soap and water before and after eating and after activities involving possible allergens;
- cleaning tables, equipment and food preparation areas using appropriate methods;
- preventing food sharing and ensuring drinking bottles and lunch containers are named;
- using separate utensils, preparation areas or serving arrangements where required;
- planning seating or supervision arrangements without unnecessarily isolating the pupil;
- checking ingredients and avoiding unlabelled or decanted food where allergen information cannot be verified;
- controlling exposure to contact and airborne allergens, including latex, animals, pollen, dust, art materials and cleaning products;
- considering insect-sting risks during outdoor learning, OPAL, forest school, sports and visits; and
- using individual risk assessments where a pupil has a complex or high-risk allergy.

8.1 Curriculum, classroom and enrichment activities

Staff planning cooking, science, art, craft, music, gardening, sensory play, animal visits, celebrations or reward activities must consider allergen risk before resources are ordered or used. Ingredient labels must be checked each time because recipes and manufacturing processes can change.

Food will not be used as a routine reward. Parents should not send food for sharing unless this has been agreed in advance. Where food is accepted for a class or school event, it should normally be commercially packaged with a complete ingredient label. Homemade food cannot be guaranteed safe for pupils with food allergies and will not be represented as such.

8.2 Allergen-specific restrictions

Where an individual risk assessment identifies a significant risk, the school may introduce a targeted restriction for a class, activity, area or period of time and will explain this clearly to families and staff. A whole-school ban will not be presented as the only safety measure and the school will not describe itself as completely allergen-free.

9. Food allergy and catering arrangements

The school and catering provider will work with parents to provide clear allergen information and, where reasonably possible, a suitable meal that allows the pupil to eat alongside peers. A meeting may be arranged before the pupil starts school or when dietary needs change.

The catering provider will:

- maintain accurate recipes, ingredient lists and allergen information;
- check substitute ingredients and recipe changes before food is served;
- use documented measures to reduce cross-contact during storage, preparation, cooking and service;
- ensure staff can correctly identify pupils and their agreed meals;
- avoid relying solely on verbal memory or assumptions;
- inform the school immediately if a planned meal cannot be provided safely; and
- preserve relevant packaging, labels or menu information if an incident occurs.

Packed lunches and snacks brought from home remain the responsibility of parents, but the school may issue allergen-specific requests where needed to manage an individual risk. Staff lunches, PTA refreshments, fundraising food and food supplied by external providers are also covered by this policy.

A pupil will not be excluded from school meals, lunch with peers or a normal school activity solely because of an allergy. Any necessary adjustment will be planned sensitively and reviewed with the pupil and parents.

10. Medication and prescribed adrenaline

Medication must be in date, in its original labelled container and accompanied by the relevant consent and healthcare information. It will be stored safely but accessibly, in accordance with the manufacturer's instructions. Emergency medication must not be locked away.

For pupils prescribed adrenaline devices, including AAIs or another licensed device prescribed by a healthcare professional:

- rapid access to both prescribed devices will be maintained at all times, including in classrooms, the hall, playground, field, pool, forest school, OPAL areas, clubs, wraparound care and visits;
- prescribed devices will normally be used before a school spare device;
- for younger pupils, a trained adult will normally carry or have immediate control of the emergency medication during movement around the site and off-site activities;
- older or competent pupils may carry their own medication where this is agreed in the IHP, but school back-up arrangements will remain in place;
- medication will accompany the pupil during evacuation, lockdown, transport and transition between activities;
- office/medical staff will carry out and record regular checks, including at least monthly checks of expiry dates, packaging, clarity of solution where visible and device condition; and
- parents will be contacted in sufficient time to replace medication and immediately after a device is used, damaged or missing.

Where medication needs to travel home each day, the arrangements will be agreed in writing so the pupil remains protected during the journey and the medication is returned before the next attendance session.

11. School spare adrenaline auto-injectors

The school will stock spare AAIs of the appropriate doses for primary-aged pupils. They will be clearly labelled as school emergency devices and kept in pairs so a second dose is immediately available if needed.

The standard school stock will include:

- one pair of 150 microgram AAIs for pupils under six years, or as directed by current guidance; and
- one pair of 300 microgram AAIs for pupils aged six years and over, or as directed by current guidance.

The spare devices will be kept in the clearly marked emergency anaphylaxis kit in the school office/medical area, readily accessible and not locked away. Site and activity arrangements will ensure a pair of appropriate devices can be brought to any person who may need them within five minutes.

The school spare AAI may be used in a life-threatening emergency where:

- a person's prescribed device is not immediately available, is out of date, damaged or misfires;
- a second dose is required and the person's second prescribed device is unavailable; or
- a person appears to be experiencing anaphylaxis for the first time and has no prescribed device.

Prior written consent will be sought where practicable, but emergency treatment will not be delayed while consent is checked. In a life-threatening emergency, staff will take reasonable action to save life.

The designated checker will record monthly and pre-term checks. Used or expired devices will be replaced promptly and disposed of safely through an appropriate pharmacy or clinical waste route. Stock levels and doses will be reviewed whenever the pupil population or national guidance changes.

Where the school holds an emergency salbutamol inhaler, this will be managed under the school's asthma/medical arrangements and used only for a pupil who has been prescribed a reliever inhaler and for whom the required consent is in place.

12. Emergency response to anaphylaxis

For a mild or moderate allergic reaction without airway, breathing or circulation symptoms, staff will follow the individual Allergy Action Plan, give any authorised medication, keep the person under close observation for at least 60 minutes and remain alert for deterioration. If symptoms progress, previous reactions have been severe or there is any doubt, staff will treat the reaction as anaphylaxis.

Do not delay adrenaline

Anaphylaxis is a medical emergency. If airway, breathing or circulation symptoms suggest anaphylaxis, give an AAI immediately and aim to administer it within five minutes. Do not wait for a rash, for a parent to arrive or for 999 to be called first.

Any one of the following may indicate anaphylaxis:

- Airway: swelling of the tongue or throat, a hoarse voice, difficulty swallowing, throat tightness or noisy breathing;
- Breathing: sudden wheeze, persistent cough, breathing difficulty, fast or laboured breathing or blue lips;
- Circulation: faintness, collapse, confusion, extreme sleepiness, pale or clammy skin, weak pulse or loss of consciousness.

Skin changes, swelling, vomiting, abdominal pain or hives may also occur, but they may be absent. Where anaphylaxis is suspected, staff will:

1. Call for immediate help and send someone to bring the person's prescribed AAIs and the school emergency anaphylaxis kit.
2. Lay the person flat with legs raised. If breathing is very difficult, allow them to sit with legs outstretched. Do not allow them to stand or walk. If unconscious, place them in the recovery position.
3. Administer the person's own AAI immediately, or a school spare AAI if the prescribed device is unavailable or there is no prescribed device. Note the time.
4. Call 999 immediately and state "anaphylaxis". Give the address: Barham Church of England Primary School, Valley Road, Barham, Kent, CT4 6NX. Arrange for an adult to meet the ambulance.
5. If there is no improvement after five minutes, or symptoms return or worsen, administer the second AAI and note the time.

6. Keep the person under continuous adult supervision. Do not give food or drink. Provide an asthma reliever inhaler in addition where prescribed, but never use this instead of adrenaline when anaphylaxis is suspected.
7. Contact the parents or emergency contact after adrenaline has been given and 999 has been called.
8. Ensure the person is assessed in hospital even if they appear to recover.

The AAI used, dose, time, site of injection and all other actions will be recorded. The Headteacher will be informed immediately. The pupil's IHP and the school's arrangements will be reviewed following the incident.

13. Educational visits, outdoor learning and extended provision

Pupils with allergies will be enabled to participate in visits, residentials, sport, swimming, forest school, OPAL, performances, clubs and Kingfisher Breakfast and After School Club. Parents will not normally be required to attend as a condition of participation.

The visit or activity leader will complete an individual risk assessment where a pupil is at risk of anaphylaxis. This will address:

- known allergens, food arrangements and possible cross-contact;
- animals, insect stings, plants, pollen, latex and other environmental exposures;
- access to the pupil's action plan and prescribed medication throughout the activity;
- a trained adult with clear responsibility for emergency medication;
- emergency access, mobile phone coverage, the site address and ambulance arrangements;
- how to maintain five-minute access to appropriate AAIs;
- communication with transport providers, venues, accommodation and caterers; and
- contingencies for lost, damaged, used or expired medication.

The pupil's own prescribed AAIs must accompany them. *A school spare pair may accompany a trip where the risk assessment determines this is appropriate, provided sufficient spare stock remains available on the school site.* Medication must never be placed in luggage or a vehicle that may be separated from the pupil.

External providers using the school site or delivering activities will be told about relevant allergy controls and emergency arrangements on a need-to-know basis. The same expectations apply to PTA and community events involving pupils.

14. Wellbeing, inclusion and bullying

Living with allergy can cause anxiety for pupils and families. The school will listen to the pupil, explain the arrangements clearly, promote independence at an appropriate pace and avoid unnecessary isolation or attention.

Allergy-related teasing, food threats, deliberate exposure, exclusion or interference with medication will be treated seriously under the Behaviour Policy and, where appropriate, safeguarding procedures. Staff will respond promptly and support both the affected pupil and the wider peer group.

Age-appropriate allergy awareness may be included in PSHE, science, assemblies or class discussion. Any sharing of an individual pupil's allergy with peers will be planned sensitively with the pupil and parents and will not replace adult responsibility for emergency response.

15. Serious incidents and near misses

Every allergic reaction, administration of emergency medication, serious exposure and near miss will be recorded on Medical Tracker and/or the school's incident reporting system as soon as practicable. Parents will be informed promptly and, where the reaction becomes apparent at home, may report it to the school for investigation.

The school will:

- provide immediate medical care and preserve relevant food packaging, menus, labels or equipment where safe to do so;
- record the circumstances, people involved, suspected allergen, symptoms, medication, timings and outcome;
- consider whether external reporting is required to the local authority, insurer, health and safety regulator, safeguarding partners or other relevant body;

- undertake a proportionate review, normally led by the Headteacher, involving the pupil and parents where appropriate;
- identify root causes and contributory factors rather than attributing blame;
- update risk assessments, IHPs, training, catering or activity procedures where needed; and
- share anonymised learning with staff and governors.

A significant incident or near miss may trigger immediate review of this policy rather than waiting for the scheduled annual review.

16. Information sharing and confidentiality

Allergy and health information is special category personal data. The school has a lawful basis to hold, use and share information where this is necessary to support health, safety, education and safeguarding. Information will be accurate, secure and shared only with people who need it to carry out their role.

Relevant information may be shared with class staff, midday staff, catering, Kingfisher Club, supply staff, visit leaders, transport providers, emergency services and receiving settings. The school will avoid unnecessary public display or discussion of health information and will take the pupil's age, dignity and views into account.

When a pupil transfers, relevant IHPs and healthcare information will be shared securely with the new setting. Records will be retained and disposed of in line with the school's retention and data protection arrangements.

17. Unacceptable practice

It is not acceptable to:

- lock away emergency medication or place it where it cannot be reached promptly;
- delay adrenaline while waiting for a rash, a parent, a senior leader or an ambulance;
- send a pupil who is unwell to the office alone or ask them to fetch their own medication;
- use antihistamine or an asthma inhaler instead of adrenaline where anaphylaxis is suspected;
- assume a pupil is safe because they have no formal diagnosis or have not previously experienced a severe reaction;
- ignore a parent's or pupil's report of symptoms or suspected exposure;
- exclude a pupil from normal education, lunch, clubs or visits without exploring reasonable adjustments;
- require a parent to attend as the routine solution to school risk management;
- rely solely on a blanket allergen ban, a lanyard, a photograph or the pupil's own vigilance;
- provide food where ingredients or cross-contact risks cannot be established when this is relevant to a pupil's safety;
- change a pupil's meal or medication arrangements without appropriate communication; or
- fail to report or learn from an incident or near miss.

18. Communication, monitoring and review

This policy will be:

- published on the school website and available in hard copy on request;
- introduced through annual staff allergy training and new-staff induction;
- communicated to catering, wraparound, volunteers and external providers as relevant;
- explained to pupils and families in age-appropriate ways; and
- reviewed at least annually by the Headteacher and Governing Body.

The review will consider training completion, medication checks, IHP quality, pupil and parent feedback, catering controls, emergency drills, incidents and near misses, complaints, changes to the pupil population and updated legislation or guidance. The policy will next be reviewed in July 2027 unless an earlier review is required.

Appendix 1: Emergency anaphylaxis response

Action	What to do
RECOGNISE	Suspect anaphylaxis if there is sudden airway, breathing or circulation difficulty. A rash may be absent.
POSITION	Lay flat with legs raised. If breathing is difficult, allow sitting with legs outstretched. Do not allow standing or walking.
ADRENALINE	Give the person's own AAI immediately. Use the school spare AAI if their own is unavailable, unusable or there is no prescribed device. Aim for administration within five minutes.
999	Call 999 and say "anaphylaxis". Give the address: Barham Church of England Primary School, Valley Road, Barham, Kent, CT4 6NX. Arrange for someone to meet the ambulance.
SECOND DOSE	Give the second AAI after five minutes if there is no improvement or symptoms return or worsen.
SUPERVISE	Stay with the person, monitor breathing and be ready to begin CPR. Do not give food or drink.
PARENTS	Contact parents after adrenaline has been given and the ambulance called.
HOSPITAL	The person must be assessed in hospital even if they appear to recover.
RECORD	Record symptoms, suspected trigger, devices and doses used, injection times and all action taken. Report to the Headteacher and review arrangements.