Allergy Safety Policy

The Bythams Primary School

Reviewed and updated: September 2026

Next review: September 2027

This policy should be read alongside the school's Individual Healthcare Plans (IHPs) and individual allergy risk assessments.

1. Policy Statement

At The Bythams Primary School, we recognise that allergies can be life-threatening and that anaphylaxis is a medical emergency requiring immediate treatment.

We are committed to providing a safe, inclusive and supportive environment for all pupils with allergies. We will take reasonable and proportionate steps to reduce the risk of allergic reactions while ensuring that children with allergies are able to participate fully in school life.

The school will work closely with parents/carers, pupils, healthcare professionals and other relevant professionals to understand and manage individual allergies.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy and individual Individual Healthcare Plans (IHPs).

2. Aims

The aims of this policy are to:

- protect pupils and staff with allergies from avoidable exposure to allergens;
- ensure that staff understand allergies and can recognise the signs of an allergic reaction;
- ensure that emergency medication is available and accessible when required;
- ensure that appropriate Individual Healthcare Plans are in place;
- ensure that children with allergies are able to participate fully in learning, clubs, trips, residentials and other activities;
- work effectively with parents/carers and healthcare professionals;
- reduce the risk of accidental exposure without unnecessarily restricting other pupils;
- ensure that allergic reactions and serious near misses are recorded and reviewed;
- provide an environment in which pupils with allergies feel safe, included and supported.

3. Scope

This policy applies to all pupils; all school staff; volunteers and governors when working directly with pupils; supply and agency staff; lunchtime and wraparound staff; visitors where appropriate; and activities organised by or on behalf of the school.

Allergy types may include food allergies, medication allergies, insect venom allergies, animal allergies, latex allergies and other clinically diagnosed allergies that may require emergency treatment.

4. Responsibilities

4.1 Governing Body

The Governing Body will ensure that the school has an appropriate allergy safety policy, that it is reviewed at least annually, that allergy safety is monitored and that appropriate resources are made available where necessary. The Governor responsible in this area is Gary Ward.

4.2 Headteacher

The Headteacher has overall responsibility for implementing this policy. The Headteacher will ensure implementation, staff training, IHPs, emergency medication arrangements, risk assessments, parent/carer consultation, incident review and allergy arrangements for visits and activities.

4.3 Named Allergy Lead

The Headteacher will designate a member of staff as the school's Allergy Lead. The Allergy Lead will maintain the allergy register, coordinate IHPs, monitor emergency medication, coordinate training, communicate with families and support allergy management across school activities. In a small school, the Headteacher may undertake this role.

4.4 All Staff

All staff must take allergies seriously; follow this policy and individual healthcare plans; know which pupils in their care have significant allergies; understand how to recognise an allergic reaction; know where emergency medication is stored; respond immediately to suspected severe reactions; and report incidents and near misses.

5. Identification of Pupils with Allergies

Parents/carers are asked to inform the school of any diagnosed allergy when their child joins the school and whenever medical circumstances change.

Information may be provided through admission documentation, medical forms, communication with parents/carers, healthcare professionals or the child's Individual Healthcare Plan.

The school will maintain an up-to-date allergy register. Relevant information will be shared with staff on a need-to-know basis so that pupils can be kept safe.

Particular consideration will be given to classrooms, lunchtimes, PE, practical activities, cooking/food activities, clubs, educational visits, residential visits and wraparound provision.

6. Individual Healthcare Plans

Where a pupil has a significant allergy, the school will work with parents/carers and, where appropriate, healthcare professionals to establish an Individual Healthcare Plan (IHP).

An IHP will contain appropriate information including the pupil's allergy/allergies, known triggers, symptoms, emergency treatment, prescribed medication, administration instructions, emergency medication arrangements, risk-reduction measures, arrangements for trips and activities, emergency contacts and other relevant information.

The IHP will be reviewed at least annually, when circumstances change, following a significant allergic reaction, following a serious near miss, or following a change in medication or medical advice.

7. Risk Assessment

Each pupil with a significant allergy will have their needs considered through an appropriate individual risk assessment where necessary.

Risk assessments will consider the nature and severity of the allergy, likely exposure routes, the child's age and independence, classroom activities, food and drink, lunchtime arrangements, practical lessons, school trips, transport, PE, clubs and wraparound care, special events, visitors and emergency procedures.

Risk assessments will be proportionate. The school will seek to reduce risk rather than unnecessarily restrict normal school life.

8. Food Allergies

The school recognises that food is one of the most common sources of serious allergic reactions.

Where a pupil has a diagnosed food allergy, the school will follow their IHP and risk assessment; ensure staff supervising meals are aware of relevant allergies; appropriately check food provided by the school or catering provider; never give a pupil food where staff are unsure whether it is safe; discourage food sharing; consider allergies during food preparation; and maintain appropriate hygiene and cleaning arrangements.

9. Nut-Free and Allergen-Free Arrangements

The school does not automatically regard itself as a completely 'nut-free' environment. A blanket ban cannot guarantee that an allergen will never enter the school and may create a false sense of security.

Instead, The Bythams Primary School will use individual risk assessment and sensible whole-school precautions. Where a pupil has a severe allergy, additional measures may be introduced where considered necessary and proportionate. Parents/carers and pupils will be informed of any specific restrictions.

10. Food Sharing

Children should not share food or drinks with other pupils.

This expectation will be reinforced through assemblies, PSHE, classroom discussion, lunchtime supervision and communication with parents/carers. This is particularly important because pupils may be unaware of ingredients contained in another child's food.

11. Cooking and Practical Activities

Staff will consider allergies before cooking, baking, food technology, science experiments involving food, art or craft activities involving potential allergens, gardening activities and activities involving animals.

Where an allergen is required for an educational activity, staff will consider whether a suitable alternative can be used. No pupil should be excluded from an educational activity simply because they have an allergy where a safe and reasonable alternative can be provided.

12. School Trips and Educational Visits

Allergy arrangements must be considered when planning educational visits.

Before a visit, staff will check the pupil's IHP and risk assessment; ensure emergency medication is taken; ensure supervising staff understand the emergency procedure; consider food and drink arrangements and transport; identify appropriate emergency medical arrangements; and ensure relevant emergency contact details are available.

Emergency medication should travel with the pupil or supervising staff in accordance with the IHP and school's medication procedures.

13. Emergency Medication

Pupils who have been prescribed an adrenaline auto-injector (AAI) must have their prescribed medication available in accordance with their IHP.

Medication must be in date, clearly labelled, stored in an agreed location, readily accessible and known to relevant staff. Medication must not be locked away where this could delay emergency treatment.

The school will maintain arrangements for checking expiry dates and replacing medication when necessary.

14. Spare Adrenaline Auto-Injectors

The school will maintain an appropriate supply of spare adrenaline auto-injectors for emergency use.

Spare AAIs are emergency medication. They may be used for a pupil or adult experiencing anaphylaxis where appropriate, are not intended to replace a pupil's own prescribed medication, will be stored in a known accessible location, checked regularly, and included in appropriate emergency arrangements and educational visits where required.

The school will maintain records of spare AAIs held, including expiry dates.

15. Recognising an Allergic Reaction

Staff will receive appropriate training to recognise the signs of an allergic reaction.

Symptoms may include swelling of the lips, mouth, throat or tongue; difficulty breathing; wheezing or persistent coughing; difficulty swallowing; hoarse voice; dizziness or collapse; widespread rash or hives; sudden pallor; feeling faint; abdominal pain or vomiting; or a child becoming unusually quiet, distressed or confused.

Anaphylaxis can develop rapidly and should always be treated as a medical emergency. Staff must follow the child's IHP and emergency action plan.

16. Emergency Response

IF ANAPHYLAXIS IS SUSPECTED, ACT IMMEDIATELY.

1. Stay with the child. Do not leave the child alone.

2. Administer adrenaline. Use the child's prescribed adrenaline auto-injector if available and indicated by the emergency plan.

3. Call 999. State clearly: 'This is anaphylaxis.'

4. Obtain the second AAI if available. If symptoms have not improved after approximately 5 minutes, a second AAI may be required in accordance with medical guidance and the child's emergency plan.

5. Monitor the child. Do not allow the child to stand or walk unnecessarily.

6. Inform parents/carers as soon as reasonably possible after emergency services have been contacted.

7. Record and report the incident.

17. Emergency Situations

Allergy arrangements will be considered within the school's fire evacuation procedures, lockdown procedures, emergency evacuation arrangements, educational visit procedures and first aid arrangements.

Emergency medication must remain accessible during these situations.

18. Staff Training

All school staff will receive appropriate allergy awareness training covering understanding allergies, common allergens, symptoms of allergic reactions, recognising anaphylaxis, emergency response, use of adrenaline auto-injectors, storage and accessibility of emergency medication and individual pupil requirements.

Training will be provided as part of staff induction, annually, whenever significant changes occur and following a serious incident where additional training is identified as necessary.

19. Supply, Temporary and Visiting Staff

The school will ensure that temporary staff are given sufficient information to manage known allergies safely, including identification of pupils with significant allergies, location of emergency medication, emergency procedures and relevant IHP information.

20. Inclusion

Children with allergies should be able to take part in the full range of school activities wherever reasonably possible.

The school will avoid unnecessary exclusion from trips, parties, clubs, sporting activities, cooking, residential visits, celebrations and enrichment activities.

Reasonable adjustments and alternative arrangements will be made where necessary. The aim is not simply to keep children with allergies safe, but to enable them to participate fully in school life.

21. Allergy Awareness and Education

The school will promote age-appropriate allergy awareness.

Pupils will be taught that allergies are medical conditions; some allergies can be life-threatening; children should not share food; children should never tease or deliberately expose another child to an allergen; they should tell an adult if they think someone is having an allergic reaction; and pupils with allergies should be treated with respect.

Allergy-related bullying, teasing or deliberate exposure to an allergen will be treated seriously and managed under the school's Behaviour and Anti-Bullying Policy.

22. Parents and Carers

The school will work collaboratively with parents/carers.

Parents/carers are responsible for informing the school of their child's allergy, providing up-to-date medical information, providing prescribed medication where required, replacing medication before it expires, informing the school of changes to medication or treatment, and contributing to the IHP and risk assessment.

The school will listen to concerns, provide appropriate reassurance, communicate significant changes and involve parents/carers in reviewing arrangements following a significant incident.

23. Confidentiality and Information Sharing

Information about a pupil's allergy is confidential medical information.

The school will ensure information is stored securely, shared appropriately with staff who need it to keep the child safe, communicated to relevant staff when necessary and updated when circumstances change.

Information should not be displayed publicly in a way that unnecessarily identifies a child's medical condition.

24. Incidents and Near Misses

All significant allergic reactions and serious near misses will be recorded.

Following an incident, the school will consider what happened; whether the emergency response was effective; whether medication was immediately accessible; whether staff knew what to do; whether communication was effective; whether the risk assessment remains appropriate; whether the IHP needs updating; whether staff training needs review; and whether changes to school procedures are required.

The purpose of reviewing incidents is to learn and improve, rather than to assign blame.

25. Monitoring and Review

The Headteacher and Allergy Lead will monitor the effectiveness of this policy.

The policy will be reviewed annually, following significant changes to national guidance, following a serious allergic reaction, following a significant near miss, or where monitoring identifies a weakness in current arrangements.

The Governing Body will receive appropriate assurance that allergy arrangements are being implemented effectively.

26. Equality and Inclusion

The school recognises that a severe allergy may constitute a disability under the Equality Act 2010 where it has a long-term and substantial adverse effect on normal day-to-day activities.

The school will consider reasonable adjustments where appropriate and will ensure that pupils with allergies are not disadvantaged because of their medical needs.

27. Related Documents

Supporting Pupils with Medical Conditions Policy; First Aid Policy; Health and Safety Policy; Safeguarding and Child Protection Policy; Behaviour Policy; Anti-Bullying Policy; Educational Visits Policy; Food and Nutrition arrangements; Individual Healthcare Plans; Individual Allergy Risk Assessments.

Appendix 1 – Emergency Allergy Response: Quick Guide

SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY.

1. 1. Give adrenaline – use the child's prescribed adrenaline auto-injector if available and indicated.
2. 2. Call 999 – say: “ANAPHYLAXIS.”
3. 3. Stay with the child.
4. 4. Get a second AAI if available and follow the emergency plan.
5. 5. Follow the child's Individual Healthcare Plan.
6. 6. Contact parents/carers.
7. 7. Record and report the incident.

Do not delay adrenaline while waiting for another adult or for symptoms to become more severe.

Appendix 2 – Bythams Allergy Management Checklist

Check	Item
☐	Allergy register is up to date
☐	Individual Healthcare Plans are current
☐	Individual risk assessments are current
☐	Prescribed medication is in date
☐	Spare AAIs are in date
☐	Emergency medication locations are known to staff
☐	All staff have received allergy awareness training
☐	New/temporary staff have received relevant information
☐	Lunchtime arrangements reviewed
☐	Food/cooking activities considered
☐	Educational visits reviewed
☐	Wraparound/club arrangements reviewed
☐	Allergy incidents/near misses reviewed
☐	Parents/carers contacted where appropriate
☐	Policy reviewed annually

Appendix 3 – Policy Review Record

Date	Reviewed by	Changes made	Next review