



Mossfits Lane Primary School Allergy Safety Policy.

Section 34 of the [Children's Wellbeing and Schools Act 2026](#) requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

Joanne Phillips is the named member of the senior leadership team in school, who has the responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

Allergy safety policies are reviewed at least annually. Policies may be reviewed more frequently, particularly where incidents suggest areas for improvement. and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

The Governing body will ensure that allergy safety policies are readily accessible to parents and staff. This Policy is published on the school's website and be made available in hard copy on request.

Culture

Awareness training

Staff will be **trained** in allergy awareness and emergency response, at least annually. The next training date for whole staff is 6th October 2026. However, some staff already hold a certificate for Allergy and Anaphylaxis training.

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. This will be included in the safeguarding induction for new staff and volunteers and will be the headteacher's responsibility for supply or cover staff.

Allergy awareness training should ensure 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; how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
 - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting'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").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing

The wellbeing of pupils with allergy will be promoted through an inclusive and supportive approach. Staff will avoid unnecessarily singling pupils out and will make reasonable adjustments where required. Allergy awareness will be incorporated, where appropriate, into PSHE, assemblies and age-appropriate classroom discussion, including the importance of inclusion, kindness and knowing how to seek

help in an emergency. Pupils will be encouraged to tell a trusted adult if they feel unwell or believe they may have been exposed to an allergen.

Bullying of children and young people with allergy will be addressed and avoided in accordance with the school's anti bullying policy.

Minimising risk

The school will minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This includes:

- Measures to manage the risks of exposure to a food allergen through food provided by the school.
- Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).
- Where children and young people have known allergy to airborne or contact allergens, school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens.
- Staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical or cooking activities, or where activities involve animals.
- Specific risk assessments to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Food allergy

The school will manage food allergy risks through communication between school staff, parents/carers, catering staff and any other adults providing food. All known food allergies will be recorded on the school's allergy spreadsheet. Staff responsible for pupils will familiarise themselves with the information relevant to the pupils they supervise. Catering arrangements will identify and manage known allergens in food provided by the school. Food brought into school for celebrations, activities or other purposes must be considered for allergy risk before being given to pupils. Individual Healthcare Plans and Allergy Action Plans will take precedence where they set out specific arrangements.

Individual children and young people

Identification

Information about pupils with known allergies is recorded on the school's allergy spreadsheet and relevant Individual Healthcare Plans/Allergy Action Plans are maintained where required. Staff who work with pupils will familiarise themselves

with the allergy information relevant to their class or responsibilities. Where a staff member or regular visitor has a known allergy requiring specific arrangements, appropriate information will be shared on a need-to-know basis and recorded where necessary.

The school's allergy spreadsheet is the central staff-accessible record of pupils with known allergies. It records relevant allergy information and identifies pupils who have prescribed emergency medication. It is accessible to staff who need the information to safeguard pupils, and all staff are expected to make themselves familiar with relevant entries. Individual Healthcare Plans and Allergy/Asthma Action Plans are held securely and referred to where additional or individual arrangements are required.

Set out arrangements for gathering information about known allergies, for example from the child or young person, their parents and their previous setting.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Where a pupil's allergy has a functional impact, places them at risk of harm, or requires arrangements additional to or different from those generally provided, the school will ensure an Individual Healthcare Plan is in place. The IHP will set out individual preventative measures, medication arrangements, emergency procedures, supervision requirements and reasonable adjustments. Plans will be reviewed when circumstances change, following an incident or near miss, and when updated medical advice or action plans are received.

This includes children and young people whose allergies require flexibility and “reasonable adjustments”, as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an **Allergy Action Plan** and/or **Asthma**

Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline

Pupils prescribed adrenaline auto-injectors (AAIs) will have rapid access to their medication at all times. Where appropriate, a prescribed AAI will be kept in the pupil's classroom and/or carried in accordance with the pupil's IHP/Allergy Action Plan (additional one stored in the canteen staff area to the rear). Spare emergency AAIs are kept in the school office. AAI locations will be made known to relevant staff and checked before activities, movement around the school and off-site visits. Staff must not assume that an AAI is in its usual location without checking where necessary. In anaphylaxis, emergency action must be taken immediately in accordance with the pupil's plan and staff training, including calling 999 and administering adrenaline without delay.

The allergy safety policy should set out:

- Parents/carers remain responsible for ensuring that individually prescribed medication supplied for home use is available and in date. School-held prescribed medication will be checked as part of the school's medication checks. Staff responsible for medication must know where medication is stored and must raise concerns promptly if medication is missing, damaged or out of date.
- Relevant information about prescribed adrenaline devices and Allergy Action Plans is recorded on the allergy spreadsheet and/or the pupil's healthcare documentation. Staff must ensure that changes to medication, dosage, location or plans are communicated to the appropriate member of staff and records are updated promptly.

School-wide policies

“Spare” adrenaline devices

Spare adrenaline auto-injectors are emergency medication intended for use in accordance with the school's arrangements and applicable guidance where a pupil is experiencing anaphylaxis and their own prescribed device is unavailable, inaccessible, unusable, or a spare device is otherwise indicated by the emergency circumstances. Staff must follow their training and the relevant emergency plan.

- Spare AAIs should be used in an anaphylactic emergency in accordance with staff training and the school's emergency procedure. Emergency services

must be called immediately. Staff should not delay administration of adrenaline while waiting for an ambulance where anaphylaxis is suspected.

- Spare AAI's are stored in the school office in a clearly identified and readily accessible location. Prescribed AAI's are also located with pupils as specified in their individual arrangements, including classrooms and canteen area where applicable. Staff must know how to access the emergency medication quickly.
- Spare AAI's will be stored in pairs, clearly labelled as emergency/spare medication, readily accessible and not locked away. They will be stored according to the manufacturer's requirements and protected from inappropriate access while remaining immediately available in an emergency.
- Staff with responsibility for medication will check expiry dates routinely and record checks in accordance with the school's medication arrangements. Expiry dates must also be checked when medication is received, before trips/visits and following any use. Staff must report any medication approaching expiry or out of date so replacement can be arranged promptly.
- Any spare AAI that is used, damaged or out of date will be reported immediately to the person responsible for medication so that a replacement can be obtained without delay. Used or expired AAI's must not be placed in ordinary waste and will be disposed of safely through the appropriate arrangements.

Schools should ensure that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs. Schools with large sites should consider having two pairs of "spare" devices, so that a pair of "spare" adrenaline devices are available within five minutes of wherever they may be needed. Where schools operate across more than one site, they should ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

When storing "spare" adrenaline devices:

- "Spare" adrenaline devices must be readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of their allergy safety policy. In larger schools, more than one set of "spare" adrenaline devices may be needed (for example one near the central dining area and another near the playground);

- “Spare” adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- “Spare” adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked “emergency anaphylaxis kit” containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

Medication management and staff responsibilities

The school maintains an allergy spreadsheet accessible to staff. Staff are responsible for familiarising themselves with pupils who have allergies and the relevant emergency arrangements. Prescribed adrenaline auto-injectors are kept in accordance with individual pupil plans, including in classrooms and canteen kitchen area where applicable. Spare AAI's are stored in the school office. An emergency asthma kit is located outside the school office, and additional emergency/spare medication is held in the designated locations identified by the school. Medication locations must be kept known and accessible to relevant staff. Staff responsible for medication must check expiry dates, ensure medication remains in the correct location, report missing/damaged/out-of-date medication immediately, and make the whereabouts of medication known to colleagues who may need to respond in an emergency.

Visits and trips

Pupils with allergies will be supported to participate fully in educational visits and trips wherever reasonably possible. Risk assessments will consider known allergens, access to medication, food arrangements, supervision, transport, activities and emergency response. Pupils at risk of anaphylaxis will have immediate access to their prescribed adrenaline device and trained staff will accompany the trip. The location of emergency medication will be checked before departure and at relevant points during the visit.

Specific risk assessments will be completed for pupils at risk of anaphylaxis before off-site activities. The assessment will identify the pupil's allergens, medication, staff responsibilities, emergency procedures, communication arrangements and any reasonable adjustments required. The pupil's own adrenaline device must accompany them and be immediately accessible. Staff accompanying the pupil must know the emergency procedure and how to access and administer emergency medication in accordance with their training.

Serious incidents and “near misses”

All suspected allergic reactions, anaphylaxis incidents and allergy-related near misses must be reported to the Headteacher/designated senior leader and recorded through the school's incident reporting arrangements. Parents/carers will be informed as soon as reasonably practicable. Following an incident or near miss, the school will review the circumstances, medication availability, supervision, risk assessment and communication arrangements and make changes where necessary. Serious incidents will be escalated in accordance with safeguarding, medical and emergency procedures.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised the child or young person is back at home. It is therefore important that the child or young person, their parents or others (for example healthcare professionals) can report that there has been an incident.

Information sharing

Relevant allergy information will be shared with staff on a need-to-know basis where necessary to protect a pupil's health and safety. The allergy spreadsheet is accessible to staff and staff are responsible for familiarising themselves with information relevant to pupils they teach or supervise. Information will be shared with supply/cover staff and other adults responsible for pupils as necessary. Information will also be shared with catering staff, trip leaders and other providers where required to manage allergy risk. Health information will be handled sensitively and in accordance with the school's data protection requirements.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Awareness of the allergy safety policy

This policy will be available to staff and parents/carers and published on the school's website. Allergy awareness and emergency response training will form part of annual staff training and induction. Staff will be expected to read and understand this policy, know where the allergy spreadsheet is located, and know the location of emergency medication. Staff are responsible for ensuring that the whereabouts of medication relevant to pupils in their care is known and for reporting any concerns immediately.

Age-appropriate allergy awareness may be promoted through PSHE, assemblies and classroom discussion. Where appropriate and agreed with the pupil and parents/carers, classmates may be taught simple actions such as getting an adult immediately if a pupil becomes unwell. This will never replace staff responsibility for emergency response and medication.