An Daras Multi-Academy Trust

Allergy Safety Policy

The An Daras Multi Academy Trust (ADMAT) Company
An Exempt Charity Limited by Guarantee
Company Number/08156955

Status: **Approved**	
Statutory	
Version	V4.0
Statutory	Yes
Adopted	**Autumn Term 2026**
Next Review	**Autumn Term 2027**
Policy Owner and Named Senior Leaders for Allergy Safety	
School Allergy Safety Lead	Louise Hussey
Linked Documents and Policies	ADMAT Emergency Closure Plan Policy ADMAT Outdoor Trips Policy ADMAT Use of Medicines Policy ADMAT Allergies Management Guidance ADMAT Sun Care Policy Cornwall Council Managing Allergens Allergy UK Coeliac UK

0. About this policy

This policy sets out how St Catherine's Church of England Primary School ("the school"), part of An Daras Multi-Academy Trust ("ADMAT", "the Trust"), identifies children and young people with allergy, minimises the risk of exposure to known allergens, trains staff, manages prescribed and "spare" adrenaline devices, and responds to allergic reactions including anaphylaxis.

This policy has been produced to have regard to the Department for Education's statutory guidance Allergy safety in schools (July 2026), issued under section 34 of the Children's Wellbeing and Schools Act 2026, which amends section 100 of the Children and Families Act 2014. As the Trust is the governing body for the purposes of this duty, responsibility for this policy sits with the Trust; day-to-day implementation is delegated to the school under the scheme of delegation, led by the named allergy safety lead identified on the cover page.

It sits alongside, and should be read together with, the school's wider Medical Conditions Policy, First Aid Policy, School Food Policy, Data Protection Policy and Health and Safety Policy. Matters relating to coeliac disease and food intolerance (which are not allergic conditions and cannot cause anaphylaxis) are addressed through the Medical Conditions Policy rather than this policy, in line with the statutory guidance.

This policy should be read alongside the table below, which maps each required policy area to the relevant section, following the structure set out in the DfE's statutory guidance.

Theme	Policy area	Section of this policy
Culture	Awareness training	Section 2.1
Culture	Wellbeing	Section 2.2
Culture	Minimising risk	Section 2.3
Culture	Food allergy	Section 2.4
Individual children and young people	Identification	Section 3.1
Individual children and young people	Individual Healthcare Plans	Section 3.2
Individual children and young people	Prescribed adrenaline	Section 3.3
School-wide policies	Spare adrenaline devices	Section 4.1
School-wide policies	Visits and trips	Section 4.2
School-wide policies	Serious incidents and "near misses"	Section 4.3
School-wide policies	Information sharing	Section 4.4
School-wide policies	Awareness of the allergy safety policy	Section 4.5

1. Legal position

The following legislation and statutory guidance are relevant to this policy:

- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the statutory guidance Allergy safety in schools (DfE, July 2026).
- Statutory guidance on Supporting pupils with medical conditions at school, which this policy sits alongside for wider medical conditions.
- The Food Information Regulations 2014, including the 2021 amendment ("Natasha's Law") on pre-packed for direct sale (PPDS) labelling, requiring disclosure of the 14 regulated allergens.
- The Human Medicines (Amendment) Regulations 2017, permitting schools to purchase and use "spare" adrenaline auto-injectors (AAIs) without a prescription for emergency use.
- The Human Medicines Regulations 2012 (as amended in 2014), permitting schools to purchase an emergency salbutamol reliever inhaler and spacer for use where a pupil's own prescribed inhaler is unavailable, and written consent has been given.
- The Equality Act 2010, under which severe allergy may fall within the definition of disability (Wheeldon v Marston's plc ET/1313364/2012).
- Section 2 of the Health and Safety at Work etc Act 1974 and the Requirements for School Food Regulations 2014 (the School Food Standards).
- The common law duty of care, and section 3 of the Children Act 1989.

> **ACTION FOR GOVERNING BODY:** Confirm the wider Medical Conditions Policy has also been reviewed to reflect the 2026 Act and cross-refers to this policy.

2. Culture

2.1 Awareness training

All staff present during times when pupils are on site — including temporary, supply, peripatetic and agency staff, and those supervising breakfast or after-school clubs — receive allergy awareness training at least annually. First aid training alone is not treated as sufficient.

Training covers, as a minimum:

- What allergy is, the range of allergic conditions (food allergy, asthma, eczema, hay fever) and how they can co-exist;
- The distinction between food allergy, coeliac disease and food intolerance;
- How to recognise the signs and symptoms of an allergic reaction and of anaphylaxis (Airway/Breathing/Circulation);
- How to respond in an emergency, including calling 999, contacting parents, and locating and administering prescribed or "spare" adrenaline devices and emergency asthma inhalers;
- How to check the record of pupils with known allergy and how to use an Allergy or Asthma Action Plan;
- The impact of allergy on wellbeing, and staff responsibilities in reducing the risk of exposure to known allergens;

- How to report an allergic reaction or “near miss”.

New staff receive this training as part of induction, before working unsupervised with pupils. Supply and cover staff are briefed on essential information (location of spare devices, which pupils have known allergy) before taking a class.

A named list of staff who have completed AAI and emergency inhaler training is held in the school office and updated each term.

2.2 Wellbeing

The school recognises that children and young people with allergy, and their families, can experience significant anxiety related to the risk of exposure and of anaphylaxis. The school will:

- communicate regularly with pupils, parents and staff to maintain awareness of allergy and its seriousness;
- proactively engage with new joiners with known allergy and their families, including offering a tour of the kitchen and dining area to reduce anxiety and help staff recognise them;
- identify a member of staff and, where appropriate, a pupil “allergy champion” as a point of contact;
- involve children, young people and their parents in developing and reviewing this policy and individual arrangements.

The school will not tolerate bullying related to allergy, including exclusion from activities, mockery of dietary needs, or threats involving known allergens. Such behaviour is treated under the school's Behaviour and Anti-Bullying Policy, and staff are trained to recognise its particular forms in relation to allergy.

2.3 Minimising risk of exposure to known allergens

The school operates an “allergy aware” environment rather than a “nut-free” environment. In line with the DfE's statutory guidance, the school does not describe itself as “nut-free”, because this can create a false sense of security: nuts are only one of 14 major allergens, precautionary (“may contain”) labelling makes a strict ban difficult to enforce, and other allergens carry equally serious risk. The school instead focuses on active allergen awareness, robust everyday controls and a well-rehearsed emergency response, and asks parents and carers not to send nuts or products containing nuts into school where practicable.

Reasonable measures to reduce the risk of exposure to known allergens include:

- staff planning any activity (craft, cooking, science, food technology, or activities involving animals) consider the risk of allergen exposure and use alternative, allergen-free materials where needed — for example wheat-free flour in play dough, and non-food containers rather than used food packaging in craft activities;
- bottles, lunch boxes and drinks are clearly labelled with the child's name;
- staff are trained to read food labels and to prevent cross-contamination when handling, preparing or serving food, including preparing allergy-safe meals first and thoroughly cleaning surfaces and utensils with warm soapy water;
- food brought in for celebrations or treats is not given to pupils unless clearly labelled with a full ingredients list, or an alternative, pre-approved treat is provided;
- trading or sharing of food, food utensils or food containers is not permitted;

- specific risk assessments are completed for pupils with allergy before external visits and trips (see Section 4.2);
- known airborne or contact allergens (for example animal fur) are considered before activities such as visits to farms or petting zoos, and reasonable adjustments made.

Where an allergy poses a risk to a member of staff or a visitor, equivalent reasonable steps will be taken to reduce their risk of exposure.

2.4 Food allergy and food provision

The school, as a food business, complies with the Food Information Regulations 2014 (including the PPDS labelling requirements introduced by Natasha's Law) and provides clear information on the 14 regulated allergens present in food served, whether prepared on site or bought in.

The school works with its caterer to:

- identify pupils with known allergy at mealtimes through at least two methods (for example a checked seating plan or photo list held securely in the kitchen);
- ensure pupils with food allergy are not segregated from their peers at mealtimes, while their meals are managed safely;
- meet the School Food Standards while making reasonable adjustments for pupils with food allergy, including for pupils entitled to free school meals;
- clearly flag menu changes made at short notice, so allergen information remains accurate;
- set clear expectations for parents and pupils on labelling and safe preparation of packed lunches and any food brought in for lessons.

Allergen incidents and near misses connected with food provided by the school are recorded and reviewed, with advice sought from the local authority environmental health team or Primary Authority where appropriate (see Section 4.3).

3. Individual children and young people

3.1 Identifying pupils, staff and visitors with allergy

When a pupil joins the school, or when an existing pupil is newly diagnosed with or develops a suspected allergy, the school gathers information from parents, the pupil (where appropriate) and any previous setting, including copies of any existing Individual Healthcare Plan (IHP) and Allergy or Asthma Action Plan. Arrangements are put in place before the start of the relevant term for new starters, and within two weeks for mid-term admissions wherever this is practicable.

The school keeps an up-to-date record of all pupils, staff and, where relevant, regular visitors with known allergy, including their known allergens and whether they carry prescribed medication. This information is held securely and shared only with staff who need it, in line with the school's Data Protection Policy (see Section 4.4). Visitors are asked in advance, where possible, whether they have allergy the school should be aware of.

3.2 Individual Healthcare Plans

A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact on them at school, poses a risk of harm, and requires arrangements additional to or different from those made generally. An IHP is not required simply because a pupil has a mild allergy that can be managed through the school's ordinary arrangements.

Each IHP is developed with the pupil and their parents, drawing on advice from healthcare professionals where available, and sets out:

- key information, including a current photo and emergency contacts;
- the pupil's known allergens and whether they are likely to recognise and communicate a reaction themselves;
- how the allergy is managed day to day, and the extent to which the pupil self-manages;
- the likely impact on the pupil's health, education and wellbeing;
- the specific support and adjustments the school will put in place, including at mealtimes;
- arrangements for visits and trips;
- emergency response arrangements, referencing and attaching any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional, and confirming where “spare” adrenaline devices are located;
- details of any prescribed medication, where it is stored, and confirmation of parental consent for it to be administered;
- the date the IHP was issued, last discussed with the pupil and parents, and the date it is next due for review.

Where no clinical advice is yet available — for example while diagnosis is under way — the school will not dismiss the concern, and will put in place proportionate arrangements based on the best available assessment, engaging with the school nursing team or the local authority's Designated Medical Officer / Designated Clinical Officer as needed.

IHPs are reviewed at least annually, whenever new clinical advice is received, and immediately after any serious incident or near miss involving that pupil. When a pupil transfers to a new school or setting, their IHP and any attached Action Plans are shared as part of transition, and the receiving setting draws up its own IHP.

3.3 Prescribed adrenaline devices

Pupils prescribed adrenaline devices (AAIs or nasal adrenaline devices) are supported to have rapid access to them at all times, including in the classroom, at breaktimes, at lunch, on the playground and while travelling to and from school. Where a pupil cannot reasonably keep their device with them, it is stored in an unlocked, clearly labelled, central location accessible at all times, recorded on the pupil's IHP.

Pupils are encouraged, in line with clinical advice and in discussion with parents, to carry their own devices where age and understanding allow, and to keep both of their two prescribed devices with them. A copy of the pupil's Allergy Action Plan is kept together with their medication.

Arrangements are in place for parents to take individually prescribed devices home where relevant (for example for the school holidays), and for the school to check that in-date devices are held for every pupil with a current prescription.

4. School-wide policies

4.1 “Spare” adrenaline devices and emergency asthma inhalers

The school stocks “spare” adrenaline auto-injectors (AAIs), purchased without prescription under the Human Medicines (Amendment) Regulations 2017, for use in a genuine emergency where a pupil at risk of anaphylaxis does not have access to their own prescribed device, or where it is unavailable or misfires. Spare AAIs are not a substitute for a pupil's own prescribed device.

Storage and management of spare AAIs:

- Spare AAIs are stocked in pairs, at both the 150 microgram (under 6 years) and 300 microgram (6 years and over) doses appropriate to the school's pupil population.
- Spare AAIs are kept at room temperature, out of direct sunlight, and are never locked away or kept somewhere access is restricted — they must be reachable and usable within five minutes of anywhere they may be needed on site.
- Locations of spare AAIs, along with an emergency asthma reliever inhaler and spacer, are clearly labelled and listed in Appendix A.
- Spare AAIs and emergency inhalers are checked at least termly to confirm they remain in date, with expired stock replaced promptly and disposed of via a sharps bin or returned to a pharmacy.
- A record is kept of when any spare device is used, and it is replaced as soon as possible afterwards.

An emergency salbutamol reliever inhaler and spacer, purchased under the Human Medicines Regulations 2012 (as amended in 2014), is held alongside the spare AAIs for use where a pupil's own prescribed inhaler is unavailable and written parental consent has been given. It is never used in place of adrenaline to treat anaphylaxis.

Responding to anaphylaxis

If any individual shows signs of anaphylaxis (swelling of the throat, tongue or airway; sudden wheezing or breathing difficulty; persistent cough or noisy breathing; dizziness, pallor, sleepiness, confusion or loss of consciousness):

- Lie the person flat with legs raised (allow them to sit if breathing is difficult); do not let them stand or walk.
- Give an adrenaline device without delay — the pupil's own prescribed device if available, otherwise a spare device.
- Call 999 immediately and say “anaphylaxis”.
- Stay with the person; if there is no improvement after five minutes, give a second dose if available.
- Phone the parent or emergency contact; commence CPR at any time if there are no signs of life.

If in doubt, give adrenaline. Staff who act reasonably and in good faith in an emergency — including where a mistake is made or technique is imperfect — are protected in law and will not be treated as having committed misconduct.

4.2 School trips and external visits

A specific risk assessment is completed for any pupil at risk of anaphylaxis before a trip, visit or off-site sporting activity. Pupils at risk of anaphylaxis take their own prescribed adrenaline device with them, and at least one member of staff trained to recognise and respond to anaphylaxis, including administering adrenaline, accompanies the group. Where appropriate, the school will consider taking spare AAIs on a trip, provided this does not leave the school site without adequate spare stock.

No pupil will be prevented from taking part in a trip, or required to have a parent accompany them, solely because of their allergy.

4.3 Serious incidents and “near misses”

A serious incident is any event where a pupil, member of staff or visitor with a medical condition or allergy is harmed, or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or the emergency services are needed. A “near miss” is an event that did not result in harm but had the clear potential to, and is treated with equal seriousness as a source of learning.

Following any serious incident or near miss:

- it is recorded in the school's Accident book as soon as practicable, noting who was affected, what happened, why, how staff and pupils responded, and how it concluded;
- parents or carers are notified as soon as possible;
- the report is shared with the named senior leader for allergy safety, who considers whether the incident was foreseeable, whether policies or the pupil's IHP were followed and adequate, and what should change;
- the pupil and their parents are involved in reviewing the arrangements in place;
- where relevant, the incident is reported to the local authority (allergen-related food safety incidents), to the Health and Safety Executive under RIDDOR (where death or hospitalisation resulted directly from a work activity), or to the healthcare professional responsible for the pupil's care plan;
- lessons learned are reported to the governing body, and this policy and relevant IHPs are reviewed and updated as needed.

Serious incidents and near misses are approached in a “no blame” spirit, focused on identifying and fixing weaknesses rather than attributing fault, consistent with the statutory guidance.

4.4 Information sharing

Information about a pupil's allergy is special category health data under UK GDPR. The school holds, uses and shares this information only where necessary to keep the pupil safe and included, in a controlled and proportionate way, and in line with the school's Data Protection Policy. Pupils and parents are involved in decisions about how information is shared, including at points of transition to a new school or setting.

4.5 Awareness of this policy

This policy is published on the school website and is available in hard copy from the school office on request. All staff are made aware of it as part of annual allergy awareness training, and it is shared with parents and pupils, including at the start of each academic year and when a new pupil with allergy joins the school.

5. Monitoring and review

This policy is reviewed at least annually by the named senior leader for allergy safety, and sooner following any serious incident, near miss, or relevant change in national guidance. Pupils, parents and staff with allergy are involved in the review.

The policy is monitored by the Local Governing Body, which receives an annual report summarising: the number of pupils with an Individual Healthcare Plan; staff training compliance; serious incidents and near misses recorded in the year and lessons learned; and the status of spare AAI and emergency inhaler stock.

Appendix A: First aid and spare adrenaline device locations

- The school office
- Each classroom (individual first aid kits)
- The Creative Hub kitchen
- KS1 and KS2 cloakrooms
- Trip first aid kits: store cupboard / classrooms
- Spare AAI pens and emergency asthma inhalers: school office
- Spare inhalers: staffroom

> **ACTION FOR GOVERNING BODY:** Confirm current locations are accurate and that spare AAIs meet the 5-minute accessibility standard from all teaching areas, including the furthest classroom/playground point on site.

Appendix B: Staff trained in AAI and emergency inhaler use

A current, named list of staff who have completed AAI and emergency inhaler training is held in the school office and updated each term.

Appendix C: Related policies

- Medical Conditions Policy (covers coeliac disease, food intolerance, and wider health conditions)
- First Aid Policy
- School Food Policy
- Data Protection Policy
- Behaviour and Anti-Bullying Policy
- Health and Safety Policy

Appendix D: Sources of support

- Template Individual Healthcare Plan and Allergy Action Plans: British Society for Allergy & Clinical Immunology (BSACI), www.spareadrenalineinschools.uk
- Emergency asthma inhalers guidance: Department of Health and Social Care
- Asthma action plan templates and posters: Asthma + Lung UK
- Using emergency adrenaline auto-injectors in schools: DHSC; MHRA guidance on AAIs

Version history

Version	Date	Author	Summary of changes
V3	Autumn 2025	ADMAT	Previous “Allergen Policy”
v4	2026	**Louise Hussey**	Full rewrite to have regard to DfE statutory guidance Allergy safety in schools (July 2026): renamed as Allergy Safety Policy; removed “nut-free” framing in favour of “allergy aware”; added named senior leader/allergy safety lead, wellbeing/anti-bullying section, serious incidents and near misses section, information sharing section, publication commitment, and moved to annual review cycle.