PACE Academy Trust

Beecholme Primary School
Allergy Safety Policy

Article 3 - The best interests of the child must be a top priority in all decisions and actions that affect children.
Article 24 - Every child has the right to the best possible health.

Document Control Table			
Document Title	Allergy Safety Policy		
Author	PACE		
Version number:	V1		
Date approved:	TBC		
Approved by:	Strategic Board		
Date of next review :	Autumn 2027		
Document History:			
Version	**Date**	**Author**	**Note of revisions**
V1	Aug 2026	ZH	Model policy for schools created using policy from The Key.

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1. Introduction

PACE Academy Trust recognises that allergies range from mild sensitivities to severe, life-threatening reactions, including anaphylaxis. Each child's allergy profile, triggers and treatment requirements are unique; pupils with the same allergy may need different levels of support. Our approach to managing allergies in school is grounded in the United Nations Convention on the Rights of the Child (UNCRC). We are committed to providing a safe, inclusive and supportive environment for pupils with allergies through effective training, risk management and collaboration with families and healthcare professionals.

This policy should be read in conjunction with the following policies:

- SEND Policy
- Medical Needs Policy
- First Aid Policy
- Health and Safety Policy
- Risk Management Policy

2. Aims

This policy aims to:

- Set out our approach to allergy safety, including reducing exposure risk and responding to allergic reactions
- Make clear how we support pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community.

3. Legislation and Guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

4. Roles and Responsibilities

The Strategic Board
The Strategic Board is responsible for ensuring that a model PACE Allergy Safety Policy is available for schools to personalise, adopt and publish. It also ensures that the policy aligns with current allergy safety legislation and is reviewed annually by trust and school leaders.

The Governing Board
The governing board ensures that the school has personalised and adopted the PACE Allergy Safety Policy, including arrangements to reduce allergen exposure and emergency response plans for anaphylaxis. Day-to-day implementation of the policy is delegated to the Headteacher.

Headteacher
The headteacher is responsible for:

- Appointing an Allergy Safety Lead to implement this policy and manage allergy safety across the school.
- Providing the Allergy Safety Lead with the support and training required to fulfil the role and responsibilities effectively
- Appointing named staff volunteers to support the Allergy Safety Lead
- Deciding, with parents/carers and relevant healthcare professionals, whether a pupil's allergy can be managed through the medical conditions policy or requires an Individual Healthcare Plan (IHP)

Allergy Safety Lead
Ous school's nominated Allergy Safety Lead is Hayley Lewis, Headteacher.

They are responsible for:

- Implementing this Allergy Safety Policy
- Reviewing this policy with other PACE leaders at least annually, updating it when required and ensuring it is published
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage and disposal of Adrenaline Devices (AD)
- Sourcing and safely storing spare ADs (and an emergency asthma reliever inhaler), in line with guidance.

- Ensuring all allergy information is up to date and readily available to relevant members of staff
- Ensuring pupils who need allergy support have an up-to-date IHP
- Ensuring all pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- Ensuring all staff receive regular allergy awareness training and are aware of the school's policy and procedures regarding allergies
- Ensuring relevant staff are aware of what activities need an allergy risk assessment
- Ensuring allergy-related serious incidents and 'near misses' are recorded, reported and reviewed, with lessons and any necessary changes to policies or IHPs shared with staff

Allergy Safety Volunteers

Allergy Safety Volunteers are responsible for:

- Checking monthly that spare AAIs are present and in date, and arranging replacements before expiry

Our school Allergy Safety Volunteers are:

1). Helen Gilroy (AHT)

2). Christine Lorimer (Office Staff)

Teaching and Support Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Following this policy and the school's allergy procedures
- Recognising allergic reactions, including anaphylaxis, and knowing which pupils in their care have allergies
- Reducing exposure to known allergens while supporting pupils' wellbeing and inclusion
- Reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead

Parents/Carers

Parents/carers are responsible for:

- Following the school's Allergy Safety Policy and guidance on food brought in to be shared
- Providing up-to-date details of their child's medical needs, dietary requirements, allergies, reactions and any history of anaphylaxis
- Providing two in-date adrenaline auto-injectors, where required, and any other prescribed medication, and replacing these promptly
- Updating the school on any changes to their child's condition

5. Identifying Individuals at Risk

An allergic reaction occurs when a susceptible person is exposed to an allergen. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

Identifying pupils at risk
We will:

- Ask parents/carers of new starters to confirm allergies and medication before admission. For a new diagnosis or mid-year admission, arrangements will be put in place within two weeks
- Ask parents/carers at the start of each year, and whenever needs change, to update the school office by phone or email

Identifying Staff and Visitors at Risk

We will identify staff and visitors with known allergies by:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

Individual Healthcare Plans (IHP)

Pupils should have an IHP if they have an allergy that affects them in school, places them at risk of harm, and requires arrangements additional to or different from usual provision. A formal allergy diagnosis is not required for an IHP. Healthcare professionals may decide that it is appropriate to act on symptoms rather than pursue a formal diagnosis.

The IHP will set out any additional or different support arrangements. Our school will aim to put arrangements in place within 2 weeks, or by the start of term for pupils new to the school.

Not all pupils with allergies need an IHP. Where an allergy has little or no impact in school and does not require additional or different arrangements, existing provision may be sufficient. An IHP may not be required where the support needed is already available through the school's usual policies, including permitted use of non-prescription medication.

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition. The IHP template can be found at the end of this policy (Appendix A), as well as in the school's Medical Needs Policy.

Allergy and Asthma Action Plans

Pupils with a known food or insect-sting allergy should have an appropriate allergy action plan issued by their healthcare professional; pupils with asthma should have an asthma action plan.

These plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler during an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

Register of Pupils with Known Allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is displayed in the main office, Headteachers office and staffroom and can be checked quickly by any member of staff as part of initiating an emergency response. All members of staff have lists of allergens for the children in their own class.

6. Assessing and Minimising Risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

The school will minimise the risk of allergic reactions through the following expectations and procedures:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils use named water bottles; lunch boxes for pupils with food allergies are clearly labelled
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance
- Working with caterers to ensure food provision complies with relevant requirements and appropriate controls are in place.
- Holding caterers to account for the following:
  - Making menus available to parents/carers with ingredients clearly labelled
  - Ensuring any menu changes remain legally compliant and continue to meet pupils' dietary needs

~ Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Insect bites/stings

- Children and staff should always wear appropriate footwear when outdoors. Bare feet are not permitted on grassed areas.
- Food and drinks should be kept covered when outside to avoid attracting insects such as wasps and bees.
- Outdoor eating areas should be cleaned promptly and any food waste disposed of in covered bins.
- Children should be encouraged to avoid disturbing insects, nests, hives, or areas where insects are gathering.
- School staff should regularly check outdoor areas and report any wasp nests, bee hives, or other insect infestations to the Site Team for safe removal by a qualified contractor.
- Parents should inform the school of any known insect sting allergies and provide prescribed medication where required.
- If a child has an individual healthcare plan for severe allergies, staff should follow the plan and administer emergency medication, such as an adrenaline auto-injector, if required.
- Emergency services should be contacted immediately if a severe allergic reaction (anaphylaxis) is suspected.
- Parents/carers should be informed of significant bites or stings and any treatment provided.
- Pupils with animal allergies will not interact with animals

7. Visits and Trips

Pupils will not be excluded from visits or trips because of an allergy. Visits will be planned so staff understand pupils' allergies, have appropriate training and complete a risk assessment for anyone at risk of anaphylaxis. Pupils at risk of anaphylaxis should have their own ADs with them, and a staff member trained to administer adrenaline will be present, with off-site AD protocols followed.

8. Procedures for Handling an Allergic Reaction

All staff are trained to recognise mild and severe allergic reactions, including anaphylaxis, and to respond appropriately. Staff are also trained to administer adrenaline to minimise delay in an emergency. Where a pupil has an allergy action plan, this must be followed.

A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD is unavailable or misfires

Prescribed Adrenaline Devices (ADs)

Pupils prescribed ADs are encouraged to keep them near or on their person at all times, including on the journey to and from school and on trips. It is recommended that two devices are carried. Pupils should take prescribed ADs home at the end of each day, and parents/carers are responsible for ensuring they remain in date.

If a pupil cannot keep their ADs with them because of age or other considerations, the devices will be stored in an unlocked, accessible central location no more than five minutes from where they may be needed, at room temperature and protected from direct sunlight and temperature extremes.

Children who have been prescribed an adrenaline auto-injector (AAI), such as an EpiPen, will have their medication stored securely in a locked medical cupboard within their classroom, positioned above children's reach. Each child's allergy action plan is kept alongside their prescribed medication to ensure that staff can access clear guidance in an emergency.

If an adrenaline auto-injector is administered, the incident will be recorded on the child's allergy action plan and in the school's medical records. The medication and action plans are readily accessible from the playground to enable a prompt response to an allergic reaction. In addition, spare adrenaline auto-injectors are available within the school's red emergency medical bag for use in accordance with the child's allergy action plan and current medical guidance.

The school's Allergy Lead and designated Allergy Volunteers are responsible for monitoring all prescribed adrenaline auto-injectors to ensure they remain in date and are replaced when necessary. This responsibility is carried out in partnership with parents/carers, who are expected to provide replacement devices before expiry dates are reached.

At the end of each academic year, all adrenaline auto-injectors held in school will be reviewed. Any devices that have expired will be returned to parents/carers for safe disposal, and parents will be asked to collect these from the school. Devices that remain within their expiry date will continue to be stored securely in school and retained for use during the following academic year.

The school will work closely with parents/carers of pupils who travel to and from school independently to agree suitable arrangements for carrying and accessing their prescribed adrenaline auto-injectors. These arrangements will be based on the individual needs of the child and will ensure that emergency medication is readily available at all times.

Spare ADs and Inhalers

Schools may currently purchase adrenaline auto-injectors (AAIs) only as spare adrenaline devices. Non-injectable adrenaline, such as nasal spray, may be prescribed to individuals but cannot be stocked as a spare device. If an individual prescribed nasal adrenaline experiences anaphylaxis, the school's spare AAIs may be used in an emergency. Schools may also purchase an emergency asthma reliever inhaler for use where the pupil's prescribed inhaler is unavailable, and written consent has been obtained.

Spare adrenaline auto-injectors (AAIs) are stored in the school's red emergency medical bag, which is kept securely in a locked cupboard when not in use. To ensure immediate access in the event of an allergic reaction it is taken to the playground and sports fields at every break and lunchtime. This ensures that emergency medication is readily available at all times and that staff can respond quickly and effectively should a child require treatment.

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

In an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given, avoiding potentially fatal delays in treatment.

Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

For all educational visits, residential trips, sporting events, and off-site activities, pupils who are at risk of anaphylaxis and/or have an Individual Allergy Action Plan will be required to have two adrenaline auto-injectors (AAIs) available throughout the visit.

The pupil's prescribed adrenaline auto-injectors will be taken on the visit and will remain readily accessible at all times. Responsibility for carrying and managing these devices rests with the class teacher or the designated member of staff leading the visit**,** unless the child's individual healthcare plan specifies alternative arrangements. The devices must never be stored in luggage, vehicle compartments, or other locations where immediate access may be delayed.

Staff accompanying the visit will be made aware of the pupils with allergies, the signs and symptoms of an allergic reaction, and the procedures to follow in an emergency. If an adrenaline auto-injector is required, it will be administered in accordance with the child's Allergy Action Plan and emergency services will be contacted immediately.

9. Serious incidents and 'near misses'

A serious incident is any event relating to a medical condition, including allergy, where a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm. This includes situations requiring emergency medication, urgent clinical intervention or emergency services.

A 'near miss' is an allergy or medical-related event that did not cause harm but had clear potential to do so, such as an error, omission or system failure that could reasonably have led to a serious incident.

Incident Recording

Serious incidents and 'near misses' will be reviewed in a no-blame, learning-focused way. Serious incidents and 'near misses' relating to allergy safety will be recorded as soon as feasible in the accident book, including:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

Parents/carers will be notified as soon as possible and given the opportunity to discuss what happened and contribute to the lessons learned review. In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

The Allergy Safety Lead will consider whether existing arrangements were appropriate and whether changes are needed to this policy or the pupil's IHP. Learning will be shared with staff to reduce the chance of recurrence.

The school will also share the report with other agencies in the following circumstances:

- To the Health and Safety Executive (HSE), where an incident arises directly from a schoolwork activity and results in death or immediate hospitalisation, for example harm caused by incorrect food preparation
- To the local authority: any allergen-related food safety incidents.
- To the catering company – when the incident relates to the catering contract.

10. Allergy Awareness

All staff must complete allergy awareness training at least annually, with new starters trained during induction. This applies to permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff, and anyone supervising breakfast or after-school clubs.

The school will conduct allergy safety drills annually]. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

11. Monitoring

Senior leaders will routinely evaluate how effectively staff follow established procedures for allergy safety. Feedback from pupils, parents, and healthcare professionals will also inform ongoing improvements. Any issues identified will be addressed promptly and the policy will be reviewed annually to ensure it remains compliant with statutory guidance and responsive to the needs of the school community

11. Appendix A - IHCP – Individual Healthcare Plan

(including Allergy and Anaphylaxis Protocol)

Child's Full Name: Click or tap here to enter text.	DOB:Click or tap here to enter text.
Class:Click or tap here to enter text.	
Date: Click or tap to enter a date.	Review Date: Click or tap to enter a date.
Child's Address:Click or tap here to enter text.	
Family Contact Information: Name: Address: Phone:	
Family GP name and address: Click or tap here to enter text.	
Clinic/Hospital Contact: Click or tap here to enter text.	
Person/s responsible in school for providing medical support:	
Describe medical diagnosis/ needs/triggers/allergies: Click or tap here to enter text.	
Mild, moderate and/or severe symptoms/signs: (please give full details): Click or tap here to enter text.	
Last known episode & details: Click or tap here to enter text.	
Medicates/Medical treatments (dose/side effects/storage/administrator): Click or tap here to enter text.	
The following medication must always be available:	
Permission to administer medical form completed: Yes ☐ No ☐	
Daily care requirements (testing/equipment/diet/environmental issues): Click or tap here to enter text.	
Describe what constitutes an emergency and the action to be taken if this occurs::	
Who is responsible in an emergency: (State if different for off-site activities) Click or tap here to enter text.	
Any other emergency arrangements: Click or tap here to enter text.	
Lunchtime arrangements:	
Follow-up care: (in hospital and at home) Click or tap here to enter text.	
Impact on attendance and ways to address this: Click or tap here to enter text.	
Arrangements for school visits: Click or tap here to enter text.	
Plan developed with:	

Parent/carers name Date:

Signature:

First aiders/Allergy Safety Leaders name: Date:

Signature:

Senior Leaders name Date:

Signature:

This form copied to: Parents/Carers, SENDCo, Allergy Safety Lead, Class Teacher, Teaching Assistant, First Aider, Office Staff, Senior Midday Supervisor