

ADAMSRILL PRIMARY SCHOOL

Pupil Allergy Policy



Adamsrill Core Values:

Respect
Responsibility
Resilience
Creativity
Integrity

To Inspire Excellence for All

Approved by Headteacher:	Dr Increase Eko	Date: September 2026
Approved by Chair of Governors:	Mrs S. Hamilton	Date: September 2026
Last reviewed on:	N/A	
Next review due by:	September 2027	

Whole-school training completed

All Adamsrill staff completed the National College Allergy Awareness course in September 2026. Allergy awareness and emergency response training will be refreshed at least annually, with induction arrangements for new, supply and cover staff.

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1. Purpose and aims

Adamsrill Primary School is committed to ensuring that pupils with allergies are safe, fully included and able to participate in all aspects of school life. Allergy safety is a whole-school responsibility. Adamsrill is a nut-free school. The school will take reasonable steps to reduce the risk of exposure to known allergens, ensure rapid access to emergency medication and respond promptly and effectively to allergic reactions.

This policy aims to:

- set out a consistent whole-school approach to allergy safety and anaphylaxis;
- identify pupils who need individual arrangements and ensure these are recorded clearly;
- reduce avoidable exposure to known allergens without unnecessarily restricting pupils’ participation;
- ensure staff can recognise allergic reactions and know what to do in an emergency;
- provide clear arrangements for prescribed and school-held spare adrenaline auto-injectors (AAIs);
- promote the wellbeing, dignity and inclusion of pupils with allergies;
- ensure serious incidents and near misses are recorded, reviewed and used to improve practice.

2. Statutory framework and guidance

This policy has been rewritten for September 2026 with regard to the Department for Education’s statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children’s Wellbeing and Schools Act 2026.

It also takes account of:

- Children and Families Act 2014, section 100;
- Children’s Wellbeing and Schools Act 2026, section 34;
- DfE statutory guidance: Supporting pupils at school with medical conditions;
- DHSC guidance: Guidance on the use of adrenaline auto-injectors in schools;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Keeping Children Safe in Education 2026;
- Statutory Framework for the Early Years Foundation Stage, where applicable;
- Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019 (Natasha’s Law);
- Requirements for School Food Regulations 2014 and relevant Food Standards Agency allergen requirements;
- UK GDPR and Data Protection Act 2018.

3. Adamsrill’s allergy-aware approach

Adamsrill adopts an allergy-aware approach. Adamsrill is a ‘nut-free school’ and families are asked not to send nuts or nut products into school. In line with the 2026 statutory guidance, the school does not claim that the site can be guaranteed completely free of nuts or any other allergen. We therefore use the term ‘allergy-aware’ (including nut-aware): we discourage identified high-risk foods, actively manage individual risks and maintain robust emergency arrangements.

Families must not send obvious nuts or nut products in packed lunches or food brought into school. This measure forms part of, but does not replace, individual risk management. Any food can cause an allergic reaction, so staff remain alert to all known allergens.

Adamsrill’s school meals are provided by Olive Dining. The school works with the caterer to identify pupils with allergies, manage special diets, provide allergen information and minimise cross-contamination. The school website provides menus, special-diet information and the caterer’s allergen process information.

4. Roles and responsibilities

4.1 Governing Board

- ensure that the school has, publishes and keeps under review a dedicated allergy safety policy;
- ensure allergy-related risks are appropriately managed and that statutory duties are implemented effectively;
- receive information about serious incidents and near misses and assure itself that lessons are learned;
- ensure that pupils with allergies are not disadvantaged or unnecessarily excluded from school life.

4.2 Headteacher

- has overall responsibility for implementation of this policy and for ensuring adequate systems, staffing and resources;
- ensures that allergy safety is integrated with safeguarding, health and safety, medical needs, catering, educational visits and inclusion;
- ensures suitable arrangements are made for pupils who require individual support.

4.3 Allergy Safety Lead

The named Allergy Safety Lead is Mrs Tina Harracksingh, Deputy Headteacher / DSL. She will:

- coordinate implementation and annual review of this policy;
- promote allergy awareness across the school community;
- ensure pupil allergy information and action plans are current and accessible to those who need them;
- oversee arrangements for Individual Healthcare Plans (IHPs), prescribed medication and spare AALs;
- ensure regular checks of emergency medication and expiry dates are completed and recorded;
- ensure staff training, induction and emergency-response arrangements are maintained;
- review serious incidents and near misses and report learning to the Headteacher and Governing Board.

4.4 First Aid / Medical Team and office staff

- maintain the school's medical and allergy records, including information held on Arbor and the school's medical recording system;
- check school-held spare AAls and other emergency medication at least monthly and arrange replacement before expiry;
- ensure medication is stored safely, is rapidly accessible and accompanies pupils on visits where required;
- record administration of medication and communicate with parents/carers following an incident.

4.5 Teaching, support, wraparound and relevant visiting staff

- know which pupils in their care have allergies and understand the relevant IHP/action plan;
- take reasonable steps to prevent exposure to known allergens;
- check allergy implications when planning food, craft, science, animal, celebration or off-site activities;
- recognise signs of allergic reaction and anaphylaxis and act immediately;
- never delay emergency treatment while searching for a particular member of staff;
- report allergic reactions, medication errors and near misses promptly.

4.6 Parents and carers

- provide accurate, up-to-date information about their child's allergy, triggers, symptoms and treatment;
- provide current healthcare professional documentation, Allergy Action Plans and Asthma Action Plans where applicable;
- provide two in-date prescribed AAls where prescribed, and other medication required by the child;
- replace medication before expiry and notify the school immediately of any change;
- follow the school's expectations for food brought onto the premises.

4.7 Pupils

Pupils will be supported, in an age-appropriate way, to understand their allergies, avoid sharing food, tell an adult if they feel unwell and increasingly take responsibility for their medication where appropriate. No pupil will be expected to manage a potentially life-threatening allergy without appropriate adult support.

5. Identifying pupils at risk

The school seeks allergy and medical information before admission and asks parents/carers to update information whenever a child's needs change and at least annually. New diagnoses or changes must be communicated to the school office without delay.

- Known allergies and relevant medical conditions are recorded on Arbor and the school's medical systems.
- Relevant staff receive the information they need to keep the pupil safe, on a need-to-know basis.
- A register of pupils with known allergies is maintained and can be accessed quickly in an emergency.
- Where appropriate, a current photograph is used to support reliable identification at points such as medication storage and meal service, in accordance with data-protection requirements.
- Staff and regular visitors are encouraged to make the school aware of significant allergies where this is necessary for their safety.

6. Individual Healthcare Plans and action plans

A pupil whose allergy requires arrangements that are additional to, or different from, those normally available in school will have the arrangements captured in an Individual Healthcare Plan (IHP). Not every allergy requires an IHP; decisions will reflect the impact of the condition and the support needed.

IHPs will normally include:

- the allergen(s), known triggers, signs and symptoms;

- reasonable steps to minimise exposure;
- medication, dosage, location and emergency arrangements;
- the pupil's level of independence and self-management;
- arrangements for meals, classroom activities, PE, playtimes, wraparound provision and visits;
- roles and responsibilities of staff;
- arrangements for communicating with parents/carers and healthcare professionals;
- any reasonable adjustments required for inclusion.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, this will be attached to or referenced within the IHP and followed. Plans will be reviewed at least annually and whenever needs, medication or circumstances change.

7. Minimising the risk of allergen exposure

- Pupils wash hands before and after eating where appropriate.
- Food, drinks, utensils and containers are not shared.
- Named water bottles and lunch containers are used.
- Staff consider allergens when planning cooking, food tasting, science, craft, play dough, recycled packaging, musical activities, celebrations and animal encounters.
- Where an activity presents a known risk, a safe alternative is used for the group so that the pupil is not unnecessarily excluded.
- Food preparation surfaces and utensils are cleaned appropriately; contaminated food is discarded rather than reused.
- Reasonable measures are taken for airborne, contact, insect-sting and animal allergens where relevant to an individual pupil.
- The school considers air quality and ventilation as part of wider health and safety arrangements, particularly for pupils with asthma or respiratory allergy.

8. Food, catering and packed lunches

8.1 School meals

Olive Dining provides Adamsrill's school meals. The school and caterer work together so that known allergies and special dietary requirements are communicated, safe meal arrangements are agreed and statutory allergen information is available.

- Catering staff follow food-allergen and cross-contamination controls.
- At least two reliable identification checks will be used where needed to ensure a pupil receives the correct meal.
- Pupils with allergies will not routinely be segregated from peers at mealtimes.
- Any menu substitution must continue to meet the pupil's allergy and dietary requirements.
- Parents/carers should complete the required special-diet information and discuss significant dietary needs with the school/caterer.

8.2 Packed lunches, treats and celebrations

Adamsrill asks families not to send nuts or obvious nut products into school. This is a risk-reduction measure and must not be interpreted as a guarantee that the environment is allergen-free.

- Pupils must not swap or share food.
- Food brought in for curriculum activities or celebrations must be agreed in advance where allergy risk exists.
- Unlabelled homemade food will not be relied upon as safe for a pupil with a food allergy.
- Staff will check ingredient and allergen information and seek parental advice where required.

9. Adrenaline devices and emergency medication

9.1 Prescribed AAI

Where a pupil has been prescribed adrenaline, parents/carers should provide two in-date devices for school unless an alternative arrangement has been agreed. For primary-aged pupils who do not carry their own devices, AAI will be stored in an unlocked, clearly identified location that is rapidly accessible to staff and protected from inappropriate temperature or direct sunlight. A copy of the pupil's action plan will be kept with or readily accessible alongside the medication.

9.2 School-held spare AAI

Adamsrill will maintain school-held spare adrenaline auto-injectors (AAIs) for emergency use in accordance with current legislation and statutory guidance. Spare AAI will be clearly labelled, stored separately from individually prescribed devices, kept in pairs where appropriate, and checked at least monthly for availability, condition and expiry.

A school-held spare AAI may be used in an emergency where clinically appropriate, including where a pupil's own prescribed device is unavailable or fails. In a life-threatening emergency, treatment must not be delayed while staff search for paperwork or prior consent; staff may take reasonable action to save life.

9.3 Nasal adrenaline devices

Where a pupil is individually prescribed a non-injectable adrenaline device, such as a nasal adrenaline product, the school will follow the pupil's current healthcare plan and manufacturer/clinical instructions. Current regulations permit schools to purchase spare AAI, not spare nasal adrenaline devices. A school-held spare AAI may therefore be used in an emergency where appropriate under current guidance.

10. Responding to an allergic reaction or anaphylaxis

Emergency principle

Anaphylaxis is a medical emergency. If Airway, Breathing or Circulation (ABC) symptoms are present, give adrenaline without delay and call 999. Help must come to the pupil; do not send the pupil to the office or medical room alone.

Staff will:

- stay with the pupil and call for help;
- follow the pupil's Allergy Action Plan where available;
- if anaphylaxis is suspected, administer adrenaline immediately in accordance with training and the device instructions;
- call 999 and state 'anaphylaxis'; follow the emergency operator's instructions;
- position and monitor the pupil appropriately and do not allow them to stand or walk unnecessarily;
- give a second dose of adrenaline after the interval stated in current emergency guidance/action plan if symptoms persist and a second device is available;
- ensure an ambulance is directed to the pupil promptly;
- inform parents/carers as soon as practicable after emergency action has begun;
- record the incident and medication administered.

A pupil who has had a mild or moderate allergic reaction will be monitored closely because symptoms can worsen. Medication will be administered only in accordance with the pupil's plan, school policy and staff training. Where there is any concern about deterioration or ABC symptoms, staff will treat the situation as anaphylaxis.

11. Educational visits, PE and off-site activities

Pupils with allergies will be enabled to participate in educational visits, PE, residentials, clubs and other school activities wherever reasonably possible. Parents will not be required to accompany a child simply because the child has an allergy.

- A specific risk assessment will be completed where a pupil is at risk of anaphylaxis.
- Relevant staff will know the pupil's allergy, action plan and emergency arrangements.

- Prescribed emergency medication will accompany the pupil and remain immediately accessible.
- Suitable staff with allergy-awareness and emergency-response training will be present.
- Food, transport, accommodation, animal exposure and access to emergency medical help will be considered during planning.

12. Serious incidents and near misses

A serious incident is an allergy-related event in which a pupil, staff member or visitor is harmed or placed at immediate and significant risk of harm, including events requiring emergency medication, urgent clinical intervention or emergency services. A near miss is an event that did not result in harm but had clear potential to do so.

The school will:

- record the incident or near miss as soon as reasonably practicable using the school's accident/medical reporting arrangements;
- inform the pupil's parents/carers as soon as possible;
- notify the Allergy Safety Lead and Headteacher;
- report to the Governing Board and any external body where statutory reporting requirements apply;
- review what happened in a learning-focused, no-blame manner;
- consider whether the policy, risk assessment, IHP, catering controls, training or supervision arrangements require amendment;
- share relevant learning with staff and, where appropriate, the caterer or healthcare professional.

13. Allergy awareness, training and drills

All staff who may be present when pupils are on site must receive allergy awareness and emergency-response training at least annually. First-aid training alone is not treated as sufficient allergy-awareness training.

September 2026 training record

All staff at Adamsrill Primary School completed the National College Allergy Awareness course in September 2026. This covered recognition of allergic reactions and anaphylaxis, emergency response, adrenaline devices, prevention of cross-contamination and the responsibilities of school staff.

Training arrangements will also ensure that:

- new staff complete allergy-awareness training as part of induction;
- supply, agency, peripatetic and cover staff receive the information and training needed for their role before taking responsibility for pupils;
- relevant wraparound and catering staff are included;
- staff have practical familiarity with the adrenaline devices used in school, including training devices where available;
- the school undertakes an allergy/anaphylaxis emergency drill at least annually and records learning from the exercise.

14. Inclusion, wellbeing and anti-bullying

Allergy can affect a pupil's confidence, anxiety, participation and sense of belonging. Adamsrill will promote an inclusive culture in which pupils are supported without being unnecessarily singled out.

- Pupils with allergies will be included in meals, curriculum activities, trips and enrichment with appropriate risk management.
- Staff will listen to the pupil and family and take concerns seriously.
- Allergy-related teasing, intimidation, deliberate exposure to allergens or threats involving allergens will be treated seriously under the Behaviour and Anti-Bullying arrangements and may also raise safeguarding concerns.
- Pastoral support and regular check-ins will be offered where a pupil is anxious following an incident or because of their allergy.
- Reasonable adjustments will be considered where severe allergy meets the Equality Act definition of disability.

15. Information sharing, records and confidentiality

Health information is special-category personal data. Adamsrill will share relevant allergy information only with those who need it to safeguard and support the pupil, in accordance with UK GDPR, the Data Protection Act 2018 and the school's data-protection arrangements.

- Parents/carers are expected to provide accurate and timely information.
- Relevant information will be available to class staff, first aid/medical staff, catering staff, wraparound staff and visit leaders where necessary.
- Records of medication administration, reactions, incidents and near misses will be maintained securely.
- Information required in an emergency will be readily accessible and will not be locked away in a manner that causes unsafe delay.

16. Unacceptable practice

At Adamsrill it is unacceptable to:

- prevent a pupil from easily accessing prescribed emergency medication;
- ignore the views of the pupil, parents/carers or relevant healthcare professionals;
- assume that every pupil with an allergy requires identical support;
- assume that a pupil has no allergy merely because formal diagnosis is pending;
- send a pupil experiencing an allergic emergency to seek help alone;
- delay adrenaline where anaphylaxis is suspected;
- exclude a pupil unnecessarily from lessons, lunch, clubs, trips or other activities because of allergy;
- require a parent/carer to attend school or a trip solely to provide routine allergy support that the school should reasonably arrange;
- penalise a pupil for medically necessary absence associated with allergy;
- describe the school environment as guaranteed 'allergen-free'.

17. Monitoring and review

The Allergy Safety Lead will monitor implementation of this policy. It will be reviewed at least annually and sooner where there is a serious incident, near miss, significant change in a pupil's needs, change in statutory guidance or evidence that arrangements require improvement.

The review will consider training records, emergency medication checks, incidents and near misses, pupil/parent feedback, catering arrangements, educational visits and any lessons identified through drills. The Governing Board will approve the policy and receive appropriate assurance about implementation.

18. Links to other school policies

- Supporting Pupils with Medical Conditions / Medical Needs Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Behaviour Policy and Anti-Bullying arrangements
- Whole School Food Policy
- Packed Lunch Policy
- Data Protection Policy and Privacy Notices
- SEND Policy
- Attendance Policy
- EYFS Policy

Key external references

- Department for Education (2026), Allergy safety in schools: statutory guidance.
- Department for Education, Supporting pupils at school with medical conditions: statutory guidance.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Food Standards Agency, allergen guidance and food information requirements.
- Keeping Children Safe in Education 2026.

Appendix 1: Emergency response – suspected anaphylaxis

ANAPHYLAXIS = MEDICAL EMERGENCY

Think ABC: Airway • Breathing • Circulation. A severe reaction may occur with or without skin symptoms.

1	Stay with the pupil and call for help. Do not send the pupil anywhere alone.
2	If anaphylaxis is suspected, give adrenaline immediately using the pupil's prescribed device or an appropriate school-held spare AAI.
3	Call 999 and say 'anaphylaxis'. Follow the emergency operator's instructions.
4	Keep the pupil appropriately positioned and monitored. Do not allow them to stand or walk unnecessarily.
5	If symptoms persist, give a second adrenaline dose after the interval stated in the current action plan/emergency guidance, if a second device is available.
6	Arrange for staff to meet and direct the ambulance. Inform parents/carers after emergency action is underway.
7	Record the incident, medication and timings. The pupil must receive appropriate medical assessment after anaphylaxis.

This quick reference does not replace the pupil's current Allergy Action Plan, staff training, device instructions or emergency-service advice.

Appendix 2: Staff quick reference

Know	Which pupils in your care have allergies and where their plans/medication are.
Prevent	No food sharing. Check ingredients, cross-contamination and activity risks.
Notice	Recognise mild reactions and ABC signs of anaphylaxis.
Act	Anaphylaxis: adrenaline first, then 999. Do not delay.
Stay	Never send an unwell pupil to seek help alone.
Report	Record all reactions, medication use, errors and near misses promptly.
Include	Plan reasonable adjustments so pupils with allergies participate fully and safely.