Allergy Safety Policy

Approved by:	Maritime Trust Board	Date:
Last reviewed on:	10/07/26	
Next review due by:	10/07/27	

1. Purpose and legal basis

This policy sets out how Millennium Primary identifies, supports and keeps safe children and young people, staff and visitors who have allergies, including those at risk of a severe allergic reaction (anaphylaxis) or an asthma attack triggered by allergy.

This policy fulfills the school's duty under section 34 of the Children's Wellbeing and Schools Act 2026, which amends section 100 of the Children and Families Act 2014 to require the governing body to have an allergy safety policy, publish it and keep it under review. In carrying out this duty the school has had regard to the Department for Education's statutory guidance Allergy safety in schools (published 6 July 2026). It sits alongside, and should be read together with, the school's wider policy on supporting pupils with medical conditions.

This policy also reflects the school's obligations under:

- The Equality Act 2010, given that a severe allergy can amount to a disability;
- Sections 20 and 175 of the Education Act 2002 and Keeping Children Safe in Education, on safeguarding and promoting welfare;

- Section 2 of the Health and Safety at Work etc. Act 1974;
- The SEND code of practice: 0 to 25 years, where allergy interacts with a child's special educational needs;
- The Statutory Framework for the Early Years Foundation Stage, where the school provides for children in the EYFS age range;
- The common law duty of care owed to pupils, staff and visitors.

This policy is concerned with allergy safety. Coeliac disease and food intolerances are not allergic conditions and cannot cause anaphylaxis; support for pupils with these conditions is set out in the school's medical conditions policy, although the same standards of care over food labelling and cross-contamination apply.

2. Definitions

- Allergy – an abnormal immune reaction to a normally harmless substance, such as a food, insect sting, contact allergen (e.g. nickel or latex) or airborne allergen (e.g. pollen, house dust mite).
- Anaphylaxis – a potentially fatal allergic reaction affecting the airway, breathing and/or circulation ("ABC"). It can progress rapidly and always requires an emergency response.
- Asthma – a lung condition, often linked to allergy, which can be triggered by allergens and can also become life-threatening.
- Food intolerance – a non-immune reaction to a food, causing symptoms such as bloating or abdominal pain; it does not cause anaphylaxis.
- Coeliac disease – an autoimmune condition triggered by gluten; it is not the same as an allergy and cannot cause anaphylaxis, but requires strict avoidance and careful management of cross-contamination.
- Individual Healthcare Plan (IHP) – a school document, agreed with the pupil and their parents, recording the arrangements the school will put in place for a pupil whose allergy has a functional impact, poses a risk of harm, or requires support beyond what is offered generally. It is not a clinical document.
- Allergy Action Plan / Asthma Action Plan – an emergency plan issued by a healthcare professional, attached to a pupil's IHP, telling staff how to recognise and respond to a reaction.
- Spare adrenaline device – an adrenaline auto-injector (AAI) purchased by the school without a prescription, held for emergency use and not linked to any individual pupil.

3. Roles and responsibilities

Trust

The Trust is responsible for ensuring the school has an allergy safety policy, that allergy risks are recorded on the school's medical register, and that the policy is reviewed at least annually and published on the school website.

Named senior leader for allergy safety

Anna Bellou is the named member of the senior leadership team responsible for allergy safety. This includes leading implementation of this policy, overseeing training, and leading or contributing to its annual review. Responsibility for allergy safety is not held solely by the catering manager.

Allergy safety lead(s)

The Senior Leadership team acts as day-to-day allergy safety lead(s), maintaining the school's record of pupils, staff and visitors with allergy and acting as first point of contact for staff, pupils and parents.

Anna Bellou (HoS)- Year 5 and 6

Tia Scott- Williams (AHT)- Year 3 and 4

Reine Geldenhyus (SENCo)- Year 2 and DSP

Laura Whittingham (DHT)- EYFS and Year 1

All staff

All staff who are present while pupils are on site – including temporary, supply, peripatetic and agency staff, catering staff, and those running breakfast or after-school clubs – must complete allergy awareness training and understand their role in this policy. This does not extend to contractors carrying out work with no pupil-facing role (for example builders or maintenance staff).

4. Identifying pupils, staff and visitors with allergy

The school gathers information about known allergy when a child or young person joins, including from parents and, where relevant, a previous school, so that arrangements are in place by the start of term (or, for mid-year admissions, within two weeks wherever practicable). This includes requesting copies of any existing Allergy or Asthma Action Plan.

Staff are asked to declare any known allergy when they join the school, and visitors are asked about allergy in advance of a visit wherever possible, particularly if food will be served.

The school keeps a confidential record of all pupils, staff and visitors with a known allergy, including whether a pupil has an Allergy Action Plan. Where appropriate, an up-to-date list of

pupils with allergy (with photos and known allergens) is kept in the kitchen, classrooms of the children with allergies and the first aid cupboard.

5. Individual Medical Profiles

Individual Medical Profiles are drawn up by the school and are attached to an Allergy Action Plan, Asthma Action Plan or care plan issued by a healthcare professional. They are not clinical documents and do not duplicate clinical instructions.

Each Individual Medical Profile records:

- Key information – name, date of birth, class, emergency contacts and a current photo, and who in the setting needs to be aware of the plan;
- The pupil's allergy, known allergens, and whether they are likely to recognise and alert others to a reaction;
- Arrangements for visits and trips;

Where clinical advice is not yet available – for example while a diagnosis is pending – the school will not dismiss a parent's or pupil's concerns and will put reasonable arrangements in place based on the best available information, seeking advice from the school nursing team where applicable.

6. Allergy awareness training

All staff on site while pupils are present receive allergy awareness training at induction and at least annually thereafter. First aid training alone is not treated as sufficient. Training covers:

- What allergy is, the range of allergic conditions (food allergy, asthma, eczema, hay fever) and how they can co-exist;
- The difference between food allergy, coeliac disease and food intolerance;
- How to recognise the symptoms of an allergic reaction and of anaphylaxis;
- How to respond in an emergency, including calling 999, contacting parents, and locating and administering emergency medication (adrenaline and, where relevant, an asthma reliever inhaler);
- How to use both a pupil's own prescribed adrenaline device and the school's spare devices;
- How to check the school's record of pupils with known allergy and how to use an Allergy or Asthma Action Plan;
- The impact allergy can have on wellbeing, and how to report an incident or near miss;
- The content of this policy.

Arrangements are in place to ensure supply, cover and new staff receive this training promptly, and are not left to rely solely on colleagues' knowledge in an emergency.

7. Minimising exposure to known allergens

The school takes reasonable steps to reduce the risk of pupils, staff and visitors coming into contact with their known allergens, while ensuring pupils with allergy are fully included in school life. This includes:

- Considering allergen risk when planning food-related activities in cooking, science, art and craft (for example, using wheat-free alternatives to wheat-based play dough, and non-food containers such as clean plastic pots rather than used food packaging for junk modelling);
- Considering the risk of airborne or contact allergens for activities involving animals, or in classrooms where relevant materials (e.g. latex, some craft glues) are used;
- Carrying out specific risk assessments for any pupil with allergy taking part in an external visit or trip;
- Not preventing a pupil from taking part in an activity because of an allergy risk – where a planned activity would expose one pupil to their allergen, the school finds an inclusive alternative for the whole group rather than excluding that pupil.

The school takes an "allergy-aware" approach rather than operating a blanket "nut-free" policy. A single-allergen-free label can create a false sense of security, since any of the 14 major food allergens can cause a serious reaction and many products carry precautionary "may contain" labelling. While the school may ask parents not to send in certain foods, its emergency response arrangements do not depend on food being absent from the premises.

8. Food allergy and food provision

As a food business, the school complies with the Food Information Regulations 2014, providing clear information on the 14 regulated allergens in food it serves, and with the requirements of Natasha's Law for any food prepacked for direct sale. Allergen information is made available to parents and pupils and kept up to date by the school's catering team.

- Catering staff are trained in reading allergen labels and in cross-contamination controls, including preparing meals for pupils with food allergy first and thoroughly cleaning surfaces and utensils between preparations;
- Pupils with known food allergy are identified at mealtimes through photo board in the kitchen and a sticker placed on their clothes documenting to the food they are allergic to , and are not seated separately from their peers;
- Trading or sharing of food, utensils or containers between pupils is discouraged;

9. Prescribed adrenaline devices

Pupils prescribed their own adrenaline device(s) – an auto-injector (AAI) or nasal adrenaline spray – are supported to have rapid access to them at all times, including in the classroom, at

lunch and break, on the sports field, while travelling to and from school, and on trips. The devices are stored in an agreed, unlocked, central location that is accessible at all times.

- The school keeps a record of which pupils have been supplied with prescribed adrenaline and hold an Allergy Action Plan;
- A copy of the pupil's Allergy Action Plan is kept together with their medication;
- Adrenaline must be administered within five minutes of the onset of anaphylaxis; if a pupil's prescribed device is not immediately to hand, a spare device is used instead.

10. "Spare" adrenaline devices

The school stocks spare adrenaline auto-injectors (AAIs) of the correct dosage for its pupils, for use in a genuine emergency – including for a pupil experiencing anaphylaxis for the first time with no prior diagnosis. Spare AAIs are purchased without a prescription under the Human Medicines (Amendment) Regulations 2017, using a signed request from the headteacher confirming the school's details and the purpose of the purchase.

Recommended stock levels are set out below and are reviewed against the school's pupil population:

Setting type	Under 6s (150mcg, e.g. EpiPen Junior / Jext 150)	Age 6+ (300mcg, e.g. EpiPen / Jext 300)
Nursery school (state-funded)	One pair of spare AAIs	Not applicable
Primary school	One pair of spare AAIs	One pair of spare AAIs
Secondary school	Not applicable	One or two pairs of spare AAIs (large sites should consider two)
Special school	One pair of spare AAIs	One pair of spare AAIs

- Spare AAIs are stored in pairs, at room temperature, away from direct sunlight, and are not locked away – they are kept somewhere accessible at all times which is the first aid cupboard that is near the dining hall and the playground;
- No pupil should be more than five minutes from a spare device if their own is unavailable;
- Spare AAIs are clearly labelled as "spare"/"emergency use" to avoid confusion with any pupil's own prescribed device, and may be kept as part of a labelled emergency anaphylaxis kit alongside a spare asthma reliever inhaler and spacer;
- The allergy lead (Anna Bellou) checks monthly that spare devices remain in date and arranges replacement, including safe disposal of any device that is used or expires (used AAIs contain a needle and are disposed of via a sharps bin, given to attending paramedics, or returned to a pharmacy);

- Consent is not required before a spare device is used to save a life in an emergency

11. Wellbeing and preventing bullying

Living with an allergy, and the risk of anaphylaxis, can cause significant anxiety for pupils and their families, which may be increased where a pupil also has asthma or eczema. The school supports pupils' wellbeing by:

- Providing reassurance that risks are actively managed and that robust emergency arrangements are in place;
- Communicating regularly with pupils, parents and staff to maintain awareness of allergy and its potential severity;
- Welcoming new pupils with allergy, including offering a tour of the kitchen and dining area to build familiarity and reduce anxiety;

Bullying related to allergy – including deliberately excluding a pupil, mocking their need to avoid certain foods, or threatening to expose them to an allergen – is treated as a serious safeguarding and behaviour matter and is addressed under the school's behaviour and anti-bullying policy, alongside this policy.

12. School trips and off-site visits

A risk assessment is carried out for any pupil at risk of anaphylaxis taking part in an off-site visit. Pupils bring their own prescribed adrenaline device(s) with them, and at least one member of staff trained to recognise and respond to anaphylaxis accompanies the group. The school considers, on a case-by-case basis, whether it is appropriate to also take spare adrenaline devices on a trip, without leaving the school site without adequate spare provision.

13. Serious incidents and “near misses”

Any serious allergic reaction, case of anaphylaxis, or near miss is recorded, using the school's standard incident reporting process, and reported to the pupil's parents and to the Trust. Because the effects of an allergen exposure can sometimes only become apparent once a pupil is at home, the school also accepts reports of incidents or near misses from parents, pupils and healthcare professionals, not only from staff who witnessed an event.

Following any serious incident or near miss, the school reviews what happened and considers whether this policy itself needs to change so that lessons are learned. As good practice, the school also runs periodic allergy safety drills, in the same way as fire drills, to test staff response without risk to any pupil.

14. Information sharing and data protection

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 – for example, with relevant teaching and catering staff, or with a new school when a pupil moves – and does so in a controlled, proportionate and respectful way, in line with the school's data protection policy. Pupils and parents are involved in decisions about how their information is shared.

15. Publishing this policy and raising awareness

- This policy is published on the school website at https://www.millenniumprimary.org.uk/ and is available in hard copy on request;
- All staff are made aware of this policy as part of their annual allergy awareness training;
- The school considers age-appropriate ways to raise awareness of allergy safety among pupils, particularly to help prevent bullying; where a pupil carries an adrenaline device, their close friends may, with the agreement of the pupil and their parents, be shown how to seek adult help in an emergency – this does not replace staff emergency response arrangements.

16. Unacceptable practice

The following practice is not acceptable at Millennium Primary school:

- Preventing a pupil from easily accessing their prescribed medication;
- Disregarding the views of a pupil, their parents, or the advice of healthcare professionals;
- Assuming every pupil with allergy needs the same support, or that older pupils need none;
- Treating a pupil as not having an allergy simply because diagnosis is still under way;
- Sending pupils with allergy home unnecessarily, or excluding them from lessons, trips or extra-curricular activities, including lunch;
- Excluding a pupil from attendance rewards where their absence relates to their allergy;
- Sending an unwell pupil to an office or medical room unsupervised – in an allergy emergency, help must go to the pupil, not the other way round;
- Expecting parents to attend school to administer medication, or requiring a parent to accompany their child on a trip because of their allergy.

17. Monitoring and review

This policy is reviewed at least annually by Anna Bellou and sooner following any serious incident or near miss, or where legislation, statutory guidance or clinical advice changes. Pupils, staff and parents with lived experience of allergy are invited to contribute to each review.

Appendix A: How this policy meets the statutory guidance

The table below cross-references the themes the Department for Education's statutory guidance expects an allergy safety policy to cover against the sections of this document.

Theme	Areas covered in this policy
Culture	Awareness training, wellbeing and anti-bullying, minimising risk, food allergy
Individual pupils	Identification, Individual Healthcare Plans, prescribed adrenaline
School-wide arrangements	Spare adrenaline devices, visits and trips, serious incidents and near misses, information sharing, publishing and awareness of this policy