

Allergy Safety Policy



Igniting a passion for learning in all; emboldening a community of high aspiration and fulfilment.

'I can do all things through him who gives me strength'. (Philippians 4.13)

#thischildcan

Approved by:	Julia Waites	Date: 1.9.26
Chair of Governors:	Tim Eccles (interim)	Date: Pending 30.9.26
Named Allergy Lead:	Kim Singleton	
Last reviewed on:	1.9.26	
Next review due by:	1.9.27	

- 1. Policy Statement**
- 2. Legal and Statutory Framework**
- 3. Scope**
- 4. Definitions**
- 5. Responsibilities**
- 6. Identifying Pupils with Allergies**
- 7. Pupils Requiring Individual Healthcare Plans**
- 8. Allergy Action Plan.**
- 9. Reviewing IHPs and Allergy Information**
- 10. Confidentiality and Information Sharing**
- 11. Staff, Supply Staff and Visitors**
- 12. Mandatory Allergy Training**
- 13. Minimising Exposure to Known Allergens**
- 14. Food Allergy Management**
- 15. The 14 Regulated Food Allergens**
- 16. Catering Provider**
- 17. Allergen Information and Ingredient Changes**
- 18. Cross-Contact**
- 19. Packed Lunches**
- 20. Food Technology, Cooking and Forest School**
- 21. Breakfast Club and After-School Provision**
- 22. Educational Visits and Residential Trips**
- 23. Emergency Medication**
- 24. Spare Adrenaline Auto-Injectors**
- 25. Accessibility of Emergency AAls**
- 26. Responding to a Suspected Anaphylactic Reaction**
- 27. Recognising Anaphylaxis**
- 28. Antihistamines and Asthma Inhalers**
- 29. Second Dose of Adrenaline**
- 30. After an Allergic Reaction**
- 31. Serious Incidents and Near Misses**

- 32. Allergy-Related Bullying**
- 33. Pupil Wellbeing and Inclusion**
- 34. Food Sharing**
- 35. Undiagnosed Allergic Reactions**
- 36. Food Labelling and PPDS**
- 37. Food Used in Celebrations and Events**
- 38. Animals and Environmental Allergens**
- 39. Medicines and Cleaning Products**
- 40. Equality and Reasonable Adjustments**
- 41. Communication with Parents and Carers**
- 42. Communication with Pupils**
- 43. Small-School Arrangements**
- 44. Emergency Information**
- 45. Emergency AAI Stock and Checking Record**
- 46. Staff Training Record**
- 47. Monitoring and Quality Assurance**
- 48. Policy Review.**
- 49. Related Policies**
- Appendix A – Immediate Staff Response to Suspected Anaphylaxis**
- Appendix B – Minimum Allergy Information for Staff**
- Appendix C – Annual Allergy Safety Review**

1. Policy Statement

Rauceby CE Primary School recognises that allergies can be serious and, in some circumstances, life-threatening. The school is committed to providing a safe, inclusive and supportive environment for pupils, staff and visitors with allergies.

The school will take reasonable and proportionate steps to:

- identify pupils, staff and relevant visitors with known allergies;
- minimise the risk of exposure to known allergens;
- ensure appropriate individual arrangements are in place;
- ensure pupils at risk of anaphylaxis have timely access to prescribed adrenaline;
- maintain appropriate spare adrenaline auto-injectors (AAIs) for emergency use;
- ensure all staff receive appropriate allergy awareness and emergency-response training;
- ensure pupils with allergies are able to participate fully in school life wherever reasonably possible;
- manage food and allergen risks safely;
- ensure appropriate arrangements are made for educational visits, clubs, Forest School and other activities;
- record and learn from serious incidents and near misses; and
- promote the physical and emotional wellbeing of pupils with allergies.

This policy has been developed with regard to the **Department for Education's Allergy Safety in Schools statutory guidance, published July 2026**, and other relevant legislation and government guidance. The statutory guidance applies to maintained schools, academies and pupil referral units in England.

This policy is separate from the school's wider **Supporting Pupils with Medical Conditions Policy**, although the two policies should be read together.

2. Legal and Statutory Framework

This policy is made with regard to:

- **Children's Wellbeing and Schools Act 2026**, including its provisions concerning allergy safety;
- **Children and Families Act 2014**, including section 100;
- **Equality Act 2010**;
- **Department for Education: Allergy Safety in Schools statutory guidance (July 2026)**;
- DfE guidance on supporting pupils with medical conditions at school;
- **Food Safety Act 1990**;
- applicable food hygiene and food information legislation;

- applicable allergen-labelling requirements;
- the **Early Years Foundation Stage statutory framework**, where applicable; and
- relevant safeguarding, health and safety and educational visits requirements.

3. Scope

This policy applies to:

- all pupils;
- all teaching and support staff;
- supply and temporary staff;
- volunteers;
- governors when working with pupils;
- catering staff;
- breakfast club staff;
- after-school club staff;
- contractors and regular external providers;
- visitors where relevant; and
- activities taking place on or off the school premises as part of school provision.

The policy covers allergies including, but not limited to:

- food allergy;
- allergy to insect stings;
- medication allergy;
- latex/contact allergy;
- animal allergy;
- airborne/environmental allergy; and
- other diagnosed allergies requiring school support.

The school recognises that allergy and asthma can sometimes overlap and that anaphylaxis can be mistaken for an asthma attack.

4. Definitions

4.1 Allergy

An allergy occurs when the body's immune system reacts to a normally harmless substance.

4.2 Food Allergy

A food allergy is an immune-system response to a particular food or food component.

4.3 Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.

4.4 Food Intolerance

Food intolerance is different from food allergy and does not normally involve the same immune response or cause anaphylaxis.

Food intolerance will nevertheless be managed appropriately where the school has been informed of a diagnosed condition or specific dietary requirement.

4.5 Coeliac Disease

Coeliac disease is an autoimmune condition triggered by gluten and is not the same as an IgE-mediated food allergy.

Where a pupil has coeliac disease, the school will implement appropriate dietary and cross-contact controls in consultation with the family and relevant healthcare professionals.

5. Responsibilities

5.1 Governing Board

The Governing Board will:

- ensure that the school has a dedicated Allergy Safety Policy;
- appoint a named governor with responsibility for allergy safety;
- ensure the policy is published;
- ensure the policy is reviewed at least annually;
- oversee allergy-related risks as part of the school's wider risk-management arrangements;
- ensure appropriate resources are available;
- monitor whether the school has appropriate training and emergency arrangements;
- receive appropriate information about serious allergy incidents and near misses; and
- ensure that lessons from incidents are used to improve practice.

Named Allergy Safety Governor: *Pending 30.9.26*

5.2 Headteacher

The Headteacher will:

- implement this policy;
- ensure the school complies with statutory requirements;
- ensure appropriate staff training is arranged;
- ensure emergency medication arrangements are maintained;
- ensure appropriate communication with parents/carers;
- ensure catering and wraparound providers understand their responsibilities;
- ensure serious incidents and near misses are appropriately recorded and reviewed; and
- report significant concerns to the Governing Board.

5.3 Senior Allergy Safety Lead

The school will appoint a named senior member of staff as its Allergy Safety Lead.

Named Allergy Safety Lead: Kim Singleton

The Allergy Safety Lead will:

- coordinate the school's allergy safety arrangements;
- maintain oversight of pupils with known allergies;
- coordinate IHPs and Allergy Action Plans;
- oversee staff allergy training;
- oversee emergency AAI arrangements;
- ensure relevant staff receive appropriate information;
- coordinate allergy risk assessments where required;
- liaise with parents/carers and healthcare professionals;
- liaise with the catering provider;
- oversee allergy incidents and near misses;
- monitor the effectiveness of this policy; and
- report relevant matters to the Headteacher and Governing Board.

6. Identifying Pupils with Allergies

Parents/carers are expected to inform the school promptly if their child:

- has been diagnosed with an allergy;
- has experienced an allergic reaction;

- has been prescribed an AAI;
- has been issued with an Allergy Action Plan;
- has an allergy-related medical condition;
- has developed a new allergy; or
- has experienced a change in treatment or medication.

At admission and whenever appropriate, the school will ask parents/carers to provide information about known allergies and emergency medication.

Where a child has a known allergy, the school will obtain appropriate information including, where relevant:

- allergen(s);
- symptoms;
- known triggers;
- previous reactions;
- risk of anaphylaxis;
- prescribed medication;
- emergency medication arrangements;
- Allergy Action Plan;
- Asthma Action Plan where relevant;
- dietary requirements;
- healthcare professional advice;
- appropriate emergency response;
- reasonable adjustments; and
- arrangements for activities and educational visits.

The school will ensure that relevant information is available to staff who need it to keep the child safe.

7. Pupils Requiring Individual Healthcare Plans

A pupil whose allergy requires active management by the school will have an Individual Healthcare Plan (IHP).

The IHP will be developed with:

- the pupil, where appropriate;
- parents/carers;
- school staff;

- appropriate healthcare professionals; and
- other relevant people where necessary.

The IHP will identify, as appropriate:

- the pupil's allergy;
- known allergen(s);
- symptoms;
- risk of anaphylaxis;
- emergency response;
- prescribed medication;
- location and accessibility of medication;
- Allergy Action Plan;
- Asthma Action Plan, where applicable;
- staff responsibilities;
- food arrangements;
- classroom arrangements;
- cooking and Forest School arrangements;
- breakfast and after-school club arrangements;
- educational visits;
- residential visits;
- transport arrangements where relevant;
- reasonable adjustments;
- communication arrangements; and
- emergency contact information.

The school's IHP template will be based on or aligned with the current DfE IHP template.

8. Allergy Action Plans

Where a healthcare professional has provided an Allergy Action Plan, the plan will be attached to or incorporated into the pupil's IHP.

The Allergy Action Plan will be used by staff to understand:

- the pupil's known allergy;

- symptoms;
- emergency treatment;
- prescribed adrenaline;
- other prescribed medication;
- when emergency services should be called; and
- any additional individual instructions.

An Allergy Action Plan does not replace the school's whole-school Allergy Safety Policy.

9. Reviewing IHPs and Allergy Information

IHPs and allergy information will be reviewed:

- at least annually;
- whenever the child's medical circumstances change;
- when medication changes;
- when an Allergy Action Plan changes;
- following a serious allergic reaction;
- following a significant near miss;
- following a significant change in school arrangements; or
- whenever the school, parent/carers or healthcare professional considers a review necessary.

Following an allergic incident or significant near miss, the school will consider whether the IHP and risk-management arrangements need immediate amendment.

10. Confidentiality and Information Sharing

Allergy information is confidential medical information.

The school will:

- store information securely;
- share information only with those who need it for legitimate school purposes;
- ensure relevant staff have access to the information necessary to keep the pupil safe;
- avoid unnecessary disclosure of medical information to other pupils or families; and
- comply with applicable UK data protection requirements.

The school will balance confidentiality with the need for effective emergency response.

Relevant staff must be able to identify pupils with allergies and know how to access their emergency information.

Information will also be shared with relevant external providers where necessary, including:

- catering providers;
- breakfast and after-school providers;
- trip and residential providers;
- transport providers;
- sports/activity providers; and
- other adults responsible for the pupil.

11. Staff, Supply Staff and Visitors

All staff will receive allergy awareness and emergency-response training. This includes, as appropriate:

- teachers;
- teaching assistants;
- lunchtime supervisors;
- office staff;
- site staff;
- senior leaders;
- supply teachers;
- temporary staff;
- breakfast club staff;
- after-school club staff;
- Forest School staff;
- catering staff; and
- other staff who may supervise pupils.

The school will ensure that temporary and supply staff receive sufficient allergy information before supervising pupils.

Where possible, visitors and external providers who will be responsible for pupils will be informed of relevant allergy arrangements before the activity.

No school employee should assume that allergy safety is solely the responsibility of first-aiders or the catering provider.

12. Mandatory Allergy Training

All school staff will receive allergy safety training at least annually and when significant changes occur.

Training will cover:

- allergy awareness;
- food allergy;
- symptoms of allergic reactions;
- signs of anaphylaxis;
- emergency response;
- use of adrenaline auto-injectors;
- prescribed AAls;
- spare AAls;
- calling 999;
- the school's emergency procedures;
- individual pupil arrangements;
- reducing exposure to known allergens;
- food and allergen safety;
- cross-contact;
- educational visits;
- allergy-related bullying;
- incident reporting; and
- the school's Allergy Safety Policy.

Training will be recorded.

The school will maintain a training record showing:

- staff member;
- date of training;
- training provider;
- training completed;
- refresher date; and
- any outstanding training.

13. Minimising Exposure to Known Allergens

The school will use proportionate and practical measures to minimise exposure to known allergens.

Risk management will consider:

- food;
- classrooms;
- dining areas;
- playgrounds;
- Forest School;
- science;
- art and craft;
- cooking;
- PE;
- trips;
- residential visits;
- clubs;
- celebrations;
- animals;
- insects;
- medicines;
- cleaning products;
- latex and other contact allergens; and
- environmental allergens.

The school will not describe itself as completely "allergen-free" unless there is a specific, evidence-based reason to make a very limited environmental claim.

The school's approach is based on risk reduction, good communication, appropriate supervision, safe food practices and effective emergency response, rather than relying on blanket bans.

14. Food Allergy Management

Food allergy presents particular risks within a primary school environment.

The school will:

- obtain accurate allergen information for school-provided food;
- communicate relevant dietary requirements to the catering provider;
- check ingredients where required;
- ensure menu changes are communicated;
- take reasonable steps to prevent allergen cross-contact;

- ensure relevant staff understand individual dietary requirements;
- consider packed lunches where they present an individual pupil safety issue;
- manage food used in curriculum activities;
- consider food at clubs and celebrations; and
- ensure appropriate arrangements are made during visits and residential trips.

The school will never rely solely on a food product's appearance or a staff member's assumption about its ingredients.

15. The 14 Regulated Food Allergens

Where food is provided, allergen information will be managed in accordance with current food law.

The 14 regulated allergens are:

1. cereals containing gluten;
2. crustaceans;
3. eggs;
4. fish;
5. peanuts;
6. soybeans;
7. milk;
8. nuts;
9. celery;
10. mustard;
11. sesame;
12. sulphur dioxide and sulphites;
13. lupin; and
14. molluscs.

Where an allergen is present in food and declaration is legally required, appropriate information will be provided.

The Food Standards Agency confirms that these are the 14 allergens requiring declaration under food information law.

16. Catering Provider

The school's catering provider must:

- comply with relevant food safety legislation;

- comply with applicable School Food Standards;
- maintain appropriate allergen-management procedures;
- provide accurate allergen information;
- prevent or appropriately control cross-contact;
- ensure staff are appropriately trained;
- communicate ingredient and menu changes;
- comply with individual dietary requirements;
- maintain appropriate food safety records; and
- report allergen-related incidents to the school immediately.

The school will ensure that the catering contract/specification clearly establishes these responsibilities.

17. Allergen Information and Ingredient Changes

Allergen information must be checked whenever:

- a recipe changes;
- an ingredient changes;
- a supplier changes;
- a substitute product is used;
- a menu changes; or
- staff are uncertain about ingredients.

Staff must not assume that a product remains allergen-free simply because it was previously suitable.

If accurate allergen information cannot be established, the food must not be provided to a pupil for whom that information is necessary.

18. Cross-Contact

The school recognises that accidental cross-contact can occur during food preparation, serving and handling.

Appropriate measures will include, where relevant:

- handwashing;
- cleaning food-preparation surfaces;
- appropriate cleaning of equipment;
- separating ingredients;
- using appropriate utensils;

- following catering-provider procedures;
- safe storage;
- avoiding unnecessary sharing of food;
- appropriate supervision; and
- following individual healthcare arrangements.

The degree of control required will be proportionate to the pupil's documented allergy and the activity being undertaken.

19. Packed Lunches

The school recognises that packed lunches are brought from home and are therefore not under the school's complete control.

Parents/carers must inform the school if their child's allergy requires specific arrangements regarding packed lunches.

Where a packed lunch creates a foreseeable risk to an individual pupil, the school will work with the family to identify reasonable and proportionate measures.

The school will not automatically require all pupils to follow a blanket allergen-free diet unless a specific risk assessment demonstrates that such an arrangement is necessary and proportionate.

Food must not be deliberately shared between pupils.

Pupils will be taught, in an age-appropriate way, not to share food or drinks where this could create a health or allergy risk.

20. Food Technology, Cooking and Forest School

All food-related activities will be risk assessed.

This includes:

- Design and Technology;
- classroom cooking;
- science activities involving food;
- Forest School cooking;
- baking;
- food tasting;
- gardening and food-growing activities; and
- other food-related curriculum activities.

Risk assessments will consider:

- known pupil allergies;
- ingredients;
- cross-contact;
- equipment;
- supervision;
- food hygiene;
- emergency medication;
- individual healthcare plans; and
- reasonable adjustments.

Pupils with allergies will not be excluded unnecessarily.

Where a safe alternative activity or ingredient can reasonably be provided, this will be considered.

21. Breakfast Club and After-School Provision

Allergy safety arrangements apply during:

- breakfast club;
- after-school club;
- holiday activities operated by the school, where applicable; and
- other wraparound provision operated by or on behalf of the school.

Staff responsible for these activities must have access to relevant allergy information and receive appropriate training.

Emergency medication must remain accessible during these activities.

Food provided must comply with the school's food safety and allergen arrangements.

22. Educational Visits and Residential Trips

Pupils with allergies will be supported to participate fully in educational visits wherever reasonably possible.

Before a visit, staff will:

- review the pupil's IHP;
- review the Allergy Action Plan;
- confirm prescribed medication;
- ensure medication is accessible;

- consider spare emergency medication;
- identify trained staff;
- communicate relevant information to the venue/provider;
- check food arrangements;
- consider transport;
- consider outdoor/environmental allergens; and
- undertake an appropriate risk assessment.

A pupil will not normally be excluded from a trip solely because they have an allergy where safe arrangements can reasonably be made.

A parent/carers will not normally be required to accompany their child solely because of an allergy where the school can reasonably provide appropriate support.

23. Emergency Medication

Pupils who have been prescribed an adrenaline auto-injector must have access to it whenever they are on school premises or participating in school activities.

Prescribed medication will:

- be clearly identified;
- be stored safely;
- be readily accessible;
- be within its expiry date;
- be checked regularly;
- accompany the pupil on educational visits;
- be available during clubs and activities; and
- be managed in accordance with the school's Medicines Policy and IHP.

Where appropriate and where the pupil is able to self-manage, the pupil may carry their own medication in accordance with their healthcare arrangements.

24. Spare Adrenaline Auto-Injectors

The school will maintain an appropriate stock of spare adrenaline auto-injectors for use in emergencies.

The school will:

- obtain spare AAls through an appropriate legal route;
- keep them in date;

- store them in a clearly identified and accessible location;
- ensure they are not locked away in a manner that could cause delay;
- ensure they can be accessed rapidly;
- check them regularly;
- replace expired or used devices promptly; and
- maintain appropriate records of stock and checks.

Spare AAls are emergency devices and are not intended to replace a pupil's prescribed medication.

They may be used in an emergency where clinically appropriate, including where a child or young person is experiencing suspected anaphylaxis and their own prescribed device is unavailable, inaccessible or insufficient.

Location of spare AAls: In Kitt Medical Box on the wall outside the staff room

Person responsible for checks: Julia Waites

Frequency of checks: monthly (as alerted through Kitt Medical)

25. Accessibility of Emergency AAls

Emergency adrenaline devices must be accessible rapidly.

The school will ensure that:

- staff know where spare AAls are kept;
- relevant staff know how to access them;
- AAls are not stored in a location that creates unnecessary delay;
- AAls are available during lessons;
- AAls are available during lunch and break;
- AAls are available during Forest School;
- AAls are available during clubs;
- AAls are available during educational visits; and
- emergency arrangements take account of the school's site layout.

26. Responding to a Suspected Anaphylactic Reaction

Anaphylaxis is a medical emergency.

If staff suspect that a pupil is experiencing anaphylaxis, they will:

1. Stay with the pupil.

2. Call for help.
3. Bring the pupil's prescribed adrenaline and/or the school's spare AAI to the pupil.
4. Administer adrenaline without unnecessary delay, in accordance with training and current clinical guidance.
5. Call 999 and request an ambulance.
6. State that the child is experiencing or is suspected of experiencing anaphylaxis.
7. Keep the pupil under continuous observation.
8. Follow the pupil's IHP/Allergy Action Plan where applicable.
9. Administer further adrenaline where indicated by current emergency guidance and the pupil's clinical plan.
10. Do not allow the pupil to stand or walk unnecessarily.
11. Ensure an adult accompanies the pupil if they are transferred to hospital.
12. Inform the parent/carer as soon as reasonably practicable.
13. Record the incident.
14. Review the incident and identify lessons learnt.

If there is uncertainty about whether a reaction is anaphylaxis, staff will follow their training and current emergency guidance and will err on the side of prompt emergency treatment.

The school will not delay emergency treatment while waiting for a parent/carer to arrive.

27. Recognising Anaphylaxis

Staff training will cover the signs and symptoms of anaphylaxis. These may include:

- difficulty breathing;
- wheezing or noisy breathing;
- swelling of the tongue or throat;
- difficulty speaking or swallowing;
- sudden persistent cough;
- hoarse voice;
- dizziness or collapse;
- pale, clammy or blue/grey appearance;
- confusion;
- loss of consciousness; or

- a combination of symptoms affecting different body systems.

Skin symptoms such as hives or swelling may occur but may not always be present.

Staff will follow current clinical guidance rather than waiting for a particular combination of symptoms.

28. Antihistamines and Asthma Inhalers

Antihistamines are not a substitute for adrenaline when anaphylaxis is suspected.

An asthma reliever inhaler is also not a substitute for adrenaline where anaphylaxis is suspected.

Where a pupil has both asthma and allergy, staff will follow the pupil's IHP/Allergy Action Plan and current emergency guidance.

29. Second Dose of Adrenaline

Where there is no improvement after the first dose of adrenaline, or where symptoms return, a second dose may be required in accordance with the pupil's emergency plan and current clinical guidance.

The school will ensure that emergency arrangements allow a second dose to be available where required.

Staff will continue to follow instructions from emergency services after 999 has been called.

30. After an Allergic Reaction

Following a suspected anaphylactic reaction:

- the pupil will receive appropriate medical assessment;
- parents/carers will be informed;
- the incident will be recorded;
- medication used will be replaced promptly;
- the IHP will be reviewed;
- the Allergy Action Plan will be reviewed where appropriate;
- relevant risk assessments will be reviewed;
- the catering provider will be involved where food was implicated;
- the Governing Board will be informed where appropriate; and
- lessons learnt will be recorded.

31. Serious Incidents and Near Misses

The school will record and review serious allergy incidents and relevant near misses.

Examples include:

- a pupil consuming a known allergen;
- incorrect food being provided;
- incorrect allergen information;
- significant cross-contact;
- failure to administer emergency medication appropriately;
- medication being unavailable or inaccessible;
- an allergic reaction;
- suspected anaphylaxis;
- an expired or missing emergency AAI;
- a significant failure in communication; or
- another incident that could reasonably have resulted in serious harm.

The school will:

- record the incident;
- inform parents/carers appropriately;
- consider whether external/statutory reporting is required;
- investigate what happened;
- identify contributing factors;
- identify corrective actions;
- review the relevant IHP and risk assessment;
- consider staff training needs;
- review food/catering arrangements where applicable; and
- report significant findings to the Governing Board.

32. Allergy-Related Bullying

The school recognises that pupils with allergies may experience anxiety, embarrassment, social isolation or bullying.

The school will not tolerate:

- deliberately exposing another pupil to an allergen;
- threatening to expose someone to an allergen;

- taking or hiding someone's medication;
- mocking a pupil's allergy;
- encouraging a pupil to eat an unsafe food;
- deliberately contaminating another pupil's food;
- sharing unsafe food with a pupil who has an allergy; or
- making jokes or comments intended to frighten or humiliate a pupil because of their allergy.

Such behaviour will be addressed under the school's Behaviour and Anti-Bullying Policy and, where appropriate, safeguarding procedures.

33. Pupil Wellbeing and Inclusion

The school recognises that living with an allergy can affect a child's:

- confidence;
- emotional wellbeing;
- friendships;
- participation;
- attendance;
- independence; and
- sense of safety.

Staff will seek to ensure that allergy management does not unnecessarily isolate pupils.

Pupils will be supported to:

- understand their allergy in an age-appropriate way;
- recognise when they need help;
- understand their own medication where appropriate;
- avoid known allergens;
- speak to a trusted adult if they feel unwell; and
- participate in school activities.

The school will encourage age-appropriate independence while recognising that responsibility for emergency management remains with adults where necessary.

34. Food Sharing

Pupils will be taught that they should not share food or drinks with other pupils.

Staff will supervise eating appropriately for the age and needs of pupils.

The school will not rely on a "no sharing" rule as its sole allergy-control measure, but it will form part of the school's wider risk-management approach.

35. Undiagnosed Allergic Reactions

The school recognises that a child may experience their first allergic reaction at school.

For this reason:

- all staff will receive allergy awareness training;
- spare AAls will be available;
- staff will know the signs of anaphylaxis;
- emergency procedures will be practised and understood; and
- staff will call 999 promptly where anaphylaxis is suspected.

A child does not need to have a previously diagnosed allergy for staff to respond to suspected anaphylaxis.

36. Food Labelling and PPDS

Where the school produces food that falls within the legal definition of prepacked for direct sale (PPDS), the school will comply with the applicable allergen-labelling requirements.

PPDS food must have:

- the name of the food; and
- a full ingredients list with the regulated allergens emphasised.

The Food Standards Agency confirms these requirements.

Where the school is uncertain whether food is PPDS, it will seek appropriate advice before selling or providing the food.

37. Food Used in Celebrations and Events

Where food is provided during:

- celebrations;
- class events;
- religious or cultural events;
- fundraising activities;
- parties;
- clubs; or

- other school activities,
the school will consider:
- known allergies;
- allergen information;
- food hygiene;
- supervision;
- cross-contact;
- individual healthcare plans; and
- inclusion.

Homemade food will not be accepted for general distribution to pupils where the school cannot establish sufficient information to manage foreseeable allergy risks.

38. Animals and Environmental Allergens

The school will consider allergies relating to:

- school animals;
- visiting animals;
- dogs;
- therapy animals;
- insects;
- pollen;
- grass;
- dust;
- cleaning products; and
- other environmental triggers.

Where a pupil has a documented environmental or animal allergy, the school will consider reasonable adjustments and appropriate risk controls.

39. Medicines and Cleaning Products

The school will consider allergies to medicines, latex, cleaning products and other substances.

Where a pupil or staff member has a known allergy to a substance used within school, appropriate risk controls will be considered.

Medicines will be administered and stored in accordance with the school's Medicines Policy.

40. Equality and Reasonable Adjustments

Where an allergy constitutes a disability under the Equality Act 2010, the school will consider and implement reasonable adjustments.

The school will seek to remove unnecessary barriers to:

- attendance;
- learning;
- meals;
- trips;
- clubs;
- PE;
- Forest School;
- residential visits;
- social activities; and
- other aspects of school life.

Having an allergy will not, in itself, be treated as a reason to exclude a pupil from an activity.

41. Communication with Parents and Carers

The school will work collaboratively with parents/carers.

Parents/carers are expected to:

- provide accurate allergy information;
- provide prescribed medication where required;
- ensure medication is in date;
- provide updated Allergy Action Plans where appropriate;
- inform the school of changes in diagnosis or treatment;
- attend relevant planning/review meetings where requested; and
- follow agreed arrangements for food and medication.

The school will:

- communicate relevant information clearly;

- notify parents/carers of significant allergy incidents;
- consult families when IHPs are developed or reviewed;
- provide appropriate information about food provision; and
- respond promptly to concerns.

42. Communication with Pupils

Pupils will receive age-appropriate allergy education. This may include:

- what allergies are;
- why some pupils have to avoid particular foods or substances;
- why food should not be shared;
- how to recognise when someone may need help;
- why medication must not be touched or hidden;
- how to seek adult help; and
- why teasing or deliberately exposing someone to an allergen is unacceptable.

The school will avoid creating unnecessary fear around food or allergies.

43. Small-School Arrangements

Rauceby CE Primary School is a small village primary school and therefore operates with a relatively small staff team.

The school recognises that small size does not reduce its responsibilities for allergy safety.

To ensure resilience:

- allergy knowledge will not be restricted to one member of staff;
- all staff will receive training;
- supply staff will receive appropriate information;
- emergency medication arrangements will be known by multiple staff;
- the school will avoid reliance on one individual to respond to an allergic emergency;
- arrangements will cover staff absence;
- wraparound provision will be included; and
- educational visits will be planned so that allergy support remains available.

Where staffing changes occur, the Headteacher/Allergy Safety Lead will ensure that allergy arrangements are re-checked.

44. Emergency Information

The following information must be completed and kept up to date:

Named Senior Allergy Safety Lead:

Kim Singleton

Named Allergy Safety Governor:

Pending

Location of prescribed pupil medication:

First Aid Room

Location of spare AAIs:

On wall opposite staffroom

Person responsible for AAI checks:

Kim Singleton (personal medication) Julia Waites (spare AAIs)

Location of allergy/IHP records:

First Aid room/ Classrooms in file at the front of the room

Location of emergency grab bag/visit medication:

First aid room

999 emergency procedure:

Call 999 and state that anaphylaxis is suspected.

School emergency access point:

Main entrance

Nearest hospital/A&E:

Grantham/Lincoln

45. Emergency AAI Stock and Checking Record

The school will maintain an emergency AAI record containing:

- device type;
- dose;
- quantity;
- location;
- expiry date;
- date checked;
- condition of device;
- name/signature of person checking;

- replacement date where applicable.

AAIs will be checked regularly and after every use.

Expired, damaged or used devices will be replaced promptly.

46. Staff Training Record

The school will maintain a central record of allergy training.

All staff must complete required training within the school's specified timescale.

New staff will receive allergy awareness information as part of their induction and complete formal training as soon as reasonably practicable.

47. Monitoring and Quality Assurance

The Headteacher and Allergy Safety Lead will monitor implementation. Monitoring will include:

- annual policy review;
- staff training compliance;
- AAI stock and expiry checks;
- pupil IHPs;
- Allergy Action Plans;
- catering arrangements;
- allergen information;
- food preparation;
- educational visits;
- breakfast and after-school provision;
- Forest School;
- incidents;
- near misses;
- bullying or wellbeing concerns;
- parent feedback; and
- staff feedback.

The Governing Board will receive appropriate assurance that the policy is implemented effectively.

48. Policy Review

This policy will be reviewed:

- at least annually;
- following a serious allergic reaction;
- following a significant near miss;
- following a significant change to statutory guidance;
- following a significant change to the school's catering arrangements;
- following a significant change in the pupil population or risk profile; or
- whenever the Governing Board or Headteacher considers a review necessary.

The review will consider:

- incidents;
- near misses;
- training;
- medication;
- catering;
- trips;
- pupil wellbeing;
- parental feedback; and
- changes in legislation or guidance.

49. Related Policies

This policy should be read alongside:

- Supporting Pupils with Medical Conditions Policy;
- Medicines Policy;
- First Aid Policy;
- Food, Nutrition and Healthy Eating Policy;
- Food Hygiene procedures;
- Educational Visits Policy;
- Health and Safety Policy;
- Safeguarding and Child Protection Policy;

- Behaviour Policy;
- Anti-Bullying Policy;
- Equality Policy;
- SEND Policy; and
- Breakfast/After-School Club procedures.

Appendix A – Immediate Staff Response to Suspected Anaphylaxis

If you think a pupil is experiencing anaphylaxis:

- Stay with the pupil.
- Call for help.
- Bring the pupil's prescribed AAI and/or spare AAI to the pupil.
- Administer adrenaline promptly in accordance with training and the pupil's emergency plan/current guidance.
- Call 999 and request an ambulance.
- Tell the emergency operator that anaphylaxis is suspected.
- Keep the pupil under continuous observation.
- Do not allow the pupil to stand or walk unnecessarily.
- Give a further adrenaline dose if required under current emergency guidance.
- Inform the parent/carers.
- Follow instructions from emergency services.
- Record the incident.
- Replace any AAI used.
- Review the IHP, risk assessment and relevant procedures.

Important: Do not delay emergency treatment while waiting for a parent/carers, and do not rely on antihistamines or an asthma inhaler as a substitute for adrenaline where anaphylaxis is suspected.

Appendix B – Minimum Allergy Information for Staff

For every pupil with a known allergy requiring school support, relevant staff must be able to establish:

- pupil's name;
- photograph where appropriate and lawfully held;
- allergen(s);
- symptoms;
- risk of anaphylaxis;
- prescribed medication;
- medication location;
- Allergy Action Plan;
- IHP;
- emergency procedure;
- relevant food arrangements;
- trip arrangements; and
- parent/carer emergency contact information.

Information will be held securely and accessed only by staff with a legitimate need to know.

Appendix C – Annual Allergy Safety Review

The Headteacher/Allergy Safety Lead will complete an annual review covering:

- Policy published on school website.
- Allergy Safety Lead appointed.
- Allergy Safety Governor appointed.
- All staff training completed.
- Supply/temporary staff arrangements checked.
- Catering arrangements checked.
- Pupil allergy register reviewed.
- IHPs reviewed.
- Allergy Action Plans checked.
- Prescribed AAls checked.
- Spare AAls checked and in date.
- Emergency procedures reviewed.
- Educational visit arrangements reviewed.
- Breakfast/after-school arrangements reviewed.
- Food technology/Forest School arrangements reviewed.
- Incidents and near misses reviewed.
- Allergy-related bullying/wellbeing issues reviewed.
- Parent/carers feedback considered.
- Policy updated where necessary.
- Report provided to Governing Board where appropriate.

****This policy should be implemented alongside the school's current DfE-compliant medical conditions arrangements and the individual healthcare/all**