ALLERGY SAFETY POLICY

HATFIELD PEVEREL INFANT AND NURSERY SCHOOL

Inspiring a Love of Learning

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Allergy Safety Policy

1. Policy Statement

The school recognises that allergies can present a serious and, in some cases, life-threatening risk to children, young people, staff and visitors. We are committed to creating a safe, inclusive and supportive environment in which individuals with allergies can participate fully in all aspects of school life, without unnecessary barriers or discrimination.

The school will take all reasonable steps to minimise the risk of exposure to known allergens, support the health, wellbeing and educational participation of children and young people with allergies, and ensure staff are prepared to recognise and respond to allergic reactions, including anaphylaxis.

This policy is underpinned by a whole-school approach to allergy safety that promotes awareness, prevention, preparedness, partnership working and inclusion.

The school is insured through Essex County Council and this provides cover for staff who provide support to pupils with medical conditions, including the administration of medication.

2. Purpose

The purpose of this policy is to:

- Protect the health, safety and wellbeing of children, young people, staff and visitors with allergies.
- Establish clear arrangements for identifying and supporting individuals with allergies.
- Minimise the risk of exposure to known allergens.
- Promote the inclusion and participation of children and young people with allergies in all aspects of school life.
- Ensure staff understand their responsibilities and receive appropriate training.
- Establish effective procedures for responding to allergic reactions and anaphylaxis.
- Ensure compliance with statutory guidance and legal duties.
- Outline unacceptable practice

3. Scope

This policy applies to:

- All pupils with diagnosed or suspected allergies.
- Pupils at risk of anaphylaxis.
- Pupils with food allergies.
- Pupils with allergies to medication, insects, latex, environmental allergens or other substances.
- Staff, volunteers and visitors with known allergies.
- All school activities, including educational visits, residential trips, after-school activities, breakfast clubs and wraparound provision

4. Legislation and Statutory Guidance

This policy is informed by the following legislation:

- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Children Act 1989, section 3

- Children and Families Act 2014, Section 100 relating to supporting pupils with medical conditions
- Children's Wellbeing and Schools Act 2026, Section 34
- Education Act 2002, sections 20 and 175
- Food Information Regulations 2014
- Food Safety Act 1990 and Food Safety and Hygiene (England) Regulations 2013
- Human Rights Act 1998
- Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR)

The school and governing body has regard to the following statutory guidance:

- Allergy safety in schools (July 2026)
- Supporting Children and Young People with Medical Conditions and Allergy (September 2026)
- Keeping Children Safe in Education (2026)
- SEND Code of Practice: 0 to 25 years
- Early Years Foundation Stage statutory framework

5. Equality and Inclusion

Allergies may constitute a disability under the Equality Act 2010. The school will make reasonable adjustments to ensure pupils with allergies are not disadvantaged and can participate fully in school life.

6. Awareness of the allergy safety policy

The school will actively raise awareness of this policy. This may include:

- Publishing the policy on the school website
- Staff allergy awareness training
- Assemblies
- Parent newsletters
- Emergency response posters in classrooms

7. Roles and Responsibilities

7.1 The Governing Body will:

- Appoint a named Governor for allergy safety - *Amanda Smith*
- Appoint a named Senior Leader for allergy safety – *Mrs Z Fairbairn Headteacher*
- Ensure the school has an effective Allergy Safety Policy.
- Review the policy at least annually.
- Monitor implementation and compliance.
- Ensure appropriate resources are available to support allergy safety arrangements.
- Receive reports relating to serious allergy incidents and near misses.

7.2 The Headteacher will:

- Ensure this policy is effectively implemented.
- Ensure sufficient staff training is provided.
- Ensure appropriate procedures are in place for managing allergy risks.
- Promote an inclusive culture for children and young people with allergies.

7.3 A named senior leader will have responsibility for:

- Coordinating allergy safety arrangements.
- Maintaining oversight of allergy records and Individual Healthcare Plans.
- Ensuring staff training is delivered and monitored.
- Monitoring and reviewing any serious incidents and near misses.
- Reviewing policy effectiveness
- Liaising with families and healthcare professionals where required

7.4 All staff are expected to:

- Be familiar with this policy and associated procedures.
- Follow Individual Healthcare Plans and Allergy Action Plans.
- Attend required training.
- Take reasonable steps to minimise allergy risks.
- Respond appropriately to allergic reactions and emergencies.
- Report concerns, incidents and near misses promptly.

7.5 Parents/carers are responsible for:

- Informing the school promptly if their child has a diagnosed allergy or if an existing allergy changes in severity or management.
- Providing accurate, up-to-date medical information, including details of known allergens, symptoms, prescribed medication and emergency treatment requirements.
- Providing the school with prescribed medication, including in-date adrenaline auto-injectors and any other medication identified within the child's Individual Healthcare Plan or Allergy Action Plan.
- Ensuring that medication supplied to the school is clearly labelled, in date and replaced before its expiry date.
- Participating in the development, review and update of their child's Individual Healthcare Plan and providing consent for relevant information to be shared with staff who need to know.
- Working collaboratively with the school to identify and manage risks associated with school activities, educational visits and extracurricular provision.
- Informing the school as soon as possible following any allergic reaction, hospital attendance, change in treatment, change in medication or updated medical advice.
- Supporting their child, where appropriate, to develop an understanding of their allergy and the measures needed to remain safe.
- Providing the school with copies of any Allergy Action Plan, Asthma Plan or advice received from healthcare professionals, where appropriate.

7.6 Pupils

The school recognises that children and young people should be involved in decisions about the support they receive and, where appropriate, encouraged to develop confidence and independence in managing their allergy.

Pupils are encouraged, according to their age, understanding and capability, to:

- Participate in discussions about their allergy and contribute to the development and review of their Individual Healthcare Plan
- Develop an understanding of their allergy, including known allergens, symptoms of a reaction and strategies for avoiding exposure.
- Inform a member of staff immediately if they believe they have been exposed to an allergen or are experiencing symptoms of an allergic reaction (if possible)

- Follow agreed allergy management arrangements and safety measures identified within their Individual Healthcare Plan.
- Treat the medical needs of others with respect and contribute to a safe, inclusive and supportive school environment.

No pupil will be penalised, excluded or treated less favourably because of their allergy. The school will support pupils to participate fully in learning, school life, educational visits and extracurricular activities while promoting their safety, wellbeing, dignity and independence.

7.7 Unacceptable Practice

All stakeholders, including staff, should be aware of what constitutes unacceptable practice. Examples of practice include (but are not limited to);

- preventing children and young people from easily accessing their medication (for example prescribed adrenaline devices);
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that every child or young person with allergy requires the same support;
- assuming that older children and young people do not require support, even if they are able to take increasing responsibility for managing their allergy;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- discriminating against children or young people with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round;
- penalising children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition or allergy. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child;
- parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child's allergy; and
- preventing children and young people from participating, or creating unnecessary barriers to them participating, in any aspect of school, college or setting life, including external visits and trips, e.g., by requiring parents to accompany the child.

8. Identifying and Managing Allergies

The school will identify pupils with allergies through:

- Admission and enrolment information
- Data collection forms

- Transition meetings
- Previous Individual Healthcare plans
- Clinical action plans provided by healthcare professionals/Healthcare professional advice
- Ongoing communication with families

When the school is notified of an allergy for a new or existing pupil, the following procedure is followed:

- The Headteacher, or senior member of school staff to whom this has been delegated, will co-ordinate a meeting to discuss the child's medical support needs and identify member(s) of school staff who will provide support to the pupil.
- The senior member of staff will call a meeting to discuss and agree if there is the need for an Individual healthcare plan (IHP). The meeting will include key school staff, the child, parent/carer, relevant healthcare professionals and other medical/health clinicians as appropriate (or consider written evidence provided by them).
- The senior member of staff will coordinate the writing of an IHP, in partnership with the parents/carers, key school staff, where appropriate and healthcare professionals.
- The senior member of staff will identify any training needs required and ensure that these take place.
- The IHP will be shared with all relevant members of staff and implemented.
- The senior member of staff will organise the annual review of the IHP or when the need arises if sooner. The parents/carers are responsible for informing the school of any changes that may require a review of the IHP.
- If the school is notified that the child is going to move school, the Headteacher or senior member of staff will ensure that the receiving school is fully informed about the child's medical needs as soon as possible. When a child moves school, the IHP is transferred along with all the child's records.
- Safeguarding policies, including child protection, will be strictly adhered to, ensuring child safety and welfare are not compromised.
- For any new pupils, arrangements should be in place in time for the start of the relevant school term.
- For any other pupils, every effort should be made to ensure arrangements are in place within two weeks

The school will maintain an Allergy Register containing:

- Name and photograph.
- Known allergens.
- Nature of exposure risk.
- Prescribed medication.
- Emergency contacts.
- Allergy Action Plan.
- Asthma Action Plan (where relevant).
- Individual Healthcare Plan.

8.1 Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in their school

- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

Where available, the following will be attached:

- Allergy Action Plan.
- Asthma Action Plan.
- Emergency healthcare instructions.

The Individual Healthcare Plan will:

- Clearly identify allergens and associated risks.
- Record symptoms and signs of allergic reactions.
- Detail day-to-day management arrangements.
- Any reasonable adjustments and flexibility
- Include arrangements for medication storage and access.
- Specify emergency procedures.
- identify staff responsibilities.
- Record arrangements for educational visits and extracurricular activities.

Individual Healthcare Plans will be reviewed:

- At least annually;
- Following any significant change in medical need;
- Following an allergic reaction or serious incident.

9. Minimising Risk and Managing Exposure to Allergens

The school recognises that it is not generally possible to create completely allergen-free environments. Instead, risk will be managed through proportionate and evidence-based control measures.

Measures may include:

- Adopting an allergy-aware approach rather than claiming to be allergen-free.
- Implementing risk assessments for identified allergens.
- Clear communication of relevant allergy information to staff.
- Safe food handling procedures.
- Effective cleaning practices.
- Supervision arrangements where necessary.
- Ensuring food containers and lunchboxes are identifiable, where necessary
- Encouraging handwashing before and after eating.
- Classroom and curriculum risk assessments - assess allergen risks in curriculum activities.
- Management of food brought into school.
- Risk management for celebrations, fundraising events and food-related activities.
- Assess allergen risks in visits and trips.
- Consideration of environmental allergens and air quality issues where relevant.

9.1 Measures to manage the risks of exposure to a food allergen through food provided by the school.

Where food is provided by the school or by contracted catering providers, reasonable measures will be taken to reduce risks associated with food allergens

The school will:

- Ensure accurate allergen information is available where required.
- Liaise with catering providers regarding pupils with allergies.
- Consider individual risk assessments when meals are provided.
- Reduce unnecessary exposure to known allergens
- Implement safe eating arrangements, where identified through an IHP.
- Support pupils receiving free school meals to access safe options wherever possible.
- Communicate clearly with parents, staff, and pupils
- Train pupils to avoid food sharing.

Food Provision

The school and catering providers will:

- Collaborate to ensure all stakeholders understand controls in place to ensure that food service conforms with legislation
- Comply with food allergen legislation. This includes food used within the curriculum
- Provide allergen information on foods and ingredients used to parents/carers and where appropriate, to the child
- Work with families to provide safe meals
- Take measures to prevent cross-contamination.
- Manage menu changes safely and highlighted to stakeholders
- Use photographs alongside details of the pupil's allergies in the kitchen/serving area
- Supervise younger children during meal and snack times to help prevent food sharing and accidental exposure.
- Ensure packed lunch arrangements consider allergy risks

Food that is prepacked for direct sale (PPDS) (for example, items prepared and packaged on site before being selected) must be labelled with the name of the food, a full ingredients list, and any of the 14 regulated allergens clearly emphasised within that list.

Where food is provided by the school, school staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

9.2 Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff)

Measures may include:

- Providing clear information to parents, carers, staff and visitors about the school's allergy management arrangements and the importance of avoiding sharing food.
- Displaying information in staff areas reminding staff and visitors of allergy-aware practices.
- All bottles, drinks and lunch boxes provided by parents for children should be clearly labelled with the name of the child for whom they are intended.

9.3 Measures to manage the risk where children and young people have known airborne or contact allergens

Measures may include:

- Identifying activities that may release allergens into the air, such as cooking, baking, food technology lessons, science activities, sensory play, pet handling or gardening activities.
- Avoiding or adapting activities that involve the child's known airborne allergens where the risk assessment indicates this is necessary.
- Ensuring good ventilation in classrooms, dining areas and activity spaces.
- Implementing control measures during food preparation and cooking activities, such as limiting the use of allergens known to pose an airborne risk.
- Undertaking an individual risk assessment to identify likely sources of contact exposure within the school environment for children with severe allergies.
- Using allergen-safe alternatives in curriculum activities, including arts and crafts, sensory play, science experiments and cooking activities.
- Identifying and managing non-food sources of allergens, such as lotions, soaps, cleaning products, paints, play materials, latex products or animal contact.
- Encouraging effective handwashing before and after eating and after activities involving shared resources.
- Ensuring regular cleaning of tables, equipment, toys, keyboards, surfaces and other frequently touched items.
- Providing individual equipment or resources where this is identified as a reasonable control measure.
- Reviewing school purchasing arrangements to minimise the use of products containing known allergens where appropriate.
- Managing the use of shared sensory resources, including play dough, food-based crafts and messy play materials.

9.4 Staff-led activities

Measures may include:

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking).
- Use non-food containers for craft activities, where possible
- Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.

10. Allergy Awareness and Staff Training

As per statutory guidance, training focuses on allergy awareness and emergency response training. It does not replace any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

The school will ensure all staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes:

- Permanent staff
- temporary staff
- Supply teachers
- Peripatetic staff
- Trainee teachers
- Agency workers
- Regular volunteers
- Catering staff
- Staff who oversee breakfast and after school clubs

Training will include:

- Understanding the school allergy safety policy
- Allergy awareness, the risks it poses, how allergic reactions can occur and how to manage it
- Understanding that allergy includes multiple conditions (food, allergy, asthma, eczema, hay fever etc), which can co-exist
- Understanding the difference between food allergy, food intolerance and coeliac disease
- Knowing where to find information on allergy triggers
- Recognising signs and symptoms of allergic reactions.
- Recognising signs and symptoms of anaphylaxis.
- Emergency response procedures, including:
    - calling emergency services and informing parents
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's 'spare' adrenaline device)
- Understanding the impact allergy can have on a child or young person's wellbeing
- Knowing how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan
- Understanding their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understanding how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss'.

Training records will be maintained and refreshed regularly. Whole-staff training will take place annually as a minimum requirement.

10.1 Induction

All new staff (as listed above) will receive allergy awareness training as part of their induction programme. This will be overseen by (name of individual responsible) and once completely will be recorded accordingly. Training will cover the topics listed above.

10.2 Supply and Cover Staff

Any supply and cover staff will always be with a member of permanent staff that has received allergy training.

11. Adrenaline Devices and Emergency Medication

Pupils should have access to their prescribed adrenaline devices whenever required.

The school will:

- Ensure prescribed devices are readily accessible.
- Where the pupil cannot keep their device with them in the classroom, they will be stored in the school medical room which is unlocked and accessible at all times. Devices should be close enough to hand to administer them within 5 minutes.
- Ensure staff know where medication is stored.
- Keep copies of the pupil's Allergy Action Plan with their medication.
- Monitor expiry dates, where agreed with parents/carers.
- Maintain "spare" adrenaline devices for use in an emergency, in the event of the pupil's own device not being available or has misfired
- Follow procedures for accessing and administering emergency medication.

12. Responding to Allergic Reactions and Anaphylaxis

All staff should be aware that allergic reactions can progress rapidly and may become life-threatening.

Where an allergic reaction is suspected:

- Follow the pupil's IHP and Allergy Action Plan.
- Assess the symptoms.
- Administer medication as directed.
- Call emergency services.
- Inform parents/carers as soon as practicable.
- Monitor the pupil until emergency assistance arrives.
- Record and report the incident

All emergencies will be managed in accordance with current medical advice and training.

In the event of an anaphylaxis reaction or where anaphylaxis is suspected:

- The pupil should be placed flat with legs raised
- Adrenaline devices should be brought to them – never take the patient to the device
- Do not wait to contact the emergency services before administering adrenaline
- Administer adrenaline as soon as possible, within 5 minutes. If in doubt whether the reaction is anaphylaxis, treat with adrenaline
- If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.
- Immediately call 999 and request an ambulance.
- State "anaphylaxis".

- Monitor the child continuously. Do not stand them up. Keep them lying down even if things seem to be getting better.
- Contact parents/carers.
- If there is no improvement after 5 minutes administer a second dose of adrenaline
- Commence CPR at any time if there are no signs of life
- Record and report the incident

Further guidance can be found here: Allergy safety in schools statutory guidance

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 aim to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

13. 'Spare' adrenaline devices – Adrenaline Auto-injectors (AAIs) (Schools only)

Where possible, the school will hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training.

- Spare adrenaline devices/AAIs will be stocked for emergency use. This device can be used for the purpose of saving a life.
- If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used.
- If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.
- 'Spare' adrenaline devices will be stored in the school's medical room. This is a suitable central location.
- They will be located within 5 minutes of where they may be needed.
- 'Spare' devices should be stored at room temperature, in line with manufacturer's guidelines, protected from direct sunlight and extremes of temperature.
- 'Spare' adrenaline devices should be stored in pairs, so that a second one is on hand rather than needing to be obtained from elsewhere on site.
- They will be readily accessible and not locked away.
- Any 'spare' adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a name person.
- Spare adrenaline devices will be stored with instructions on how to use them, instructions on device storage, manufacturer's information, a checklist of injectors, identified by their batch number and expiry date with monthly checks recorded, a note of the arrangements for replacing the injectors, a list of pupils to whom the AAI can be administered, an administration record. This will be known as the emergency anaphylaxis kit.
- This kit will be kept with an emergency asthma inhaler kit (containing a salbutamol inhaler device and spacer.

- A designated member of staff/ designated members of staff will be responsible for monitoring expiry dates of all adrenaline devices
- The school will hold a record of expiry dates for any ‘spare’ adrenaline devices, and these will be regularly reviewed (monthly).
- Replacement devices will be ordered and obtained before existing devices expire, ensuring there is no gap in emergency provision.
- If a spare adrenaline device is used in an emergency, it will be replaced as soon as possible and ideally within a few days of use
- Used adrenaline devices must be treated as clinical sharps because they contain a needle
- Following administration, the used device will be placed in an approved sharps container where available. It must be disposed of according to manufacturer's guidelines.
- Following an emergency, used devices can be given to the ambulance paramedics on arrival.
- The setting will arrange for disposal through appropriate clinical waste or healthcare waste collection services in line with local procedures.
- Expired AAIs will not be disposed of in general waste bins. They will be returned to a community pharmacy or disposed of through an approved clinical waste contractor.
- Staff responsible for medicines management will ensure that expired devices are removed from stock promptly and replaced without delay.
- Records of disposal and replacement will be maintained where appropriate.

Further guidance on the use of adrenaline auto-injectors in schools can be found here: Using emergency adrenaline auto-injectors in schools - GOV.UK

14. Educational Visits and Off-Site Activities

Children and young people with allergies will be enabled to participate fully in educational visits, residential visits and extracurricular activities wherever reasonably possible.

Trip planning will include:

- Individual risk assessments
- Consideration of catering requirements of the child with food allergies
- Consideration of allergens that may be encountered and allergy risks assessed
- Access to emergency medication.
- Availability of trained staff.
- Communication with venues and providers where necessary.
- Appropriate emergency arrangements according to the individual needs of the pupil

A pupil will not be excluded from an activity solely because they have an allergy.

15. Serious incidents and ‘near misses’

The Headteacher is responsible for ensuring that written records are kept of all medicines administered to children. The school is committed to learning from incidents and near misses to continually improve allergy safety arrangements

Any serious incident, near miss or medication error involving a pupil with an allergy will be recorded as soon as is feasible. Records will include:

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

The incident report should be shared with the parent/carer. Parents/carers will have the opportunity to discuss what happened and to contribute their views to any consequent lessons learned review.

Not all serious incidents and “near misses” will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the child or young person is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school, college or setting. Parents/carers or pupils, where appropriate can report the incident directly to the school office.

Any report following a serious incident or near miss should be shared with the school’s designated leader for medical conditions and/or allergy. They will consider what lessons to learn and whether changes are required to the school’s medical conditions and/or allergy safety policies and/or to the arrangements in the child or young person’s Individual Healthcare Plan. Any learning should be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring.

A report of serious incidents and near misses should always be shared with the governing body. The governor responsible for medical conditions and/or allergy will need to consider what lessons to learn and whether any changes are required to the school’s policy.

The school must report incidents which arose directly from the way they undertook a work activity, and which resulted in death or immediate hospitalisation to the Health and Safety Executive.

Where there is a serious incident or “near miss” relating to the delivery of a care plan or action plan issued by a healthcare professional, the school/college should notify the relevant healthcare professional or team, providing a copy of the report. The healthcare professional may wish to provide further information or instructions or to review the care plan.

15.1 Supporting wellbeing following a serious incident

The school will take the time to review the incident or near miss with the pupil and their parents, since they may be understandably concerned about the safety of the environment. Following a serious incident or near miss the school should:

- Review the incident with parents and the pupil
- Consider the impact on the pupil and implement any support required
- Consider the impact on any staff involved and any support they may require

16. Wellbeing of children and young people with allergy

The school recognises that living with an allergy can affect a child's emotional wellbeing, confidence, social experiences and participation. Many children and young people with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

The school will actively:

- Promote an inclusive culture
- Promote understanding and awareness of allergies among the school community
- Regularly communicate with pupils, parents and staff about allergy, ensuring ongoing awareness and appreciation of the severity of the potential risks
- Engage with new starters with known allergy, including setting out the school's policy and the support available
- Provide reassurance that steps are being taken to minimise the risk of exposure to allergens and that robust measures are in place in the event of anaphylaxis
- Listen to the views of children and young people with allergies
- Support age-appropriate independence
- Prevent stigma and bullying through policy, curriculum and whole school activities
- Take concerns or reports of bullying or exclusion seriously and deal with them promptly, in-line with the behaviour and anti-bullying policies
- Ensure pupils with allergies can participate fully in school life
- Ensure allergy management measures do not unnecessarily isolate pupils
- Support emotional wellbeing following an allergic reaction or emergency incident

17. Information Sharing

The school will ensure that relevant information regarding children and young people with allergies is shared with appropriate staff on a need-to-know basis. Information will be communicated through individual healthcare plans, training, staff briefings, secure record systems, and emergency management procedures. The setting will work closely with parents, carers, healthcare professionals, and catering providers to ensure that allergy information remains accurate, up to date, and always supports the safety and wellbeing of the child.

18. Safeguarding

The fact that there has been an incident relating to the management of a child or young person's medical condition (including allergy) would not in and of itself warrant a referral to local safeguarding partners. A safeguarding referral would only be needed where an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition or allergy is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk. (Allergy Safety in Schools, July 2026)

For more information see Supporting Pupils with Medical Conditions Policy.

19. Complaints

Concerns relating to allergy safety should be raised in the first instance with the school. Complaints will be managed in accordance with the school's Complaints Policy

19. Monitoring and Review

This policy will be:

- Published and made available to parents, carers and staff.
- Reviewed at least annually.

- Reviewed sooner where there are changes to legislation, statutory guidance or local procedures.
- Reviewed following significant incidents where necessary.

The governing body and named senior leader will monitor implementation to ensure the policy remains effective, compliant and responsive to the needs of the school community.