Policy last updated September 2026

Allergy Safety Policy - DRAFT

To be read in conjunction with the following policies:	Health & Safety Policy Keeping Children Safe in Education First Aid Policy Off Site Visits & Activities Policy Medical Conditions Policy Equality Act 2010

Date reviewed: September 2026

Signed by Chair of Governors:

Signed by Headteacher:

Date of next review: September 2027

1 Introduction

Bishopstone CE Primary School is committed to providing a safe, inclusive and supportive environment for pupils with allergies, and to reduce the risk of exposure to known allergens while ensuring pupils are able to participate fully in school life.

The aims of this Allergy Safety Policy are to:

- set out the school framework for identifying, supporting and including pupils with allergies;
- ensure that allergy safety responsibilities are clear at school and governance level;
- ensure that pupils with allergies have appropriate Individual Healthcare Plans and, where relevant, Allergy Action Plans or Asthma Plans;
- support consistent arrangements for risk reduction, medication, emergency response, reporting and learning from incidents and near misses;
- ensure that allergy awareness training is provided for **all staff** working in school while pupils are present;

2 Legislation and Guidance

This policy is based on current statutory and non-statutory guidance and should be read alongside the following:

- DfE: Allergy safety in schools statutory guidance
- DfE: Supporting pupils at school with medical conditions
- Children's Wellbeing & Schools Act 2026-Section 34
- School Food Standards

4 Roles and Responsibilities

Governing Board

The Board has ultimate responsibility for health and safety matters across the school, including allergy safety, but delegates operational and day-to-day implementation to the Headteacher of each school. The Board will ensure that appropriate oversight is in place and that allergy safety is considered within relevant risk, health and safety and assurance processes.

- review and recommend approval of this policy and any significant amendments;
- receive assurance that the school have a named Designated Allergy Lead and published allergy safety arrangements;
- consider any trends arising from serious incidents or near misses;
- ensure that the policy is readily accessible to staff and parents/carers and is being implemented through regular monitoring;
- identify a named governor with responsibility for oversight of allergy safety as a matter of best practice;
- monitor that pupils with allergies are not excluded from school life and that reasonable adjustments are made where required.

Headteacher

- ensure this policy is implemented in their school;
- appoint a Designated Allergy Lead from the senior leadership team and ensure the role has sufficient authority and capacity;
- ensure that pupils with known allergies are identified, supported and included, with an IHP in place where required;

- ensure that allergy risks are considered in curriculum activities including craft, science, musical or cooking activities or where activities involve animals, food provision, wraparound care, school visits and extra-curricular activities;
- ensure that staff training is completed, recorded and refreshed at least annually or more frequently where required;
- ensure that spare AAIs are obtained, stored, checked and accessible in line with policy and guidance;
- notify the Chair of governors of any serious allergy incident or significant near miss as soon as reasonably practicable.

Designated Allergy Lead

- own and coordinate allergy safety arrangements within the school as set out in this policy;
- ensure the allergy register is accurate, current and accessible to staff who need the information;
- coordinate IHPs for pupils with allergies, ensuring plans are developed with parents/carers and relevant healthcare information;
- ensure relevant staff know which pupils have allergies, what their triggers are, where medication is kept and what to do in an emergency;
- work with food providers, lunchtime, office, first aid, SENCO, EVC and class teachers to ensure joined-up arrangements;
- monitor staff allergy-awareness training and ensure new staff, supply staff and relevant visiting staff receive appropriate induction information;
- ensure near misses and incidents are recorded, shared with parents/carers and reviewed for learning.

SENCO

- support the development of IHPs where allergy affects access, inclusion, wellbeing, attendance or learning;
- ensure reasonable adjustments are considered where a pupil's allergy or related condition may amount to a disability;
- work with families and staff to reduce anxiety, stigma or isolation associated with allergy management.

Food Providers

- comply with food safety, allergen information and communication requirements;
- work with the Designated Allergy Lead and school staff to manage food allergy risks;
- ensure catering staff (employed staff or external catering contractor) receive appropriate allergy awareness and food allergen training;
- ensure that menu changes, substitutions and special diets are communicated clearly to the school and relevant families in accordance with local arrangements.

All Staff

- complete allergy awareness training and follow this policy;
- know how to recognise signs of an allergic reaction and anaphylaxis;
- know how to summon emergency help and where emergency medication is kept;
- take reasonable steps to reduce exposure to known allergens in their area of responsibility;
- follow the relevant IHP, Allergy Action Plan and emergency response arrangements;
- report any allergy-related incident, concern or near miss promptly.

Parents and Carers

- inform the school promptly of any allergy, suspected allergy, change in diagnosis, medication or emergency contact details;
- provide prescribed medication and replacement medication in date, unless specific arrangements for the use of spare AAIs apply;
- work with the school to develop and review the IHP and any Allergy Action Plan;
- support reasonable risk reduction arrangements and encourage pupils, where age appropriate, to understand their allergy and how to seek help.

Pupils

- pupils will be supported, in an age-appropriate way, to understand their allergy;
- avoid known triggers where possible;
- tell an adult if they feel unwell;
- pupils must not share food with pupils who have allergies unless this is clearly permitted by the school and parent/carer arrangements.

5 Identifying Individuals with Allergies

While the primary focus of this policy is the safety and inclusion of pupils with allergies, our school has arrangements for identifying staff members with significant allergies where these may give rise to a foreseeable health and safety risk in the workplace or require an emergency response. Relevant information should be shared on a need-to-know basis, with due regard to confidentiality and data protection requirements. Staff-specific support arrangements will normally be managed through the school's health & safety and occupational health processes rather than through pupil Individual Healthcare Plans.

- The school will seek allergy and medical information from parents/carers at admission, transition, annual data checks and whenever parents/carers notify the school of a change.
- The school will maintain a current allergy register identifying pupils with known allergies, key triggers, emergency medication and relevant risk controls.
- Information will be shared with staff on a need-to-know basis, with due regard to data protection, safeguarding and pupil dignity.
- Where a pupil has symptoms or a suspected allergy but no confirmed diagnosis, the school will ask parents/carers to seek medical advice and will consider interim risk reduction arrangements.
- The school should maintain appropriate records of staff who have chosen to disclose severe allergies requiring emergency medication or specific workplace adjustments.

6 Individual Healthcare Plans (IHP)

Individual Healthcare Plans are central to the school’s arrangements for supporting pupils with allergies. Our school will use the following DfE templates as a minimum standard.

- Appendix A: DfE Individual Healthcare Plan for Allergy template
- Appendix B: DfE Medication Needed While in School
- Appendix C: DfE Record of plans issued by Healthcare Professionals

An IHP for Allergy should be clear, practical and accessible to staff who need to use it.

Pupils who should normally have an IHP

- pupils prescribed adrenaline auto-injectors (AAIs);
- pupils with a history of anaphylaxis or significant allergic reactions;

- pupils with food allergy where school food provision, packed lunches, food technology, curriculum activities or visits require specific controls;
- pupils whose allergy interacts with asthma, anxiety, attendance, access, behaviour, SEND, safeguarding or wellbeing;
- pupils for whom parents/carers, healthcare professionals or the school consider a written plan necessary.

IHP content

- the pupil's allergens and likely routes of exposure;
- symptoms and emergency response, with an Allergy Action Plan attached where available;
- medication details, dosage, storage and access arrangements;
- staff responsibilities and any staff who require specific training;
- risk reduction arrangements for classrooms, lunch, snacks, wraparound care, trips, transport and curriculum activities;
- communication arrangements with parents/carers, caterers and relevant staff;
- arrangements for promoting participation, independence, dignity and wellbeing;
- review date and arrangements for updating the plan.

IHPs should be reviewed at least annually and sooner where there is a change in diagnosis, symptoms, medication, school provision, pupil maturity, after an incident or near miss, or at transition points.

7 Risk Reduction and Allergy-Aware Practice

Our school adopts an allergy-aware approach. The school should reduce foreseeable risks while recognising that it is not possible to guarantee an allergen-free environment. Blanket allergen bans, such as describing a school as nut-free, should not be relied on as the sole risk control because this can create false assurance and may not address the full range of allergens.

- consider allergy risks in classrooms, dining areas, food technology, science activities, celebrations, rewards, fundraising, pets or animals, visitors and off-site activities;
- avoid using food allergens in curriculum resources or rewards where this creates a risk for an identified pupil;
- ensure pupils with allergies are not unnecessarily isolated, excluded or made responsible for managing risk alone;
- implement cleaning, handwashing, supervision and seating arrangements where required by an IHP;
- ensure substitute foods, ingredients or menu changes are checked and communicated before being given to pupils with allergies;
- ensure staff understand that reactions may occur despite good controls and must be treated promptly.

8 Food Allergy and Catering Arrangements

- Our school has arrangements for communicating pupil allergen information between parents/carers, school staff and catering providers.
- Catering providers must make allergen information available and follow safe systems for special diets and cross-contamination controls.
- Where a pupil has a food allergy, the IHP should state whether the pupil eats school meals, packed lunches or a combination, and what checks are required.

- School events involving food should be planned with allergy safety in mind, including breakfast clubs, after-school clubs, FOBS (PTA) events, curriculum food activities, cooking, celebrations and trips.
- Staff must not give food to a pupil with a known allergy unless they are satisfied it is permitted by the pupil's IHP or agreed arrangements.

9 Medication and Spare Adrenaline Auto-Injectors (AAIs)

Pupils prescribed AAIs should have rapid access to their own prescribed devices **at all times** and in accordance with their IHP. In addition, our school will use the Kitt Medical Anaphylaxis Kitt service as the standard arrangement for holding spare AAIs for emergency use, alongside the pupil's prescribed medication and in accordance with statutory guidance.

Kitt Medical Anaphylaxis Kitt arrangements

- The school will hold its Kitt Medical Anaphylaxis Kitt in a visible and accessible location agreed by the Headteacher and Designated Allergy Lead, normally in a location such as reception, the school office or another high-access point identified through risk assessment.
- The location of the Kitt must be included in staff induction, allergy awareness briefings, first aid information, visit planning and relevant emergency procedures.
- **The Kitt is intended to provide emergency access to spare AAIs. It must not replace a pupil's own prescribed medication, the requirement for an IHP, or the requirement to follow an Allergy Action Plan where one is in place.**
- The Designated Allergy Lead or nominated member of staff will use the Kitt Medical portal to monitor device checks, expiry dates, training completion and any reported use or incident.
- Where a Kitt AAI is used, the school must follow its emergency response arrangements, call 999 where anaphylaxis is suspected, inform parents/carers, complete the Kitt incident report and complete the school incident or near miss record.
- Any replacement or replenishment process through Kitt Medical must be followed promptly after use or before expiry, while ensuring the school continues to have appropriate emergency arrangements in place.
- Spare AAIs must be stored securely but be readily accessible in an emergency, not locked away where access is delayed.
- The location of spare AAIs must be clearly communicated to staff, including temporary and relevant visiting staff.
- Spare AAIs should be checked regularly to ensure they are present, in-date, undamaged and replaced after use or before expiry.
- Where different brands or strengths of AAI are held, staff must be trained to recognise and use the devices held by the school.
- Schools must maintain a record of spare AAI checks, expiry dates and any administration of an AAI.
- Medication should be disposed of safely in accordance with local pharmacy or healthcare arrangements where expired, damaged, used or no longer required.

10 Emergency Response

Any suspected anaphylaxis must be treated as a medical emergency. Staff should follow the pupil's Allergy Action Plan where available and must not delay calling emergency services or administering adrenaline where it is indicated and they are trained or competent to do so.

1. Stay with the pupil and call for help immediately.

2. Send for the pupil's prescribed AAI and/or the school's spare AAI according to the emergency arrangements.
3. Call 999 and state that the pupil is having anaphylaxis or a suspected severe allergic reaction.
4. Administer the AAI promptly where symptoms indicate anaphylaxis, following the device instructions and the pupil's plan where available.
5. Lie the pupil flat with legs raised if possible. If breathing is difficult, allow the pupil to sit, but do not allow them to stand or walk.
6. Contact parents/carers as soon as reasonably practicable after emergency action has started.
7. If symptoms do not improve or return and a second AAI is available, administer a second dose after the interval specified in the current guidance or the pupil's plan.
8. Record the incident fully, including times, symptoms, actions, medication administered and staff involved.

Staff acting in good faith in an emergency will be supported by the school. The priority is to act promptly to protect life and seek emergency medical assistance.

11 Off-site Visits, Activities and Transport

- Allergies must be considered when planning off-site visits, residential trips, sporting fixtures, curriculum activities, clubs and transport.
- The visit leader must review relevant IHPs and ensure prescribed medication and emergency arrangements are available throughout the visit.
- Risk assessments must include allergy arrangements for meals, snacks, venues, transport, staff briefings and emergency access.
- Pupils with allergies should not be excluded from visits or activities unless there is a clear, evidenced and proportionate reason that cannot be resolved through reasonable adjustments.
- Parents/carers should not be required to attend a visit solely because their child has an allergy, unless this is genuinely necessary after individual risk assessment and discussion.

12 Training and Induction

All staff working in school while pupils are present must receive allergy awareness training appropriate to their role. This includes all permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at After School Clubs. Visiting maintenance personnel or contractors are not normally included unless their work brings them into relevant pupil-facing activity or food-related risk.

- Kitt Medical online CPD-accredited allergy and anaphylaxis training will be used as the school’s core whole-school allergy awareness training for the specified groups.
- Completion of Kitt Medical training will be monitored through the Kitt portal and will form part of the school's evidence of implementation.
- Where a pupil's IHP requires additional, pupil-specific or device-specific training or healthcare support, this must be provided in addition to generic Kitt Medical training.
- Training will cover allergy awareness, risk reduction, pupil wellbeing, recognising allergic reactions and anaphylaxis, emergency response and use of AAIs.
- Training will be refreshed at least annually and more often where required by a pupil's IHP or following an incident, near miss or change in guidance as appropriate.
- Designated Allergy Leads may require enhanced or role-specific training.
- New staff will receive allergy safety information as part of their induction.

- All staff, including supply and agency staff, and relevant visitors will receive and understand how to access concise information about pupils with allergies, emergency procedures and the location of medication as appropriate.

13 Record Keeping, Reporting and Learning

The school will record allergy-related incidents and near misses. Records should be clear, factual, timely and used to support learning and prevention.

- Where the Kitt is used, the school will complete the appropriate Kitt portal record as well as the school incident and near miss report.
- Kitt portal records and training completion reports may be used as evidence for audit and assurance, but the school remains responsible for maintaining appropriate school records and sharing relevant reports with parents/carers or the individual involved.
- An incident or near miss record should include date, time, location, pupil or individual involved, allergen or suspected trigger, symptoms, actions taken, medication administered, staff involved, witnesses and immediate outcome.
- The report should be shared with the parent/carer or individual involved as appropriate.
- The Designated Allergy Lead and Headteacher should review incidents and near misses to identify lessons and any required changes to IHPs, training, supervision, catering, communication or risk controls.
- Serious allergy incidents and significant near misses must be reported to the Chair of governors as soon as reasonably practicable.
- Where RIDDOR, food safety, safeguarding or other statutory reporting duties may apply, the Headteacher must seek advice from the Chair of governors before or alongside reporting.

14 Inclusion, Wellbeing and Unacceptable Practice

The school will support pupils with allergies in a way that promotes dignity, inclusion, attendance, wellbeing and full participation. The school must avoid practices that unnecessarily isolate, stigmatise or exclude pupils because of allergy.

- Pupils with allergies should not routinely be separated from peers at lunch or activities unless this is a proportionate and agreed risk control in the IHP.
- Pupils should not be prevented from attending school, trips or activities because staff are unwilling to support reasonable arrangements.
- Parents/carers should not be expected to attend school or trips to provide routine allergy support where the school can make reasonable arrangements.
- Allergy-related absence, anxiety or wellbeing concerns should be considered supportively and in line with relevant attendance, safeguarding, SEND and wellbeing policies.

15 Communication with Parents, Staff and Pupils

- The policy will be made available to staff and parents/carers.
- Website and parent-facing information should explain, in accessible language, that the school holds a Kitt Medical Anaphylaxis Kitt for emergency spare AAI access, while parents/carers remain responsible for providing their child's prescribed medication and keeping medical information up to date.
- Parents/carers will be told who the school's Designated Allergy Lead is and how to raise allergy-related concerns.
- Relevant staff will be briefed about pupils with allergies at the start of each year and whenever information changes.

- Pupil information will be handled sensitively and shared only where necessary for safety, inclusion and care.
- Schools will communicate expectations about food sharing, celebrations, snacks and allergy-aware practice to pupils and families where needed.

16 Concerns and Complaints

Parents/carers or staff who have concerns about allergy safety should raise them with the Designated Allergy Lead or Headteacher in the first instance. Concerns should be addressed promptly, and any immediate safety issue should be escalated without delay. Formal complaints will be handled under the School Complaints Policy.

17 Monitoring and Review

- This policy will be reviewed annually and sooner following any serious incident, significant near miss, change in statutory guidance or operational change.
- The school will monitor allergy register accuracy, IHP completion, spare AAI checks, training completion and incident/near miss learning.
- The governing board will review themes and monitor implementation.

Kitt Medical Implementation Requirements

Our school will use the Kitt Medical service consistently with this policy. The following requirements should be used by Headteachers and Designated Allergy Leads to evidence implementation.

Area	Requirement	Evidence / record
Kitt location	Kitt installed in a visible and accessible location agreed by the school.	Location recorded; staff briefed; signage/local emergency information updated.
Access arrangements	Keys and emergency access arrangements understood by staff who may need to respond.	Induction and staff briefing records; local emergency procedure.
AAI checks	Kitt checks, expiry monitoring and replenishment arrangements completed.	Kitt portal checks.
Training	All relevant staff complete Kitt Medical allergy and anaphylaxis training at least annually and on induction.	Kitt portal training register.
Incident reporting	Any use of the Kitt, serious incident or near miss is recorded and reviewed.	Kitt portal incident record plus Trust/school incident and near miss report.
IHP linkage	Pupils with allergies continue to have IHPs and Allergy Action Plans where required.	Current IHPs; review dates; staff briefing records.
Catering	Catering and lunchtime teams know allergy arrangements and Kitt location.	Training record; provider confirmation; local handover notes.
Governance assurance	Headteacher reports implementation, training and	Headteacher report; health and safety agenda; RAHSP evidence.

	serious incident themes through governance.	

APPENDIX A – also available as a separate template	
NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Appendix B – also available as a separate template	
NAME – Individual Healthcare Plan for allergy **Medication needed while in school**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

Appendix C – also available as a separate template	
NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: