GRANGE PARK PRIMARY SCHOOL

Allergy Safety Policy

Member of leadership team with lead responsibility for oversight and update of policy	Zoe Meredith
Approved Date	September 2026
Approved at School Standards Committee	September 2026
Policy review cycle	Annually
Next review date	September 2027

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1. Introduction and statutory basis

Grange Park Primary School is committed to providing a safe, inclusive environment in which children with allergies can participate fully in school life. Allergies can have a significant impact on physical health and wellbeing and, in some cases, exposure to an allergen can cause a severe and potentially life-threatening reaction (anaphylaxis).

This policy sets out the school's arrangements for allergy awareness, risk reduction, emergency response and the support of children with known allergies.

This policy will be reviewed at least annually and sooner where an allergic reaction, serious incident or near miss identifies learning or a need to strengthen practice. It should be read alongside the school's policies and procedures for supporting pupils with medical conditions, medicines, safeguarding, educational visits, food provision, behaviour/anti-bullying and data protection, where applicable.

2. Leadership and governance

The named lead is Zoe Meredith, (will be supported by Cynthia Berry), who will:

- ensure this policy is implemented consistently and reviewed at least annually;
- ensure appropriate allergy awareness and emergency response training is provided;
- ensure systems are in place to identify children with known allergies and communicate essential information to relevant staff;
- ensure incidents and near misses are recorded, reviewed and used to improve practice;
- ensure the policy is readily accessible to parents and staff, including publication on the school website and provision of a hard copy on request.

3. Allergy awareness and emergency response training

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school clubs. New staff will receive appropriate information as part of induction, and arrangements will be made to ensure supply and cover staff have the information and awareness required for their role.

Training will ensure that staff:

- understand allergy, the risks it poses and how allergic reactions can occur and be managed;
- understand that allergy includes multiple conditions, including food allergy, asthma, eczema and hay fever, which may co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information about a child's known allergy triggers;
- can identify the range of symptoms of allergic reactions and recognise anaphylaxis;
- know how to respond in an emergency, including calling emergency services, informing parents and locating and administering emergency medication;
- receive instruction on how to use relevant emergency medication/devices, including prescribed and school spare adrenaline devices;
- understand the potential impact of allergy on a child's wellbeing;
- understand this policy and their responsibilities in reducing exposure to known allergens;
- know how to check whether a child is recorded as having a known allergy and how to use an Allergy Action Plan or Asthma Action Plan;
- know how to report an allergic reaction, anaphylaxis or a near miss.

Allergy awareness and emergency response training does not replace any separate clinical governance, competency or delegation arrangements required where an individual child needs healthcare support beyond the school-level arrangements described in this policy.

4. Wellbeing and inclusion

Grange Park recognises that living with an allergy and the possibility of anaphylaxis can be a significant source of anxiety. Children with an allergy will be supported to participate fully in school life, with appropriate adjustments and risk management rather than unnecessary exclusion from activities.

Bullying, teasing, deliberate exposure to allergens or behaviour which targets a child because of an allergy will not be tolerated and will be addressed through the school's behaviour, anti-bullying and safeguarding procedures. Staff will seek to avoid singling children out unnecessarily and will take account of their dignity, confidence and wishes when sharing information.

5. Minimising risk of allergen exposure

All staff will take reasonable and proportionate measures to minimise the risk of children, staff and visitors coming into contact with their known allergens. It is not possible to guarantee an allergen-free environment; the emphasis is therefore on effective identification, communication, risk assessment and emergency preparedness. Therefore:

- Food provided by the school will be managed to reduce the risk of exposure to known food allergens and clear allergen information will be available.
- The school will set and communicate appropriate expectations for food brought onto the premises by parents, pupils, staff or visitors, taking account of known risks.
- Where a child has a known airborne or contact allergy, reasonable measures will be put in place to reduce exposure.
- Staff planning activities will consider allergen risks in advance, including craft, science, music, cooking and activities involving animals.
- External visits and trips will include individual risk assessment where a child has an allergy, with arrangements for avoidance, medication and emergency response.

6. Food allergy and food provision

The school will work with its catering provider and relevant staff to manage food-allergy risks and to provide clear information about allergens in food supplied by the school. Information provided by parents and healthcare professionals about a child's diagnosed food allergies will be communicated to those who need it for safe food provision and supervision.

Where food is used as part of curriculum activities, celebrations, clubs or events, staff will consider known allergies before the activity and take reasonable steps to avoid exposure. Families should not assume that food brought into school is safe for another child with an allergy simply because it does not obviously contain an allergen.

7. Identifying individuals with allergy

The school will maintain a record of known allergies affecting children and, where relevant to safety arrangements, staff and visitors. For children, information will be gathered from parents, the child where appropriate, previous settings and healthcare documentation.

Records will include known allergens, relevant symptoms, prescribed emergency medication and whether the child has an Individual Healthcare Plan (IHP), Allergy Action Plan and/or Asthma Action

Plan. Parents are responsible for informing the school promptly of a new diagnosis or any change to allergy information, medication or Action Plans.

8. Individual Healthcare Plans and Action Plans

A child should have an Individual Healthcare Plan where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements additional to or different from those made generally. The IHP will describe the additional or different arrangements needed to support the child, including emergency arrangements.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, the IHP will refer to or attach that plan. When an updated Action Plan becomes available, the IHP will be reviewed so that current clinical information is incorporated.

IHPs may include reasonable adjustments, arrangements to reduce exposure to allergens, access to medication, supervision, arrangements for meals, curriculum activities, clubs and visits, and the action staff should take in an emergency.

9. Prescribed adrenaline devices

Children who are prescribed adrenaline auto-injector (AAI) devices will have rapid access to them at all times. In a case of anaphylaxis, adrenaline should be administered as soon as possible and, in practice, within five minutes. Access arrangements will therefore cover classrooms, dining areas, playgrounds, sports areas, clubs and off-site visits.

- The school will agree with parents arrangements for individually prescribed devices, including whether devices travel home with the child and how they are returned to school.
- Parents should ensure prescribed devices supplied to school are in date and replaced when required; the school will also operate checks in accordance with its medicines procedures.
- The school will keep a record of children provided with prescribed adrenaline devices and relevant Allergy Action Plans.
- Medication will be stored so that it is rapidly accessible to staff who may need to use it and in accordance with the child's healthcare arrangements.

10. School spare adrenaline devices

The school will maintain spare adrenaline devices in accordance with applicable guidance and its medicines arrangements and these are stored in the First Aid area outside year one. The allergy safety leads will ensure:

- Spare adrenaline devices will be readily accessible and will not be locked away.
- Spare devices will be clearly labelled so that they cannot be confused with devices prescribed to a named child.
- Devices will be stocked and stored in pairs so that a second dose is immediately available if required.
- The location and number of spare devices will be sufficient to enable adrenaline to be brought to a person experiencing anaphylaxis within five minutes.
- The school will check expiry dates and replace devices that have been used or have expired; used adrenaline auto-injectors will be disposed of safely because they contain a needle.
- Where a school spare device is considered for a child, staff will follow the legal requirements and the child's healthcare/emergency arrangements.

11. Visits, trips and off-site activities

Children with allergies will be supported to participate safely in educational visits, residential visits, sporting activities and other off-site opportunities. Planning will identify allergen risks and the reasonable adjustments required.

A child at risk of anaphylaxis will have their own adrenaline device available on the visit and there will be staff able to administer adrenaline in an emergency. Risk assessments will consider food, travel, accommodation, activities, access to emergency medication and emergency medical assistance. Relevant information will be shared with providers where necessary and proportionate for safety.

12. Emergency response to anaphylaxis

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff will act immediately in accordance with the child's Allergy Action Plan and their training. Adrenaline should be administered as soon as possible and emergency services called without delay.

- Call 999 and state that anaphylaxis is suspected.
- Administer an adrenaline auto-injector promptly in accordance with training and the relevant emergency arrangements.
- If symptoms do not improve or return and a second dose is indicated, use the second available device in accordance with training and emergency guidance.
- Ensure the child is supervised continuously and follow the emergency operator's instructions.
- Inform the child's parents as soon as practicable.
- Record the incident and replenish any emergency medication used.

Staff will not delay emergency treatment while attempting to contact a parent. Following emergency adrenaline administration, the child requires assessment and monitoring by healthcare professionals.

13. Serious incidents and near misses

All serious allergic reactions, cases of anaphylaxis and allergy-related near misses will be recorded and reported through the school's established incident procedures. Parents may also report an incident which only becomes apparent after the child has returned home.

The allergy safety lead will ensure incidents and near misses are reviewed to identify lessons, including whether changes are required to risk assessments, training, food arrangements, communication, medication access or this policy. Where an incident suggests that existing procedures may leave an individual with allergy at risk, action will be taken promptly rather than waiting for the annual review.

14. Information sharing and data protection

Information about a child's allergy will be shared with staff and other relevant people on a need-to-know basis so that the child can be kept safe and supported. Health information is special category data under UK GDPR and will be handled in a controlled, proportionate and respectful way in accordance with the school's data protection arrangements.

The school will balance the need for relevant staff to recognise risks and respond safely with the child's privacy and dignity. Wider awareness among peers will be considered carefully and, where appropriate, discussed with the child and parents. Peer awareness will never replace staff emergency response arrangements.

15. Awareness, communication and review

This policy will be published on the school website, made available to staff and parents, and provided in hard copy on request. All relevant staff will be expected to understand the policy through annual allergy awareness and emergency response training.

Age-appropriate allergy awareness may also be promoted among pupils so that they understand how to keep themselves and others safe. Where a child is prescribed adrenaline, it may be appropriate for friends or classmates to understand how to seek adult help in an emergency, subject to careful discussion with the child and parents.

The policy will be reviewed at least annually by Zoe Meredith (allergy safety lead) and through the school's governance arrangements. The review will take account of incidents, near misses, changes in the needs of the school community and any updated statutory guidance.

Appendix 1 - School-specific allergy safety information

Named SLT allergy safety lead	Zoe Meredith (Deputy Head)
Location(s) of prescribed emergency medication	Individual classrooms
Location(s) of spare adrenaline devices	First Aid area
Person/role responsible for expiry checks	Cynthia Berry
Frequency of checks	Monthly
Catering provider / lead contact	Stir Catering
Incident / near-miss reporting route	[Insert school procedure]