Allergy Safety Policy

DRYBROOK PRIMARY SCHOOL

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Owner	TH
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Approver	Local Governing Body
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1. Policy Statement

Forest of Dean Trust and it's schools are committed to providing a safe, inclusive and supportive environment for all pupils, including those with allergies.

We recognise that allergic reactions can range from mild symptoms to anaphylaxis, which is a potentially life-threatening medical emergency. We also recognise that an allergic reaction may occur in someone who has not previously been diagnosed with an allergy.

The Trust and its schools will take reasonable and proportionate steps to reduce the risk of individuals coming into contact with their known allergens, while ensuring that pupils with allergies are able to participate fully in school life.

Our approach is based upon:

- effective communication with pupils, parents, carers, staff and healthcare professionals;
- appropriate Individual Healthcare Plans (IHPs);
- appropriate Allergy and Asthma Action Plans;
- clear information for relevant staff;
- annual allergy, asthma and anaphylaxis awareness and emergency-response training;
- safe management of food and other potential allergens;
- rapid access to prescribed and spare emergency medication;
- clear emergency procedures;
- appropriate supervision and risk assessment;
- support for pupils' wellbeing and inclusion; and
- recording and learning from allergic reactions, serious incidents and near misses.

The Trust has overall responsibility for allergy safety, with each school expected to have a named senior leader responsible for allergy safety and implementation at school level, including creation and implementation of this policy.

2. Aims

This policy aims to:

1. minimise the risk of individuals being exposed to their known allergens;
2. ensure pupils with allergies can access education and school activities safely and inclusively;
3. ensure staff understand allergies, asthma and anaphylaxis and can recognise the signs of an allergic reaction or medical emergency;
4. ensure staff know what action to take in an emergency;
5. ensure prescribed and spare emergency medication is readily accessible;
6. establish effective communication between schools, families, healthcare professionals and catering providers;
7. ensure pupils requiring an IHP have an appropriate and current plan;
8. ensure allergy-related incidents and near misses are recorded, reviewed and used to improve practice;
9. promote the emotional wellbeing of pupils with allergies; and
10. promote an allergy-aware culture throughout Trust schools.

These areas reflect the DfE's expected policy content, which includes training, wellbeing, minimising risk, food allergy, identification, IHPs, prescribed and spare adrenaline, visits, incidents, information sharing and awareness of the policy.

3. Legal Framework and Guidance

This policy has been developed with regard to:

- Children and Families Act 2014, Section 100, as amended;
- Children's Wellbeing and Schools Act 2026, Section 34;
- DfE: Allergy Safety in Schools: Statutory Guidance, July 2026;
- Supporting Pupils at School with Medical Conditions statutory guidance;
- Human Medicines Regulations 2012, as amended;
- Human Medicines (Amendment) Regulations 2017;
- Food Information Regulations 2014;
- Requirements for School Food Regulations 2014;
- Equality Act 2010;
- UK GDPR and Data Protection Act 2018; and
- relevant Food Standards Agency and Department of Health and Social Care guidance.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires maintained schools, academies and PRUs to have an allergy safety policy. The statutory guidance is issued under section 100 of the Children and Families Act 2014, as amended.

These arrangements are sometimes referred to as **Benedict's Law**.

4. Understanding Allergies and Anaphylaxis

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

Allergens may include, but are not limited to:

- foods;
- medicines;
- insect stings;
- latex;
- animals;
- pollen; and
- other airborne or contact allergens.

Allergic reactions vary between individuals and may also vary in severity on different occasions. Anaphylaxis is a potentially fatal allergic reaction affecting the airway, breathing or circulation and requires an immediate emergency response.

Staff must never assume that because an individual's previous reaction was mild, a future reaction will also be mild.

Food intolerances and coeliac disease are not allergies and cannot cause anaphylaxis. They nevertheless require appropriate management through the school's wider medical conditions and catering arrangements.

5. Leadership and Responsibilities

5.1 Forest of Dean Trust

The Trust is responsible for ensuring appropriate allergy safety arrangements are in place across its schools.

The Trust will ensure there is appropriate oversight, monitoring, support and challenge concerning the implementation of this policy.

Allergy-related risks will be appropriately reflected within school and/or Trust risk management arrangements.

The DfE guidance states that risks relating to pupils with allergies should be included on the relevant risk register and actively managed.

5.2 Headteachers and Heads of School

The Headteacher or Head of School will ensure that:

- this policy is approved by Governors and implemented effectively;
- a named senior leader oversees allergy safety;
- appropriate allergy arrangements are established;
- staff receive annual allergy, asthma and anaphylaxis training;
- new, temporary, supply and relevant visiting staff receive appropriate information and training;
- pupils requiring an IHP are identified;
- IHPs are developed and reviewed appropriately;
- suitable arrangements exist for storing and rapidly accessing emergency medication;
- appropriate spare AAIs are available and maintained;
- catering arrangements reflect pupils' dietary requirements;
- allergy-related incidents and near misses are recorded and reviewed; and
- relevant information is appropriately communicated throughout the school.

5.3 School Allergy Safety Lead

Each school will identify a named senior leader responsible for overseeing the local implementation of this policy.

At **Drybrook Primary School**, this responsibility is held by:
Thomas Henesey

The Allergy Safety Lead will support the Headteacher with:

- implementation and monitoring of this policy;
- maintaining effective systems for identifying individuals with allergies;
- oversight of IHP arrangements;
- ensuring staff training is current;
- monitoring arrangements for prescribed and spare emergency medication;
- reviewing incidents and near misses;

- communication with staff and families; and
- contributing to the annual review of this policy.

The DfE recommends a named member of the senior leadership team at each school takes responsibility for allergy safety.

5.4 School Staff

All staff should:

- complete required annual training;
- understand that allergic reactions can occur unexpectedly;
- know how to summon emergency assistance;
- know where emergency medication is located;
- understand how to respond to anaphylaxis and acute asthma;
- familiarise themselves with relevant pupils' arrangements;
- follow IHPs and Allergy/Asthma Action Plans;
- take reasonable steps to reduce exposure to known allergens;
- consider allergies when planning activities; and
- report allergic reactions, serious incidents and near misses.

6. Identifying Individuals with Allergies

Parents and carers are asked to notify the school of any diagnosed or suspected allergy:

- when their child joins the school;
- following a new diagnosis or suspected allergy;
- when an allergy changes;
- when medication changes; or
- when medical advice relating to their child's allergy changes.

Information should also be sought from previous educational settings where appropriate.

The school will maintain an up-to-date record of known allergies and associated arrangements. Schools will also have appropriate arrangements for identifying allergies affecting staff and, where relevant, visitors.

Relevant information will be made available to staff who need it while respecting confidentiality and data protection requirements.

The DfE expects schools to have clear arrangements for identifying pupils, staff and relevant visitors with allergies, their known allergens and whether they carry medication.

7. Individual Healthcare Plans

Not every pupil with an allergy will require an Individual Healthcare Plan.

An IHP should be established where a pupil:

- has an allergy which has a functional impact on them at school;
- is at risk of harm as a result of their allergy; and

- requires arrangements additional to or different from those generally available.

A formal allergy diagnosis is not necessarily required before appropriate arrangements can be established where an allergy is suspected.

IHPs will be developed in collaboration with the pupil, where appropriate, and their parents/carers, taking account of relevant healthcare advice.

The IHP should include, where applicable:

- the pupil's allergy and known allergens;
- the impact on their health, education and wellbeing;
- preventative measures and reasonable adjustments;
- medication required;
- where medication is located;
- arrangements for meals and snacks;
- arrangements for curriculum activities;
- arrangements for trips and visits;
- emergency arrangements;
- contact details; and
- appropriate review arrangements.

Where a healthcare professional has issued an **Allergy Action Plan or Asthma Action Plan**, this should be attached to, rather than unnecessarily duplicated within, the IHP.

IHPs will be reviewed when circumstances, arrangements or relevant medical advice change and at appropriate intervals.

8. Allergy, Asthma and Anaphylaxis Training

All staff receive annual allergy, asthma and anaphylaxis awareness and emergency-response training.

Training will ensure staff understand:

- allergies and how allergic reactions can occur;
- asthma and its relationship with allergy;
- the difference between allergy, coeliac disease and food intolerance;
- signs and symptoms of allergic reactions;
- how to recognise anaphylaxis;
- how to respond to anaphylaxis;
- how to respond to acute asthma;
- how to summon emergency assistance;
- where emergency medication is located;
- how to administer emergency medication;
- relevant Allergy and Asthma Action Plans;
- responsibilities for reducing exposure to known allergens;
- the potential impact of allergies on a pupil's wellbeing; and
- how to report allergic reactions, incidents and near misses.

First-aid training alone is not considered sufficient allergy-awareness training. The DfE expects relevant staff to undertake allergy awareness and emergency-response training at least annually. Training arrangements will include permanent staff and, as applicable, temporary and supply staff, peripatetic staff, agency workers, catering staff, regular volunteers and staff overseeing pupils during breakfast or after-school provision. Appropriate induction arrangements will be made for staff joining during the year.

9. Reducing the Risk of Allergen Exposure

Schools will take reasonable steps to reduce known risks while recognising that it is not generally possible to guarantee an entirely allergen-free environment.

Measures may include:

- effective handwashing;
- appropriate cleaning of tables, utensils and food preparation areas;
- careful management of food within classrooms;
- ensuring relevant staff can access allergy information;
- appropriate supervision at mealtimes;
- avoiding food sharing;
- checking food ingredients;
- considering allergens when purchasing or using curriculum resources;
- considering allergens within cooking, craft, science and other curriculum activities;
- considering risks from animals and environmental allergens;
- communicating relevant information to catering staff; and
- risk assessing activities that present additional allergy risks.

Schools will promote an allergy-aware, rather than claiming to provide an entirely allergen-free, environment. The DfE cautions that blanket "nut-free" policies can create a false sense of security and recommends an allergy-aware approach.

Pupils should not be unnecessarily excluded from activities because of their allergy. Reasonable alternatives and adjustments should be considered.

10. Food and Catering

Schools will work closely with catering staff and providers to ensure identified dietary requirements are appropriately managed.

Arrangements will ensure that:

- accurate allergen information is available;
- catering staff understand relevant dietary requirements;
- measures are taken to minimise cross-contact;
- ingredient substitutions are checked before food is served;
- ingredient labels and supplier information are appropriately reviewed;
- suitable alternative meals are provided where required;
- pupils with allergies are appropriately identified at mealtimes;
- allergen information is accessible to pupils and parents/carers; and
- relevant information is communicated when menus or ingredients change.

Children with food allergies should not routinely be segregated from their peers at mealtimes. Risks should instead be managed effectively while promoting inclusion.
Food supplied by schools is subject to statutory allergen-information requirements, including requirements concerning the 14 regulated allergens and prepacked-for-direct-sale food.

11. Food Brought into School

Parents and carers will be encouraged to support each school's allergy-aware approach.

Where food is brought into school for celebrations or activities, known allergies within the relevant group must be considered before food is distributed.

Pupils should not share or swap food, utensils or food containers.

Where food is provided by others for celebrations or similar purposes, appropriate parental engagement and permission should be sought in advance where necessary to ensure the safety and inclusion of pupils with allergies.

12. Prescribed Adrenaline Devices

Pupils prescribed adrenaline must have rapid access to their medication at all times, including during lessons, lunchtime, playtimes, PE and off-site activities.

Where appropriate, pupils will be encouraged to keep their prescribed devices with them. Where this is not appropriate, prescribed devices must be stored in an appropriate, unlocked and readily accessible location.

Adrenaline devices:

- must not be locked away;
- should not be stored somewhere to which access is restricted;
- must be stored according to manufacturer instructions and at appropriate temperature; and
- must be close enough to allow administration within five minutes in an emergency.

Clinical advice recommends that people at risk of anaphylaxis carry two adrenaline devices because a second dose may be required.

13. Spare Adrenaline Auto-Injectors

Each school will maintain appropriate spare adrenaline auto-injectors (AAIs) for use in an emergency.

Spare AAIs will:

- be of an appropriate dosage for pupils within the school;
- be stored in pairs;
- be clearly identifiable as emergency/spare devices;
- be stored in a safe, central and unlocked location;
- be readily accessible at all times when pupils are on site;
- be capable of being brought to an individual experiencing anaphylaxis within five minutes;
- be regularly checked;

- be monitored for expiry dates; and
- be promptly replaced following use or expiry.

For primary schools, the DfE guidance indicates that most should hold **one pair of 150 microgram AAIs for children under six and one pair of 300 microgram AAIs for individuals over six**, subject to current official guidance and the school's circumstances.

Each school will identify who is responsible for monitoring its emergency medication.

Used or expired AAIs will be disposed of safely in accordance with current guidance. Used devices may, for example, be handed to ambulance staff or appropriately disposed of through pharmacy/sharps arrangements.

14. Responding to an Allergic Reaction and Anaphylaxis

Where a pupil experiences a mild or moderate allergic reaction, staff should follow their IHP and Allergy Action Plan where one exists.

The pupil must not be left unattended and should be monitored carefully because a mild reaction can develop into anaphylaxis.

Suspected anaphylaxis

Anaphylaxis is a medical emergency.

If anaphylaxis is suspected:

1. **Bring the emergency medication to the individual. Do not make them walk to the school office, medical room or medication.**
2. **Administer adrenaline as soon as possible and within five minutes. If in doubt, treat for anaphylaxis.**
3. **Call 999 immediately and request an ambulance, stating that anaphylaxis is suspected.**
4. Use the individual's own prescribed adrenaline device first where it is immediately available. If it is unavailable, misfires or the person does not have a prescribed device, use a school spare AAI.
5. Keep the individual appropriately positioned and supervised, following current emergency guidance and their Action Plan.
6. Contact parents/carers, but **do not delay emergency treatment while doing so**.
7. **If there is no improvement after five minutes, administer a further dose of adrenaline.**
8. Continue to follow instructions from the emergency services until help arrives.

The DfE emphasises that adrenaline should be brought to the person, administered immediately and within five minutes, 999 should always be called, and a further dose should be given after five minutes if there is no improvement.

15. Educational Visits and Extra-Curricular Activities

Pupils with allergies will be supported to participate fully in educational visits, residentials, sporting activities, wraparound provision and extra-curricular activities wherever reasonably possible.

A specific risk assessment will be undertaken for pupils at risk of anaphylaxis when participating in off-site visits.

Staff will ensure that:

- relevant allergy information is available;
- required medication accompanies the pupil;
- emergency medication remains readily accessible;
- appropriately trained staff are present;
- emergency arrangements have been considered;
- food and catering requirements have been considered; and
- venues or providers are informed where necessary.

The DfE expects a specific risk assessment for pupils at risk of anaphylaxis attending an off-site trip.

16. Supply Staff, Volunteers and Visitors

Supply staff, regular volunteers, coaches and other relevant adults responsible for pupils will receive appropriate information and training for their role.

Where someone has direct responsibility for a pupil with a significant allergy, they must understand:

- the pupil's needs;
- relevant preventative arrangements;
- emergency arrangements;
- where emergency medication is located; and
- how to summon assistance.

Where appropriate, schools will also seek relevant allergy information concerning staff and visitors, particularly where food is to be provided.

17. Wellbeing, Inclusion and Allergy-Related Bullying

Schools recognise that living with an allergy can affect a pupil's emotional wellbeing and may cause anxiety about exposure to allergens or experiencing a reaction.

Staff will seek to provide appropriate reassurance, promote understanding of allergy within the school community and ensure pupils with allergies are fully included in school life.

Deliberately exposing another pupil to a known allergen, threatening to do so, or using a pupil's allergy to frighten, intimidate, bully or exclude them will be treated seriously under the school's Behaviour and Anti-Bullying procedures.

The DfE specifically expects allergy safety policies to address pupil wellbeing and measures to prevent and respond to allergy-related bullying.

18. Incidents and Near Misses

Schools will record and appropriately investigate:

- significant allergic reactions;
- anaphylaxis;
- emergency administration of adrenaline;
- medication errors;

- failures in allergy management arrangements; and
- relevant near misses.

Reports may originate from staff, pupils, parents/carers or healthcare professionals.
Following a serious incident or significant near miss, the school will consider:

- what happened;
- whether existing procedures were followed;
- whether arrangements were effective;
- whether an IHP requires amendment;
- whether additional staff training is necessary;
- whether catering or supervision arrangements require amendment;
- whether relevant risk assessments require revision; and
- whether this policy or associated procedures require review.

Serious incidents and near misses must be used as opportunities to learn and improve arrangements.

19. Information Sharing and Confidentiality

Relevant allergy information will be shared with staff who need it to keep pupils safe and enable their participation in school life.

Health information is special category personal data and will therefore be handled carefully and in accordance with UK GDPR, data protection legislation and Trust policies.

Records may include:

- allergy information supplied by families;
- IHPs;
- Allergy and Asthma Action Plans;
- medication records;
- staff training records;
- checks of emergency medication;
- incident and near-miss records; and
- reviews following incidents.

20. Unacceptable Practice

It is unacceptable to:

- prevent pupils from easily accessing emergency medication;
- ignore the views of pupils or their parents/carers;
- ignore relevant medical evidence or healthcare professional advice;
- assume every pupil with an allergy requires the same support;
- assume a pupil cannot have an allergy because they do not yet have a formal diagnosis;
- unnecessarily prevent a pupil with an allergy from participating in school activities;
- require parents to attend school routinely to administer medication where appropriate school arrangements should be in place;
- routinely segregate pupils because of their allergy;
- send a pupil experiencing a potentially serious allergic reaction to find help or medication;
- leave a pupil experiencing an allergic reaction unattended;

- unnecessarily penalise pupils where absence is related to their medical condition; or
- unnecessarily require parents to accompany their child on educational visits because of their allergy.

These provisions reflect the examples of unacceptable practice identified within the statutory guidance.

21. Awareness and Publication of this Policy

This policy will:

- be published on each school's website;
- be made available to parents/carers on request;
- be communicated to staff;
- form part of annual allergy awareness training;
- be brought to the attention of new staff through induction arrangements; and
- be communicated appropriately to pupils and parents to promote allergy awareness.

The statutory guidance expects allergy safety policies to be readily accessible, published online and understood by staff as part of annual allergy-awareness training.

22. Monitoring and Review

The **Forest of Dean Trust** has overall responsibility for allergy safety and delegates the creation and ratification of this policy to Governors.

Headteachers and Heads of School, supported by their named Allergy Safety Lead, are responsible for monitoring its implementation within individual schools.

This policy will be reviewed at least annually.

An earlier review will be considered where:

- legislation or statutory guidance changes;
- school or Trust arrangements change;
- an allergy-related serious incident or near miss occurs;
- monitoring identifies an area requiring improvement; or
- the Trust considers an earlier review necessary.

Reviews will take account of incidents and near misses and, where appropriate, seek the views of individuals with allergies.