

Sarum St Paul's Church of England (VA) Primary School



Allergy Safety Policy

Policy Written:	September 2026
Policy Ratified:	28 th September 2026
Policy Reviewed:	
Next Review Date:	September 2027 (or sooner following an allergy related incident, near miss or change to statutory guidance)

Key Personnel:

Role	Name
Headteacher	Hannah Easthope
Allergy Lead	Hannah Easthope
Allergy Governor	Caroline Chitty

Our Vision

At Sarum St Paul's, our vision is **Rooted in Love, Growing Together.**

This means creating a school community where everyone is known, cared for and able to participate fully in school life. Our allergy aware approach reflects our shared responsibility to look after one another, reduce avoidable risks and ensure that appropriate support is in place for anyone with an allergy. We are committed to creating an environment where individuals with allergies feel safe, included and confident and where everyone understands the part they play in keeping others safe.

1. Introduction

Sarum St Paul's is committed to providing a safe, inclusive and welcoming environment for all individuals with allergies, including children, staff, volunteers and visitors.

We recognise that allergies can have a significant impact on an individual's health and wellbeing and, in some cases, can result in a severe and potentially life-threatening reaction known as anaphylaxis.

Allergy safety is a whole-school responsibility. Effective management depends on good communication, appropriate risk assessment, reducing exposure to known allergens and ensuring that staff understand how to recognise and respond to an allergic reaction.

An allergic reaction occurs when a susceptible person is exposed to a substance, known as an allergen, to which they are allergic. Common causes of serious allergic reactions include:

- foods, including peanuts, tree nuts, milk, egg, wheat, fish, shellfish and sesame
- insect stings, including bees and wasps
- medicines
- latex.

Any food or substance can potentially cause an allergic reaction. Even a small amount of an allergen may cause a reaction in some individuals.

Anaphylactic reactions usually begin within minutes of exposure to an allergen, although in some circumstances they can occur later. Once anaphylaxis begins it can progress rapidly. **Anaphylaxis always requires an emergency response.**

Sarum St Paul's takes an allergy aware approach. We recognise that it is not possible to guarantee an allergen-free environment. Instead, we seek to understand individual needs, put proportionate measures in place to minimise risk and ensure that everyone knows what to do in an emergency.

Blanket bans on particular foods or allergens will not normally be used as they can create a false sense of security. Where restrictions are necessary, these will be based on an individual risk assessment and medical advice where appropriate.

Anaphylaxis may occur without a skin rash or other commonly recognised signs of allergy. Where anaphylaxis is suspected, adrenaline must be administered without delay and 999 called.

This policy reflects the Department for Education's Allergy Safety in Schools statutory guidance, published in July 2026.

2. Aims

This policy aims to:

- minimise the risk of individuals being exposed to known allergens while at school or taking part in school-related activities
- establish a whole-school allergy aware approach
- ensure individuals with allergies are treated with dignity and are included fully and safely in school life
- ensure appropriate information about allergies is collected, recorded and communicated
- ensure appropriate Individual Healthcare Plans and Allergy Action Plans are in place for pupils who require them

- ensure staff understand allergies and can recognise and respond appropriately to allergic reactions and anaphylaxis
- ensure emergency medication can be accessed quickly when needed
- establish clear arrangements for food, catering, curriculum activities, trips and other school activities
- work in partnership with Parents and Carers, healthcare professionals, catering providers and other relevant organisations
- promote understanding of allergies and prevent stigma or allergy-related bullying
- ensure incidents and near misses are recorded, reviewed and used to improve practice.

3. Scope

This policy applies across Sarum St Paul's and includes arrangements for:

- pupils
- employees
- supply and temporary staff
- volunteers
- visitors and contractors where relevant
- catering staff and catering providers
- breakfast, after-school and other wraparound provision
- school trips, visits, residentials, sporting events and other school-organised activities.

The principles of allergy awareness, risk reduction and emergency response apply to any individual who may experience an allergic reaction while on the school site or participating in a school activity.

Some statutory requirements and sections of this policy relate specifically to pupils. These include Individual Healthcare Plans, communication with Parents and Carers and arrangements to ensure pupils can participate fully in education and school activities.

Coeliac disease and food intolerance can require careful dietary management but do not themselves pose a risk of anaphylaxis. They will therefore be managed through the school's wider medical and dietary arrangements rather than the emergency anaphylaxis procedures within this policy.

Asthma, eczema and allergies can occur together. Where a pupil also has asthma, their asthma arrangements will be considered alongside their allergy management and included within their Individual Healthcare Plan where appropriate.

4. Minimising Risk and Exposure to Allergens

Minimising the risk of exposure to known allergens is central to keeping individuals with allergies safe. Sarum St Paul's will take reasonable and proportionate steps to reduce this risk while recognising that it is not possible to remove all allergens from the school environment.

The school will undertake a whole-school allergy risk assessment and ensure allergy is considered within other relevant risk assessments.

This will include consideration of:

- food used within the curriculum

- adaptations needed where curriculum activities involve a known allergen
- food provided by the school or catering provider
- food brought into school by pupils, staff or others
- cooking and food preparation
- celebrations and special events
- external visits and trips
- sporting events
- wraparound care
- airborne and contact allergens
- non-food allergens within the environment
- cleaning and hygiene arrangements
- access to emergency medication.

Where a particular activity presents an identified risk, reasonable adaptations will be made.

The school will maintain high standards of hygiene and cleaning and promote good hand hygiene.

Pupils will be taught not to share or swap food, drinks, utensils or food containers and will be helped to understand why this is important.

Staff will work closely with individuals with allergies, Parents and Carers and relevant healthcare professionals to understand individual risks and appropriate control measures.

5. Identification of Individuals with Allergies

5.1 Pupils

The school collects medical information from Parents and Carers as part of the admission process, including information about known allergies, dietary requirements and prescribed medication.

Parents and Carers must inform the school promptly of:

- a newly identified or diagnosed allergy
- a change in an existing allergy
- a reaction occurring outside school which may affect school arrangements
- changes to treatment or medication
- changes to relevant medical advice.

The school will maintain a register of pupils with known allergies, including whether they have prescribed adrenaline devices and an Allergy Action Plan.

Relevant allergy information will be shared securely and proportionately with staff who need the information to keep the pupil safe, including teaching staff, support staff, supply or cover staff and catering staff.

Relevant information will also be shared during transition between classes and when a pupil transfers to another setting.

5.2 Staff

Staff will be encouraged to inform the school of any allergy which may affect their safety at work.

Where an allergy is declared, the school will discuss the individual's needs with them and, where appropriate, undertake a risk assessment and agree an action plan or reasonable adjustments to provide a safe working environment.

5.3 Visitors and Volunteers

Where appropriate, visitors and regular volunteers will be asked to make the school aware of allergies which may require particular arrangements or an emergency response during their time on site.

Relevant information will be communicated to those who need it in order to provide a safe environment.

6. Individual Healthcare Plans and Allergy Action Plans

6.1 Allergy Action Plans

Allergy Action Plans are clinical documents created by an appropriate healthcare professional. They detail an individual's allergy and the medication required to manage a reaction.

Where a pupil has been issued with an Allergy Action Plan, Parents and Carers must provide the school with a copy.

The plan should contain current parent/carer contact details and an up-to-date photograph so that the pupil can be readily identified.

Allergy Action Plans are not issued for every type of allergy.

6.2 Individual Healthcare Plans

Individual Healthcare Plans (IHPs) are school-owned documents which provide clarity about the arrangements needed to ensure a pupil is safe and fully included in school life.

They are co-created by the school, Parents and Carers and the pupil where appropriate and will take account of relevant advice from healthcare professionals.

Where a pupil has an Allergy Action Plan and/or Asthma Plan, this will accompany or form part of their IHP.

An IHP will be put in place for:

- pupils with an Allergy Action Plan and/or Asthma Plan
- pupils whose allergy requires active management beyond the arrangements ordinarily in place for other pupils
- pupils awaiting diagnosis where measures are required to manage an identified allergy risk.

IHPs will be reviewed at least annually and whenever:

- the pupil's needs or treatment change
- relevant medical advice changes
- circumstances affecting the plan change
- an allergic reaction occurs
- an allergy-related near miss occurs.

Relevant information from the IHP will be communicated to staff responsible for the pupil, including supply and cover staff where appropriate, and will form part of transition arrangements.

7. Food Provision and Catering

The school will work closely with its catering provider to manage food allergy risks and provide clear information about allergens in food.

The school will:

- provide relevant allergy information to the catering team promptly
- enable Parents and Carers to liaise with the catering provider where necessary
- have clear arrangements for identifying pupils with allergies when meals are served
- ensure the identification process is not dependent on one individual
- have appropriate checking arrangements to ensure the correct meal is given to the correct pupil
- ensure appropriate allergen information is available for food provided by the school
- take reasonable steps to prevent cross-contamination
- ensure staff providing or handling food understand relevant allergen procedures
- teach pupils not to share or swap food, utensils or food containers.

Unlabeled food can pose a greater risk than packaged food for which allergen information is available. Staff must therefore be able to establish the ingredients and allergen status of food before it is given to an individual with a known food allergy.

Where food is brought into school for celebrations, curriculum activities or other events, known allergies must be considered before food is distributed.

Food must not be given to an individual with a known allergy unless staff are satisfied that it is safe for them.

These principles also apply to school-run breakfast and after-school provision. Where provision is operated by a third party, this policy and relevant individual information will be shared and appropriate allergy management arrangements agreed.

FOSSP and other school events involving food will be expected to take appropriate steps to provide allergen information and manage allergy risks.

8. Adrenaline Auto-Injectors and Emergency Medication

Anaphylaxis is time critical. Delays in administering adrenaline can have extremely serious consequences.

Individuals who are at risk of anaphylaxis may be prescribed adrenaline auto-injectors (AAIs). Pupils prescribed AAIs should have access to **two prescribed devices** while at school.

Emergency medication must be:

- readily accessible
- clearly identifiable
- stored in accordance with the manufacturer's instructions
- stored at room temperature and protected from extremes of heat and direct sunlight
- available throughout the school day
- available during wraparound care where applicable
- taken on trips, visits and other off-site activities.

AAIs must not be refrigerated.

Emergency medication must never be locked away or stored somewhere that could cause an avoidable delay in accessing it.

The arrangements for each pupil's prescribed medication will be recorded within their IHP.

Where appropriate to their age, understanding and competence, pupils will be encouraged to develop increasing responsibility for their medication. Staff must nevertheless remain prepared to administer medication if the pupil is unable to do so.

9. School Spare Adrenaline Auto-Injectors

Sarum St Paul's holds spare AAls for use in emergency situations.

Spare AAls are **not a replacement for an individual's own prescribed devices**. Pupils who have been prescribed adrenaline are expected to have their own devices available at school.

The school will maintain appropriate spare devices to ensure that emergency adrenaline can be accessed quickly.

9.1 Spare AAI Provision

Intended use	Dose	Examples identified in model guidance	School provision
Children under 6 years	150 micrograms	EpiPen Junior / Jext 150	One pair of spare devices
Individuals aged 6 years and over	300 micrograms	EpiPen / Jext 300	One pair of spare devices

The actual device used in an emergency must be appropriate for the individual and administered in accordance with the device instructions and relevant medical guidance.

9.2 Sarum St Paul's Emergency Anaphylaxis Kits

Information	School arrangements
150 microgram AAls held	2 (one pair of spare devices)
300 microgram AAls held	2 (one pair of spare devices)
Brand(s)	
Location of emergency kit(s)	Medical Room
Kit identification	Clearly labelled " Emergency Anaphylaxis Kit "
Person responsible for monthly checks	Michelle Buckley
Location of sharps box	Medical Room

9.3 Checking and Replacing Spare AAls

The nominated member of staff will check the school's spare AAls **monthly**.

Checks will ensure that:

- the correct devices are present
- devices are in date

- the adrenaline remains clear and has not deteriorated
- devices have been stored correctly
- the emergency kit is complete.

Replacement devices will be obtained in good time and, where possible, at least one month before existing devices expire.

Used AAs will be given to the attending paramedic or disposed of safely in a sharps container.

Expired devices or devices where the adrenaline has deteriorated will be taken to a pharmacy for safe disposal.

10. Recognising an Allergic Reaction

Allergic reactions can develop quickly.

Mild to moderate symptoms may include:

- a red, raised rash or hives
- tingling or itching in the mouth
- swelling of the lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- a sudden change in behaviour.

Treatment should follow the individual's Allergy Action Plan or other medical instructions.

Anaphylaxis

More serious symptoms are often referred to as **ABC symptoms**:

	Signs to look for
A – AIRWAY	Swelling of the throat, tongue or upper airway; throat tightness; hoarse voice; difficulty swallowing
B – BREATHING	Sudden wheezing; difficulty breathing; noisy breathing; persistent cough
C – CIRCULATION	Dizziness; feeling faint; sudden sleepiness or tiredness; confusion; pale or clammy skin; collapse or loss of consciousness

Anaphylaxis can occur **without a rash or other skin symptoms**.

Sudden breathing difficulties in an individual with a known food allergy should always raise the possibility of anaphylaxis.

11. Emergency Response to Anaphylaxis

Anaphylaxis is a medical emergency. Adrenaline must be administered without delay.

If anaphylaxis is suspected:

1. **Keep the individual where they are, call for help and do not leave them unattended.**

2. **Lie the individual flat with their legs raised.** If they are struggling to breathe, they may be propped up, but only for as short a time as possible.
3. **Administer adrenaline immediately** and note the time it was given. Follow the instructions for the particular device.
4. **Call 999 and state “ANAPHYLAXIS”.**
5. If there is no improvement after **five minutes**, administer a second adrenaline device.
6. If there are no signs of life, commence CPR.
7. Where the individual is a pupil, contact their Parents and Carers as soon as possible.

The individual must not be made to stand or walk, even if they appear to be feeling better.

Medication must be brought to the individual. A person experiencing suspected anaphylaxis must not be sent to the school office or another part of the school to obtain their medication.

Where an individual has their own prescribed AAIs, these should be used first.

A school spare AAI may be used in an emergency where appropriate, including where:

- an individual does not have a prescribed AAI available
- their prescribed AAI cannot be located
- their prescribed device misfires or cannot be used
- additional adrenaline is required.

In an emergency, reasonable action may be taken to save a life without delaying treatment to establish whether advance consent has been given.

Where an individual has both serious allergy and asthma and there is uncertainty about whether they are experiencing anaphylaxis or an asthma attack, **administer adrenaline first.**

Anyone who has experienced anaphylaxis must be taken to hospital for observation, even if they appear to have recovered.

12. School Trips, Visits and Sporting Events

Pupils with allergies will be fully included in school trips, sporting events and extracurricular activities wherever reasonably possible.

Risk assessments will consider:

- potential allergen exposure
- food and catering arrangements
- access to medication
- safe storage and accessibility of adrenaline
- emergency arrangements
- transport
- proximity and access to emergency medical care
- reasonable adaptations required to enable participation.

Trip leaders must check that pupils have their required medication, including prescribed AAIs, before departure.

Medication must remain readily accessible throughout the activity.

The trip leader and Allergy Lead will consider whether school spare AAIs should also be taken. Where spare devices are taken, sufficient provision must remain available for those remaining at school.

Where another school or organisation is hosting an activity involving food, relevant allergy information will be communicated in advance and appropriate arrangements agreed.

A pupil should not be unnecessarily prevented from participating because of their allergy and Parents and Carers should not routinely be required to accompany their child as a condition of participation.

13. Fire Evacuation and Lockdown

Emergency planning will take account of individuals requiring emergency allergy medication.

During fire drills, lockdown practices and actual emergencies, arrangements will ensure that prescribed adrenaline remains accessible.

Staff must know how emergency medication will remain with or be taken to the individual during an evacuation.

14. Staff Training and Emergency Preparedness

All staff, including teaching staff, support staff and staff who supervise pupils during breakfast, after-school provision or other activities, will receive allergy awareness and emergency response training at least annually.

The school will also ensure that appropriate arrangements are in place for supply, cover, coaching, peripatetic and temporary staff.

Allergy safety will form part of staff induction, including induction for short-term staff where appropriate.

Training will include:

- allergy awareness and the risks allergies can pose
- how allergic reactions occur
- understanding that any food can cause an allergy
- the difference between food allergy, food intolerance and coeliac disease
- signs and symptoms of allergic reactions
- signs and symptoms of anaphylaxis
- emergency treatment
- how to locate emergency medication
- how to administer AAIs
- awareness of different AAI devices used within the school
- use of Allergy Action Plans and IHPs
- responsibilities for reducing the risk of allergen exposure
- reporting allergic reactions, incidents and near misses
- the impact allergies can have on wellbeing
- the school's own allergy arrangements.

Staff will have opportunities to practice using AAI trainer devices at least annually.

The school will undertake a practice response to anaphylaxis **at least annually**, review the effectiveness of the response and make changes to procedures where necessary.

Key allergy safety messages will be reinforced throughout the year, particularly before trips, festivals, celebrations and other activities involving food.

15. Roles and Responsibilities

15.1 Governing Body

The Governing Body is responsible for ensuring that the school has appropriate arrangements to:

- reduce the risk of pupils coming into contact with known allergens
- respond effectively to anaphylaxis
- fulfil the school's statutory responsibilities
- ensure the policy is implemented and reviewed
- ensure appropriate allergy awareness training is provided.

Allergy-related risks will be considered within the school's wider risk management arrangements.

15.2 Headteacher and Allergy Lead

The Headteacher has overall responsibility for ensuring that this policy is implemented.

Named Allergy Lead: Hannah Easthope

The Allergy Lead is responsible for:

- overseeing systems for collecting allergy information
- maintaining a register of pupils and relevant staff with known allergies
- ensuring relevant information is communicated appropriately
- liaising with the catering provider
- ensuring robust arrangements are in place for identifying pupils with allergies at mealtimes
- coordinating IHPs and Allergy Action Plans
- ensuring relevant information is communicated to supply and temporary staff
- overseeing the school's spare AAI's
- ensuring monthly medication checks are completed
- ensuring replacement spare AAI's are obtained before expiry
- coordinating staff training and practice
- communicating with Parents and Carers
- ensuring incidents and near misses are recorded and reviewed
- providing relevant information to governors
- contributing to the review of this policy and associated risk assessments.

Responsibilities may be delegated appropriately to trained members of staff while overall accountability remains with the school.

15.3 All Staff

All staff are responsible for:

- understanding their role in implementing this policy
- knowing how to access information about pupils with allergies in their care
- understanding and implementing relevant IHPs and Allergy Action Plans
- recognising signs of allergic reactions and anaphylaxis
- acting swiftly in an emergency
- making reasonable curriculum adaptations
- considering allergies within relevant risk assessments
- maintaining appropriate hygiene arrangements
- building positive relationships with Parents and Carers
- reporting allergic reactions, incidents and near misses
- supporting an inclusive environment for individuals with allergies.

15.4 Parents and Carers

Parents and Carers are responsible for:

- providing accurate and up-to-date information about their child's allergy
- providing relevant medical documentation and Allergy Action Plans
- contributing to their child's IHP
- informing the school of changes to their child's condition or treatment
- informing the school of relevant allergic reactions outside school
- providing prescribed medication as agreed
- ensuring medication supplied for their child is in date
- working with the school to manage allergy risks.

15.5 Pupils

Pupils will be supported, according to their age and understanding, to:

- develop an understanding of their own allergy
- know which foods or substances they need to avoid
- understand why food and utensils should not be shared
- tell an adult immediately if they feel unwell or believe they have been exposed to an allergen
- develop increasing independence in managing their allergy where appropriate
- show care and respect towards the allergies and dietary requirements of others.

16. Incidents and Near Misses

All allergic reactions and allergy-related near misses must be recorded promptly.

A near miss might include:

- accidental exposure to an allergen without a reaction
- incorrect or unclear food labelling
- the wrong meal being presented to a pupil
- emergency medication not being readily accessible
- a failure to follow an agreed IHP or control measure.

The school will approach the reporting and review of incidents and near misses with a no-blame culture, seeking to understand what happened, learn lessons and reduce the likelihood of recurrence.

Following an incident or significant near miss, the school will:

- establish what happened
- record the incident
- consider whether agreed procedures were followed
- identify contributing factors
- produce a report where appropriate
- discuss the incident with the individual involved and, for pupils, their Parents and Carers
- provide those involved with an opportunity to contribute their views
- identify lessons learned
- agree and implement necessary actions
- review relevant risk assessments
- review the pupil's IHP where applicable
- consider whether changes are required to this policy or other school procedures
- share relevant learning with staff.

Where unsafe food has been supplied by the school acting as a food business, the school will make any necessary report to the local authority environmental health team.

Where an incident meets statutory reporting criteria, the school will make any required report to the Health and Safety Executive under RIDDOR.

17. Wellbeing, Inclusion and Bullying

The school recognises that living with an allergy can affect an individual's emotional wellbeing as well as their physical health.

Individuals with allergies should be able to participate in school life without unnecessary restriction, anxiety, stigma or social isolation.

The school will:

- promote awareness and understanding of allergies
- ensure pupils learn why allergy safety is important
- plan celebrations, rewards and communal events inclusively
- listen to individuals with allergies when reviewing arrangements
- involve Parents and Carers in decisions affecting their child

- take allergy-related teasing, bullying or deliberate exposure to an allergen seriously.

Allergy-related bullying will be addressed in accordance with the school's Behaviour and Relationships Policy and Anti-Bullying Policy.

Deliberately exposing another person to a substance known to present a medical risk will be treated as a serious matter.

18. Safeguarding

Allergy management may become a safeguarding concern where a pupil's health or safety is placed at risk.

This could include circumstances where essential information about a child's medical condition is not provided or where a child is repeatedly sent to school without essential medication, placing them at risk.

Any safeguarding concerns will be managed in accordance with the school's Safeguarding and Child Protection Policy.

19. Unacceptable Practice

The school is committed to ensuring good allergy management practice.

Unacceptable practice includes:

- preventing an individual from easily accessing necessary emergency medication
- assuming everyone with the same allergy requires the same support
- assuming an older pupil does not require support because they can take increasing responsibility for managing their allergy
- ignoring the views of the individual or, where applicable, their Parents and Carers
- ignoring relevant medical evidence or professional advice
- assuming an individual does not have an allergy because a formal diagnosis has not yet been made
- sending an individual experiencing a suspected serious allergic reaction elsewhere to obtain help or medication
- leaving someone experiencing a suspected reaction without appropriate supervision
- requiring Parents and Carers to attend school to administer medication or provide medical support which the school should reasonably provide
- creating unnecessary barriers to a pupil participating in school activities, trips or visits because of an allergy
- unnecessarily requiring a parent or carer to accompany a pupil on an activity because of their allergy
- penalising a pupil for absence directly related to their medical condition or necessary medical treatment.

20. Information Sharing and Confidentiality

Information about an individual's allergy is health information and will be handled in accordance with the school's data protection responsibilities.

Relevant information will be shared securely and proportionately with those who need it to protect the individual and fulfil the school's responsibilities.

Data protection requirements do not prevent appropriate sharing of medical information where this is necessary to keep someone safe.

21. Monitoring, Review and Publication

The implementation of this policy will be monitored by the Headteacher and Allergy Lead and overseen by the Governing Body.

The policy will be reviewed:

- at least annually
- following a serious allergic reaction or significant near miss
- following changes to statutory guidance or legislation
- where monitoring identifies that existing arrangements require improvement.

Learning from incidents, near misses, emergency practices, risk assessments and feedback will be used to improve the school's allergy safety arrangements.

The policy will be made known within the school community and published on the school website.

22. Further Guidance

This policy should be read alongside current national guidance, including:

- Department for Education, *Allergy Safety in Schools*
- Department for Education, *Supporting Pupils at School with Medical Conditions*
- national guidance on the use of adrenaline auto-injectors in schools
- Food Standards Agency allergen guidance
- Anaphylaxis UK guidance for schools.