Trumps Green Infant School

Allergy safety policy

Trumps Green Infant School is committed to safeguarding, child protection and promoting the welfare of children and young people. We expect all members of the school community including staff, parents, carers, volunteers and governors to demonstrably share this commitment.

Introduction

This policy should be seen in the context of our related policies on First Aid, Health, Safety and Welfare policy, Administration of Medicines, and our range of safeguarding and equality policies.

This policy sets out Trumps Green Infant Schools commitment to providing a safe and inclusive environment for pupils with allergies. From September 2026, allergy safety is a statutory expectation for schools in scope, supported by the Department for Education's dedicated allergy safety guidance. This policy is intended to sit alongside, but remain separate from, the school's wider medical conditions policy.

Statutory Compliance:

- Department for Education statutory guidance *Allergy safety in schools* (published July 2026, effective September 2026), introduced through Benedict's Law.
- Children and Families Act 2014 (Section 100): Duty to support pupils with medical conditions.
- Schools Allergy Code
- Supporting Pupils with Medical Conditions December 2015: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Human Medicines Regulations 2017: Governing the use of emergency spare AAIs.
- The policy will be reviewed at least annually and sooner following any serious allergic reaction, near miss, change in statutory guidance, or significant operational change affecting allergy safety.
- Food Information Regulations 2014: Statutory allergen labelling requirements.

Whole-School Approach:

Trumps Green Infant School adopts a whole-school approach to allergy management, ensuring that all members of the school community – pupils, parents, staff (teaching, support, catering, administrative), and visitors – understand their roles and responsibilities in reducing allergy risks and responding effectively to allergic reactions.

Aims:

To minimise the risk of exposure to allergens for pupils with diagnosed allergies.
To ensure that all staff are confident in recognising and responding to allergic reactions, including anaphylaxis.

To promote an inclusive environment where pupils with allergies can participate fully in all school activities without feeling stigmatised.
To establish clear procedures for communication, record-keeping, and emergency response.

Roles and Responsibilities

Governing Body:
Has overall responsibility for ensuring the school meets its legal obligations regarding pupils with medical conditions, including allergies.
Approves and regularly reviews this policy.
Ensures adequate resources and training are provided for allergy management.

Headteacher:
Responsible for the day-to-day implementation of this policy.
Ensures all staff are aware of and adhere to the policy.
Delegates responsibilities as appropriate, including appointing a Designated Allergy Lead. This role must not sit solely with the catering manager.
Ensures effective communication with parents, staff, and external agencies.

Designated Allergy Lead (DAL): Harriet Mowatt
Oversees allergy management across the school.
Acts as the primary point of contact for staff, pupils, and parents regarding allergies.
Ensures allergy information is accurately recorded, kept up-to-date, and communicated to relevant staff.
Coordinates and monitors allergy-related training for all staff.
Manages the stock of school-held adrenaline auto-injectors (AAIs), including checking expiry dates.
Reviews records of allergic reactions and near-misses, implementing learnings.
Maintains a no-blame approach to incident learning, ensuring that serious incidents and near misses are recorded, reviewed and used to strengthen systems.

All Staff (Teaching, Support, Catering, Administrative, etc.):
Trained in allergy management.
Must be aware of the school's allergy policy and their role in its implementation.
Know which pupils in their care have allergies and the location of their medication/Individual Healthcare Plans (IHPs).
Are able to recognise the signs and symptoms of allergic reactions and anaphylaxis.
Know how to access and administer AAIs without delay if trained and required.
Participate in allergy and anaphylaxis training and refresher drills.
Report any concerns regarding allergy management or potential risks.
Supervise children closely, especially during mealtimes (EYFS: sitting facing children to monitor for choking/allergic reactions).
Reinforce good hand hygiene to prevent cross-contamination.

Parents/Carers:
Provide the school with detailed and up-to-date information about their child's allergies, including triggers, symptoms, previous reactions, and prescribed medication (e.g., AAIs, antihistamines).
Provide two in-date, clearly labelled AAIs and any other necessary medication with clear instructions.

Inform the school immediately of any changes to their child's medical condition or medication.
Work in partnership with the school to develop and review their child's IHP and Allergy Action Plan.
Ensure their child understands their allergy to the best of their ability and encourages self-management appropriate to their age and development.
Inform the school if their child will be attending an out-of-school activity or trip, ensuring medication and information are provided.

Pupils (age-appropriate):
Understand their allergy and the importance of avoiding triggers.
Know where their medication is kept (if old enough to carry it).
Know who to tell if they feel unwell or believe they have had a reaction.
Understand the importance of not sharing food.

Awareness training

Whole-Staff Training: All staff likely to be on site when pupils are present will receive allergy safety training at induction and at least annually. This includes teaching, support, catering, administrative, site, wraparound and relevant temporary or supply staff.

Allergy awareness training will ensure all staff:
Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
Understand the difference between food allergy, coeliac disease and food intolerance;
Know where to find information on allergy triggers;
Can identify the range of symptoms of allergic reactions;
Understand and can recognise anaphylaxis;

Know how to respond in an emergency, including:
- calling emergency services and informing parents;
- how to locate and administer emergency medication (adrenaline for
- anaphylaxis, asthma reliever inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);

Understand the impact allergy can have on a child or young person's wellbeing;
Understand the school, college or setting's allergy safety policy;
Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical

governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Anaphylaxis Training: Staff training will cover recognition of allergic reactions and anaphylaxis, risk reduction, emergency communication, the location and use of prescribed and spare AAIs, and the requirement to act without delay. Staff working directly with pupils at risk of anaphylaxis will receive additional practical instruction appropriate to the AAI devices held on site.

Refresher Training: Training will be refreshed annually, or more frequently where required, including when new staff join, a pupil's needs change, a serious incident or near miss occurs, or statutory guidance is updated. Emergency response drills will be used to test procedures and identify improvement actions.

Paediatric First Aid (PFA) & Mealtimes: In accordance with the EYFS framework, a staff member holding a valid Paediatric First Aid qualification will be present during all mealtimes. This staff member is trained to recognise the symptoms of allergic reactions and anaphylaxis and is certified as competent in the administration of adrenaline auto-injectors (AAI's).

Emergency Response Drills: In line with the Schools Allergy Code and Statutory Guidance (2026), the school will conduct regular anaphylaxis emergency drills to ensure all staff can fulfil their legal duty to respond to a medical emergency within five minutes. These exercises test the school's internal communication systems, the speed of retrieving both the pupil's prescribed AAI and the school's Spare emergency kit, and the accuracy of the emergency 999 protocol.

Wellbeing

We recognise that living with an allergy can have a significant impact on a child's emotional wellbeing and sense of safety. The risk of accidental exposure to allergens and the potential for severe allergic reactions can cause anxiety for children and their families. Our school is committed to providing a safe, inclusive and supportive environment in which every child with an allergy feels valued, protected and able to participate fully in all aspects of school life.

We will promote the wellbeing of children with allergies by:

- working in partnership with parents and carers to understand each child's individual needs;
- ensuring appropriate Individual Healthcare Plans are in place where required and are reviewed regularly;
- implementing reasonable measures to minimise exposure to known allergens while promoting inclusion in learning, play, educational visits and school activities;
- ensuring staff receive appropriate allergy awareness and emergency response training;
- providing reassurance to children and families through clear communication, effective risk management and prompt action where concerns arise; and
- listening to the views of children with allergies and involving them, where appropriate, in decisions about the support they receive.

The school has a zero-tolerance approach to allergy-related bullying, harassment or discrimination. Any behaviour that deliberately places a child at risk, excludes them because of their allergy, makes fun of their medical condition, or uses allergens to threaten, intimidate or distress another person will be treated as a serious safeguarding and behaviour matter.

We will actively prevent allergy-related bullying by promoting understanding of allergies through age-appropriate education, fostering an inclusive culture, challenging misconceptions and encouraging kindness and respect. All incidents or concerns will be investigated promptly, recorded, managed in accordance with the school's Behaviour and Anti-Bullying Policies, and appropriate support will be provided to both the child affected and their family.

Through these measures, the school aims to ensure that all children with allergies feel safe, respected, included and confident to participate fully in school life.

Minimising risk

The school is committed to taking all reasonably practicable steps to minimise the risk of exposure to allergens whilst recognising that it is not possible to guarantee an allergen-free environment. Our approach is based on robust risk assessment, effective communication, staff training and reasonable adjustments that enable children with allergies to participate safely and fully in school life.

Risk will be minimised by:

- maintaining an accurate and up-to-date register of children with diagnosed allergies and ensuring Individual Healthcare Plans are in place where required;
- identifying allergen risks across all areas of school life, including classrooms, dining areas, food technology activities, educational visits, wraparound care, celebrations, fundraising events and extracurricular activities;
- carrying out individual and activity-specific risk assessments where a child with an allergy may be exposed to a known allergen;
- working in partnership with parents, carers, healthcare professionals, catering providers and other relevant agencies to reduce identified risks;
- implementing appropriate allergen management measures, such as careful food handling, cleaning procedures, handwashing, supervision during mealtimes and discouraging the sharing of food, drinks, utensils or medication;
- ensuring that medicines, including prescribed adrenaline auto-injectors and the school's spare emergency AAIs, are readily accessible, appropriately stored, regularly checked and available during off-site activities;
- ensuring all staff receive appropriate allergy awareness and emergency response training and understand their individual responsibilities;
- considering allergy risks when planning lessons, educational visits, visitors, enrichment activities and special events so that children with allergies can participate safely alongside their peers;
- reviewing risk assessments following any allergic reaction, near miss, change in a child's medical needs or when new activities or environments are introduced.

The school will continually monitor and review its allergy risk management arrangements to ensure they remain effective, proportionate and responsive to the needs of individual children.

Lessons learned from incidents and near misses will be used to strengthen practice and improve the safety of the whole school community.

Food allergy

Food Allergy Management

The school recognises that food allergies are among the most common causes of severe allergic reactions in children and is committed to providing a safe, inclusive and allergy-aware environment. We will work closely with parents, carers, catering providers and healthcare professionals to ensure that pupils with food allergies can participate fully in school life whilst reducing the risk of accidental allergen exposure.

The school does not describe itself as "allergen-free" or "nut-free", as it is not possible to eliminate all allergens from the school environment. Instead, we adopt a whole-school, risk-based approach to allergen management, supported by robust risk assessments, effective communication and appropriate control measures.

To minimise the risk associated with food allergies, the school will:

- maintain accurate records of pupils with diagnosed food allergies and ensure Individual Healthcare Plans are in place where required;
- work with the school catering provider to identify allergens in all meals and ensure allergen information is readily available;
- ensure reasonable adjustments are made so that pupils with food allergies can safely access school meals wherever possible;
- require staff to check ingredient information before food is provided or used in classroom activities;
- discourage the sharing of food, drinks, utensils and lunchbox items between pupils;
- promote effective handwashing before and after eating and ensure tables and food preparation surfaces are cleaned appropriately to reduce the risk of cross-contact;
- carefully risk assess activities involving food, including cooking, tasting, sensory play, fundraising events, celebrations and curriculum activities, making reasonable adjustments to ensure pupils with food allergies can participate safely;
- communicate with parents and carers in advance of activities involving food where appropriate;
- ensure all staff understand the difference between allergen cross-contact and food hygiene and know how to reduce the risk of accidental exposure;
- ensure emergency medication, including prescribed and spare adrenaline auto-injectors where available, is readily accessible whenever food is consumed or food-related activities take place.

Where a pupil has a specific food allergy requiring additional precautions, these will be identified through their Individual Healthcare Plan and individual risk assessment. Any additional measures will be proportionate to the assessed level of risk and developed in partnership with parents, carers and relevant healthcare professionals.

The school will regularly review its food allergy arrangements to ensure they remain effective and continue to support both the safety and inclusion of all pupils.

Identification

Identification and Information Sharing

Admissions Process: The office staff will gather initial information about any allergies or special dietary requirements during enrolment.

Initial Assessment and Information Gathering: Before a child starts in the school, parents/carers will be asked about their child's special dietary requirements, preferences, food allergies, and intolerances. This information will be shared with all relevant staff.

Allergy Register: The school will maintain a comprehensive and easily accessible allergy register for all pupils with diagnosed allergies, including:

- Pupil's name and photograph (with parental consent).
- Specific allergens.
- Symptoms of reaction.
- Location of medication.
- Key emergency contacts.
- Details of their Individual Healthcare Plan (IHP).

Communication: Relevant allergy information will be shared with all staff who have a direct responsibility for the pupil, including supply staff and those supervising out-of-class activities (e.g., PE, clubs, trips). This may include displaying photos and allergy information in designated staff-only areas (e.g., staff room, kitchen).

Confidentiality: Allergy information will be handled with appropriate confidentiality, shared only with those who need to know to ensure the pupil's safety.

Individual Healthcare Plans

All pupils with a diagnosed allergy at risk of anaphylaxis (or where specified by a healthcare professional), known allergy or intolerance will have an Individual Healthcare Plan (IHP).

Development: IHP's will be developed in partnership between the school (Designated Allergy Lead, relevant staff), parents/carers, and, where appropriate, the pupil and their healthcare professional (e.g., school nurse, GP, allergy specialist).

Content: The IHP will detail:

- The specific allergy/allergens.
- Recognised symptoms of a reaction (mild, moderate, severe).
- Steps to minimise exposure.

- Specific instructions for administering medication (e.g., AAI dosage, location, when to administer).
- Emergency contacts and procedures (who to call, when to call 999).
- Any other relevant information (e.g., asthma management, which can impact allergy severity).

Allergy Action Plans: Where a pupil has an AAI prescribed, a clear, written Allergy Action Plan (e.g., the BSACI plan, if provided by parents from their allergy practitioner/doctor) will be attached to or incorporated into the IHP. This will include a photograph of the pupil and clear instructions for emergency management.

Review: Individual Health Care Plans are viewed as live document. IHPs and Allergy Action Plans will be reviewed at least annually, or sooner if there are any changes to the pupil's condition, medication, or school circumstances (e.g., starting a new key stage, new diagnosis).

Prescribed adrenaline and spare adrenaline devices

Provision: Parents are responsible for providing the school with two in-date, clearly labelled AAI's and any other prescribed allergy medication (e.g., antihistamines).

Storage:

- All medication will be stored in an easily accessible, unlocked, and clearly designated location known to relevant staff.
- Medication will be kept out of sight and reach of children.
- For older pupils capable of self-carrying, their AAI may be kept with them, with appropriate oversight and agreement outlined in their IHP.
- Medication will be taken on all off-site activities and trips.

Expiry Dates: The Designated Allergy Lead will maintain a register of all AAI's, including brand, dose, and expiry dates, and will notify parents well in advance when replacement medication is needed. A system for alerts will be in place.

School-held Spare Adrenaline Devices: In line with the July 2026 Allergy safety in schools' guidance and the Human Medicines (Amendment) Regulations 2017, the school will hold spare adrenaline auto-injectors/adrenaline devices (AAIs/ADs) on site for emergency use. Spare adrenaline devices will be stored in pairs and clearly marked "emergency anaphylaxis kit".

The Regulations permit spare adrenaline devices to be used for the purpose of saving a life, including where a child, young person or individual presents for the first time with anaphylaxis due to an unrecognised allergy.

If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance.

If the child, young person or individual does not have prescribed adrenaline devices, or if their prescribed devices are not available or misfire, the school-held spare adrenaline devices may be used without delay.

The school will seek advance consent from parents/carers, or from the young person where appropriate, for use of spare adrenaline devices. However, the Regulations do not require prior consent for spare devices to be used in an emergency. In an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given, so treatment is not delayed.

Spare adrenaline devices are in addition to pupils' prescribed devices and must be available quickly during the school day and during any school-arranged activity where pupils are under the school's care.

Spare adrenaline devices will be stored securely but not locked away in a way that delays access. Their location will be known to all relevant staff and included in staff induction, allergy awareness training, emergency drills and the school's allergy safety training records.

Spare adrenaline devices will be replaced immediately after use. Adrenaline autoinjectors will be taken to a pharmacy for safe disposal once used.

Risk reduction strategies

Catering and Food Management:

- All school food providers will comply with the Food Information Regulations 2014, providing clear allergen information for all food served.
- Detailed allergen matrices will be available and regularly updated.
- Catering staff will receive specific training on allergen awareness, cross contamination prevention, and emergency procedures.
- Individual dietary requirements for pupils with allergies will be communicated to catering staff well in advance.
- School will use different coloured plates/serving methods for children with allergies.

Classroom and Curriculum Activities:

Staff will consider food allergies when planning activities involving food (e.g., cooking lessons, science experiments, art projects, rewards). Non-food alternatives will be offered.

Parents will be informed in advance of any planned food-related activities to discuss safe participation.

The sharing of food in school is strongly discouraged. The school will promote an allergy-aware approach rather than relying on blanket "allergen-free" or "nut-free" assurances, which can create a false sense of security.

Birthdays and celebrations will be managed sensitively, with a preference for non-food treats or school-provided safe alternatives, agreed with parents.

School Trips and Out-of-School Activities:

Evolve assessment for all trips, out-of-school activities and after school clubs will explicitly address allergy management, including medication, trained staff, and emergency procedures.

All relevant allergy information and medication will accompany the pupil on trips.

Staff leading trips will be fully briefed on pupils' allergies and emergency protocols.

Third Party Providers on site

All third-party providers (including wraparound care and external curriculum coaches) must formally agree to adhere to the school's Allergy & Anaphylaxis Policy as a condition of their site-use agreement.

The school will ensure that providers have access to the Individual Healthcare Plans (IHPs) for all pupils in their care.

Providers must handle this medical data in accordance with GDPR but ensure it is immediately accessible to all "frontline" club staff during the session.

External providers must provide evidence that their staff have received accredited anaphylaxis training within the last 12 months.

Before a club commences, the provider's Lead First Aider must be briefed by the school's Allergy Lead on the location of the School's Spare AAI Kits and the specific Code Blue emergency protocol.

Wraparound and holiday clubs must operate a Nut-Aware (or allergen-specific) environment. All snacks provided must be checked against the allergy profiles of the children attending that specific session.

Providers must submit a specific risk assessment for any activity involving food (e.g., Food Tech Club or Decorating Biscuits) for approval by the school's Senior Leadership Team (SLT).

Environment:

Regular cleaning routines will be in place to minimise allergen residues on surfaces.

Encourage pupils to wash hands before and after eating.

While we cannot guarantee an allergen-free environment, we aim to minimise risk through robust management, clear communication and an allergy-aware culture.

Emergency response:

Emergency principle: Anaphylaxis is a medical emergency and can be fatal. Staff must act immediately, place the child, young person or individual flat with legs raised where possible, bring adrenaline devices to them, administer adrenaline as soon as possible and within five minutes, call 999 and request an ambulance, and monitor continuously until handed over to emergency services.

Trumps Green EMERGENCY ANAPHYLAXIS KIT is stored on the TOP SHELF in the office corridor

Recognition: All staff will be trained to recognise mild to moderate allergic reactions and the signs of anaphylaxis:

- including breathing difficulty
- persistent cough
- wheeze
- throat tightness
- swelling of the tongue or throat
- hoarse voice, collapse
- becoming pale or floppy
- confusion

- drowsiness
- sudden deterioration after exposure to a known or suspected allergen.

Immediate Action: IF IN DOUBT, GIVE ADRENALINE.

Bring the child's or individual's prescribed adrenaline devices and the school-held spare adrenaline devices to them. They must not be taken to where the devices are stored.

Administer adrenaline as soon as possible and within five minutes. Do not wait to contact emergency services before administering adrenaline.

If the child or individual has their own prescribed adrenaline devices, these should be used in the first instance.

If they do not have prescribed adrenaline devices, or if their prescribed devices are not available or misfire, use the school-held spare adrenaline device without delay.

Immediately call 999 and request an ambulance. State clearly: "anaphylaxis". Give the school's name, exact location, access point, pupil's age, symptoms, allergen if known, time adrenaline was given, and whether a second adrenaline device is available.

Lay the pupil flat with legs raised where possible. If breathing is difficult, allow them to sit with legs outstretched. If unconscious, place them in the recovery position. Do not allow the pupil to stand or walk.

Keep the pupil still, warm and under continuous observation. Do not move them unless required for immediate safety.

Send another member of staff to meet the ambulance and guide emergency services to the pupil. Ensure the pupil's IHP, Allergy Action Plan, medication record and used AAI device are available for handover.

If symptoms do not improve after 5 minutes, or symptoms return, administer a second AAI using another device. Continue to follow 999 instructions.

Any pupil who receives adrenaline must be transferred to hospital by ambulance for further observation, even if symptoms appear to improve.

Parents/carers should be contacted as soon as practicable, but this must not delay administering adrenaline, using a spare adrenaline device where needed, or calling 999.

Record the time symptoms started, the time each AAI was given, the device used, the staff involved, the 999 call time, ambulance arrival time, and the handover information provided.

Emergency Handover: The member of staff leading the response will give emergency services the pupil's details, known allergens, symptoms, time of exposure if known, medication administered, time of each AAI dose, relevant medical history including asthma, and a copy of the IHP or Allergy Action Plan.

Record Keeping and Post-Incident Review: All allergic reactions, use of medication, AAI administration, serious incidents and near misses will be recorded in detail. The Designated Allergy Lead will review each record promptly, identify lessons learnt, update risk controls

where needed, check whether training or IHPs require revision, and report themes to senior leaders and governors. Parents/carers will be informed of any reaction involving their child.

Restocking and Debrief: Following any emergency use of an AAI, the school will ensure replacement devices are obtained promptly, used devices are handed to ambulance staff or disposed of safely, staff involved are debriefed, and any pupil or staff wellbeing support needs are considered.

Monitoring, Evaluation and Review

This policy will be reviewed by the Governing Body every year, or earlier if the need arises. This policy will be promoted and implemented throughout the school.

Equality Statement

In accordance with our Equality Policy we will promote equality across the full range of protected characteristics and ensure that all pupils have equal access to all opportunities offered by the school.

Policy Status	
Reviewed	September 2026
Next Review Date	September 2027