Allergy safety policy

William Byrd Primary School

Approved by:	William Byrd LGB
Version:	1.0
Last reviewed:	30 September 2026
Next review date:	29 September 2027

Document/ revision no.	Amendment	Date	Approved by:
New policy	New statutory policy to outline approach and procedures to allergy safety	September 2026	William Byrd LGB

Contents

1. **Introduction** 3
2. **Definitions** 3
3. **Roles and responsibilities** 3
4. **Identifying and managing risk** 5
5. **Procedure for handling allergic reactions** 8
6. **Adrenaline devices** 8
7. **Visits and trips** 9
8. **Reporting serious incidents and "near misses"** 10
9. **Information sharing** 11
10. **Allergy awareness** 11
11. **Wellbeing** 11
12. **Unacceptable practice** 11
13. **Complaints and queries** 12
14. **Guidance** 12

1. Introduction

1.1. Allergy is a medical condition in which the body reacts to normally harmless substances, such as a food, insect sting, contact allergen (e.g. nickel) or an airborne allergen such as pollen. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a reaction that can progress rapidly and may cause death.

1.2. Under the Children's Wellbeing and Schools Act 2026, schools are required to have a dedicated allergy safety policy. This policy is to ensure the safe management of allergies affecting pupils at the school and the management of pupils at risk from anaphylaxis. This policy sets out how the school will identify and manage the risks associated with allergens, the procedure for handling an allergic reaction, and relevant measures to protect pupils.

1.3. This policy should be read in conjunction with the following school policies on Supporting pupils with medical conditions, First Aid Policy; Health and Safety Policy; and Food and Drink Policy. which can be found on the school's website.

1.4. This policy will be reviewed on an annual basis by the Welfare Officer, or more frequently if a serious incident or 'near miss' identifies an area for improvement. The policy will be ratified by the school's local governing body.

1.5. Whilst this policy is focused on the school's approach to allergy safety for pupils, the school's approach to ensuring the safety and wellbeing of staff with allergies is equally important and the relevant measures to protect staff are set out in the relevant Trust policies for health and safety and first aid.

2. Definitions

2.1. Throughout the policy, we use the following terms:

a) **Adrenaline devices** – in the policy we use the term adrenaline devices to refer to any device used for emergency treatment of severe emergency reactions, which may refer to adrenaline auto-injectors or intranasal sprays.

b) **Adrenaline auto-injectors (AAI)** – this refers to the medical device for injecting a measured dose of adrenaline as an emergency treatment for anaphylaxis, often referred to by provider names in the UK as EpiPen® or Jext®.

c) **Anaphylaxis** – this is a severe and potentially life-threatening allergic reaction which can happen very quickly.

d) **Individual Health Plan (IHP)** – this is an individual plan for a pupil with identified health care or medical needs which will provide the information on the specific care the pupil needs on a day-to-day basis and in the event of an emergency. These are developed between the pupil, parents/carers, the school and a relevant healthcare professional.

e) **Allergy Action Plan/Asthma Action Plan** – these are specific medical action plans issued by a healthcare professional that include information on how to respond to a medical emergency.

3. Roles and responsibilities

3.1. The Local Governing Body

3.1.1. The local governing board is responsible for ensuring:

a) Risk relating to pupils with allergy are included in the risk register and actively managed;

b) The school has an allergy safety policy which sets out:
   - Arrangements to reduce the risk of individuals coming into contact with known allergens
   - Emergency response plans for cases of anaphylaxis

3.1.2. The local governing board delegates the day-to day implementation of this policy to the Allergy Safety Lead.

3.2. Allergy Lead

3.2.1. The Allergy Lead for William Byrd Primary School is: Jenna Malcom-Naulls (Assistant Head/DSL) and Melanie Castle-Mason (Welfare Officer)

3.2.2. The allergy lead is responsible for:

a) Implementing this allergy safety policy;
b) Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published;
c) Promoting and maintaining allergy awareness across our school community;
d) Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD);
e) Ensuring:
   a. All allergy information is up to date and readily available to relevant members of staff
   b. All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
   c. All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
   d. All staff receive regular allergy awareness training
   e. All staff are aware of the school's policy and procedures regarding allergies
   f. Relevant staff are aware of what activities need an allergy risk assessment
   g. Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
      - What lessons there are to learn
      - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3. Headteacher

3.3.1. The Headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4. Teachers and support staff

3.4.1. All teaching staff and support staff are responsible for:

a) Promoting and maintaining allergy awareness among pupils;
b) Maintaining awareness of our allergy safety policy and procedures;
c) Being able to recognise the signs of severe allergic reactions and anaphylaxis;
d) Being aware of specific pupils with allergies in their care;

e) Reducing the risk to pupils with known allergies coming into contact with known allergens;
f) Ensuring the wellbeing and inclusion of pupils with allergies;
g) Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead.

3.5. Parents and carers

3.5.1. Parents and carers are responsible for:
3.5.2. Being aware of the school's allergy safety policy;
3.5.3. Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions, and anaphylaxis;
3.5.4. If required, providing their child with two in date adrenaline auto-injectors;
3.5.5. Following the school's guidance on any food brought on to site;
3.5.6. Updating the school on any changes to their child's condition.

3.6. Pupils

3.6.1. All pupils will be made aware of the allergy safety policy, as appropriate for their age group.
3.6.2. All pupils will be made aware of allergens, the risk they may pose to their peers, and any relevant processes to prevent or respond to any incidents involving allergens as appropriate for their age.
3.6.3. All pupils are responsible for supporting the wellbeing and inclusion of their peers with allergies.
3.6.4. All pupils are responsible for supporting staff by alerting them to any issues.
3.6.5. For **pupils with allergies** who are of an appropriate age, they may be responsible for carrying their medication on their person, for understanding how and when to use their medication, and to only use their medication for its intended purpose.
3.6.6. Pupils with allergies should also notify staff if they have forgotten or misplaced any emergency medication they carry, including any adrenaline device or asthma inhaler.
3.6.7. Pupils with allergies should be aware of their known allergens and the risks to them. In line with the procedures outlined in this policy, we will support pupils and parents/carers to identify an appropriate plan for pupils to manage their allergy and the relevant level of personal responsibility and support.

4. Identifying and managing risk

4.1. Identifying individuals with an allergy

Pupils

4.1.1. Before a student joins the school, any medical conditions will need to be disclosed, and is listed as part of the application form. This is passed to the medical team who complete care plans for the students.
4.1.2. For new starters, we will send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication.

4.1.3. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 1 week. Pupils will have access to the emergency inhalers and epi-pens within this week wait time.
4.1.4. We will send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary.
4.1.5. We will send in year messages to parents to ensure all our records are up to date
4.1.6. We ask that parents/carers proactively inform us by either phone call to the school or an email to enquiries@williambyrd.school if their child's medical needs change during the school year.

Staff and visitors

4.1.7. When new staff are employed there is a section on the workforce census form that goes out with their offer letter that asks for any allergies/diet requirements. These are then saved into Sampeople, the HR database.
4.1.8. It is then the individuals responsibility to let us know of any new allergies etc.
4.1.9. Annual emails are sent to staff to prompt them to let the school know if there are any changes.
4.1.10. With visitors when they sign in at reception using InVentory a note is put asking them to let staff know if they have an allergy.

4.2. Individual healthcare plans

4.2.1. Pupils should have an IHP if they have an allergy which has a functional impact on them in their school; they are at risk of harm because of their allergy and they require arrangements which are additional to or different from those made generally.
4.2.2. The IHP will set out the specific arrangement that will be in place at the school to support the pupil, both for the day-to-day management of the allergy and what to do in the event of an emergency. This may include any reasonable adjustments to be made for the pupil and to note any medication. Any pupil with an Allergy or Asthma Action Plan should have this attached to their IHP and be taken into consideration as part of the development or updates made to the IHP.
1.1.1. IHP plans and Allergy/Asthma Action Plans are stored in the following locations and available to access in the event of an emergency: **in the Medical Room adjacent to the main office.**

1.2. Minimising the risk of contact with known allergens

1.2.1. The school has specified and communicated **hygiene procedures** including:
a) Pupils are reminded to wash their hands before and after eating;
b) Sharing of food, food containers, and food utensils is not allowed;
c) Where food is sourced externally (e.g. for a fete or bake sale) allergens must be clearly labelled.
1.2.2. In respect of **catering**, the school is committed to providing safe food options to meet the dietary needs of pupils with allergies. We will ensure:
a) Catering staff receive appropriate training and are able to identify pupils with allergies;
b) The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements;

c) School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers;
d) Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils;
e) Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA);
f) Allergies are marked through the school's catering system, which is set up so that children cannot select foods which contain their known allergens. Food for children with known allergens is kept separately and covered to avoid cross contamination.
g) Where food is provided by the school, staff will understand how to read labels for food allergens;
h) Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination;
i) Any requests for special diets specified as part of an individual care plan are submitted to the school caterer;
j) For pupils entitled to Free School Meals, reasonable adjustments to enable pupils with an allergy to access their school meal entitlement will be made, and reasonable adjustments will be captured through the child's Individual Healthcare Plan.

1.2.3. To manage the risk of exposure to a food allergen through food brought in by others, the school has a no food sharing policy and food is not used as a celebration for birthdays or other events held by the school.

1.2.4. In the event that a pupil has a known allergy to airbourne or contact allergens, the school will take reasonable measures to manage the risk of exposure to the pupil, which will include safe seating arrangements (at a far enough distance to limit risk of cross-contamination), altered eating time, rigid handwashing routines for all pupils and allergy awareness training for all pupils.

1.3. Supporting children to manage their allergy

1.3.1. We will help children to understand how to manage their allergy and, ultimately, how to manage their allergy themselves. This will include allowing and encouraging children to carry their own medication and adrenaline devices where appropriate or making sure they are aware of where they can be found.
1.3.2. Where children are able to self-manage their allergy, we will continue to provide the appropriate level of supervision and support as required for each individual,
1.3.3. Decisions about self-management will be made on an individual basis, in discussion with the child, their parent/carer and, where appropriate, relevant healthcare professionals. These will be depend on the child's competence, understanding of their allergy, the level of risk and any safeguarding considerations.

1.4. Training

1.4.1. All staff who, as part of their role are present on-site during school times will receive annual training on allergies and anaphylaxis, to ensure all staff:

a) Have an awareness of allergy, the risk it poses, how reactions can occur and hot to manage it;
b) Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever) which can co-exist);
c) Know the difference between food allergy, coeliac disease and food intolerance;
d) Know where to find information on allergy triggers; can identify symptoms of allergic reactions; understand and can recognise anaphylaxis;
e) Know how to respond in an emergency, including contacting emergency services/parents or carers and how to locate and administer emergency medication;
f) Understand the impact that an allergy can have on a child's wellbeing;
g) Know how to check whether an individual us on the record of those with known allergies, and how to use an Allergy or Asthma Action Plan;
h) Understand their responsibilities in reducing the risk of individuals with known allergies coming into contact with their known allergens;
i) Understand how to report an allergic reaction or case of anaphylaxis, whether an incident or near miss;
j) Understand that children can develop allergies at any time;
k) Understand the content of this policy, and where to find it.

1.4.2. This training is in addition to other required, relevant training on First Aid and supporting pupils with medical conditions.

2. Procedure for handling allergic reactions

2.1. All staff are trained to recognise the signs of both mild and severe allergic reactions and how to respond accordingly, as set out in the First Aid Policy.

2.2. If a student has an IHP or Allergy Action Plan, this will be followed.

2.3. In the event that a pupil's adrenaline device or a "spare" adrenaline device has been used in an emergency, the device will be disposed of in a yellow medical waste sharps bin which can be found at Medical Room adjacent to the front office at William Byrd Primary Academy.

2.4. The procedure for supporting pupils returning to school following an accident/injury or medical issue is set out in the First Aid Policy.

3. Adrenaline devices

3.1. Pupils with prescribed adrenaline devices

3.1.1. Pupils who have a prescribed adrenaline device will be encouraged to keep their adrenaline devices with them (in their school bag) if they are able to, allowing them to always have fast and easy access, including when travelling to and from school.

3.1.2. For pupils who cannot keep their adrenaline device with them in the classroom, their personal adrenaline devices will be stored in a central and easily accessible location for the pupil and staff to always have fast access. Pupils must not be prevented from being able to easily access their medication.

3.1.3. Pupils with a prescribed adrenaline device will be included on the record of pupils with prescribed medicines in accordance with the Supporting pupils with medical conditions policy. This will also be included within their IHP.
3.1.4. The policy for the management of adrenaline devices is set out in the Supporting pupils with medical conditions policy in section 5.
3.1.5. The Welfare Officer maintains a log of prescribed medications held on site, including AAIs, which includes expiration dates. Parents will be contacted ahead of the recorded expiration date to ask for two new AAIs to be provided.

3.2. "**Spare" adrenaline devices**

3.2.1. It is now a statutory requirement for schools to hold at least one pair of 'spare' adrenaline devices. The Allergy Safety Lead is responsible for sourcing spare adrenaline devices of the appropriate dosage.
3.2.2. The devices will be stored in pairs and be placed in a location where they could be reached and administered within five minutes. The devices will be easily accessible to all staff and clearly labelled to identify them as "spare" adrenaline devices and to distinguish them from any other medical device that may be stored alongside them. The devices must be stored at room temperature (not refrigerated and out of direct sunlight). Where the devices may pose a risk to children, such as early years settings, devices should be stored out of reach of children.
3.2.3. Devices should be stored where they are accessible and could be administered within five minutes of identifying signs of anaphylaxis.
3.2.4. Please note that non-injectable adrenaline devices such as nasal sprays cannot currently be stocked as a spare device. If an individual who is prescribed a nasal spray suffers analphylaxis, a spare AAI (injector) may be used in an emergency.
3.2.5. William Byrd also has emergency asthma reliever inhaler kits around the premises, which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.
3.2.6. At **William Byrd Primary Academy**, the "spare" adrenaline devices will be located in the Eureka emergency kit in the Medical Room adjacent to the front office. Emergency asthma inhalers are located all throughout the school at various exits for easy access. At lunch and break, an emergency inhaler kit will be brought outside for easy access for pupils.
3.2.7. Instructions for the use of the adrenaline devices will be kept alongside the devices.
3.2.8. "Spare" adrenaline devices will checked by the Allergy Safety Lead on a monthly basis to ensure that they are in date and have not been damaged. Expired, unused adrenaline devises must be kept separate from in-date devices and other medications and be disposed of in the medical waste sharps bin.
3.2.9. When "spare" adrenaline devices have been used or are four weeks away from the expiry date, the Allergy Safety Lead will be responsible for ordering the replacement devices and ensuring that they are stored accordingly.

4. Visits and trips

4.1. All students with medical conditionals and allergies will be actively supported to participate in school trips and visits and will not be prevented from doing so. The

school will consider what reasonable adjustments need to be made to enable students to participate fully and safely on school trips, visits and sporting activities.

4.2. A risk assessment will be completed ahead of any trip or visit for all pupils will an Allergy Action Plan/IHP to identify any risks associated with the planned trip or visit and to ensure that there are measures in place to ensure access to an adrenaline device and that there will be at least one member of staff trained to administer the device in an emergency. Staff must ensure that two AAIs are taken on any trip, as well as any antihistamine or inhalers required. Pupils, parents and any relevant healthcare professional will be consulted.

4.3. The First Aid Policy sets out the procedure for the management of first aid/medical emergencies for visits and trips outside of the school grounds.

5. Reporting serious incidents and “near misses”

8.1. We will record all incidents, including serious incidents and “near misses” relating to allergy safety as soon as possible. These will be recorded in the accident book and include:

a) Who was affected;
b) What happened, when and where;
c) Why the incident occurred (as far as is known);
d) How staff and students responded and what was done to support the individual, including use of any medication;
e) Whether emergency services were called;
f) How the incident concluded.

8.2. We will review all serious incidents and “near misses” to identify any learning opportunities and improvements.

8.3. Parents/carers will be notified of any incident or “near miss” as soon as possible and the school will share the report with them and the pupil. Parents/carers and the pupil will be given the opportunity to discuss what happened and contribute to the lessons learned review, and later be appraised of the outcome of the review and any actions to be taken.

8.4. As allergic reactions are not always instant or the signs of an allergic reaction may not be recognised until the pupil is at home, parents/carers are asked to report any instances of an allergic reaction to the Allergy Safety Lead so that this can be recorded and any possible cause related to the school identified and any additional support for the pupil implemented.

8.5. In line with our Child Protection and Safeguarding Policy, we recognise that whilst incidents relating to the management of a child’s allergies would not in and of itself warrant a safeguarding referral, a safeguarding referral may be raised if the incident highted a potential risk that a child is being neglected, abused or exploited by a person inside or outside of their family. This might include where relevant information about a child’s medical conditions or allergies are not provided to the school or where they a repeatedly sent without essential medication.

8.6. We recognise that an incident or “near miss” is a serious event which can potentially impact the pupil, their family, those involved in responding, and any witnesses. The school will provide appropriate support for all involved.

6. Information sharing

6.1. The records relating to a pupil's health including any medical conditions or allergies is considered special category data under UK GDPR and will be handled in line with the Middlesex Learning Trust's Data Protection Policy.

6.2. All records will be stored and processed appropriately, taking into consideration that a pupil's IHP or Allergy Action Plan may need to be accessed by staff and/or healthcare professionals in an emergency.

7. Allergy awareness

7.1. This policy will be published on the school website and will be shared with staff on an annual basis as part of allergy awareness training, which includes specific training on asthma and anaphylaxis.

7.2. Pupils at the school will be made aware of allergy safety through classroom lessons, allergy awareness assemblies, posters and communications.

7.3. The school will raise awareness of allergy safety within its community by frequent communication with parents including posters in our main 7 languages.

8. Wellbeing

8.1. We recognise that the risk posed by allergies and the possibility of anaphylaxis can cause significant anxiety for pupils. The school will support pupils with allergies with relevant pastoral care and additional pastoral care where necessary.

8.2. We recognise that the support needs of each individual child with an allergy will be different and will take this into consideration. We will ensure that each child is appropriately supported regardless of their age and the level of responsibility they have taken for managing their allergy.

8.3. We hold high expectations for the behaviour and attitude of our pupils and any instances of bullying will be responded to in line with the Behaviour Policy.

9. Unacceptable practice

9.1. In implementing this policy to protect the safety and wellbeing of our pupils and staff, we will not:

a) Ignore the views of the child or their parents or carer;
b) Ignore medical evidence or the opinion and advice of health professionals;
c) assume that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
d) discriminate against children or young people with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;
e) send a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an allergic emergency (e.g. anaphylaxis), help must come to the child or young person rather than the other way round;
f) penalise children or young people for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management. This includes excluding children and young people from

rewards for 100% attendance where their non-attendance is the result of a medical condition or allergy

g) require parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child;
h) impact the work or other responsibilities of parents and carers because the school or setting is failing to support their child's allergy; and
i) prevent children and young people from participating, or creating unnecessary barriers to them participating, in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

10. Complaints and queries

10.1. If you have any questions relating to this policy or how the school supports pupils with allergies, please contact the DSL.

10.2. For any complaint about how the school has managed a pupil's allergy or medical condition, please contact the Welfare Officer (enquiries@williambyrd.school) in the first instance. If the Welfare Officer cannot resolve the issue, they will direct and/or arrange to meet the Welfare Officer's direct line manager who is a member of the SLT. If after this, the complaint is still not resolved, it will then be directed to the Head of School.

11. Guidance

11.1. Guidance is available on Using emergency adrenaline auto-injectors in schools, issued by DHSC. Adrenaline auto-injectors (AAIs): guidance and resources for safe use is issued by the Medicines and Healthcare products Regulatory Agency (MHRA).