ALLERGY SAFETY POLICY

Allergy safety policy

School / setting name	Canterbury Cross Primary School
Senior leader with oversight of this policy	Mrs. C. James Deputy Head Teacher
Date approved	November 2026
Review date	November 2027

This document outlines what should be included in an allergy safety policy, in line with the statutory guidance.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA-maintained schools, academies and PRUs must have an allergy safety policy.

A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

Allergy safety policies should be reviewed at least annually. Policies can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

Trustees should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

Culture

Awareness training

All staff will be trained annually by the school nursing team or a first aid trained provider employed by school.

All staff present during times when pupils are scheduled to be on site should receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Set out induction arrangements for new staff, as well as arrangements to ensure supply and cover staff have received allergy awareness training.
All supply agencies used by the school have provided a commitment New permanent staff will complete a training course before they begin working at Canterbury Cross Primary School.

Allergy awareness training should 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.

Wellbeing

All children are taught about allergies in PHSE and not to share food. Children are taught to understand needs and to not see these as differences. Lunchtime staff watch children to ensure food is not shared. Children wear yellow lanyards to show that they have allergies (or other intolerances, medical needs or preferences for specific food types) so that staff can monitor what children are allergens near to them that they could have a reaction to and move the child. The school's Wellbeing Co-ordinator and Compass are available to support children if they are experiencing increased anxiety.

Canterbury Cross has an anti-bullying policy which includes teaching children to value each other, not see differences in a negative way but to understand and cater for needs. Children are taught about allergies and anaphylaxis in PHSE, and any child who bullies another child for any reason will be dealt with according to the anti-bullying policy.

Minimising risk

Canterbury Cross minimise the risk of individuals (children, staff or visitors) coming into contact with their known allergens. This includes:

- The kitchen staff are all trained in preparing food separately in the kitchen for children with allergies. Food is put on purple plates, labelled with the child's name and covered appropriately. Nuts are not allowed in the kitchen at all.
- All parents are informed not to bring nuts into school, and all staff are vigilant in observing what foods are brought in as snacks or packed lunches, and they will check to see if any children with allergies are at risk. If nuts are accidentally brought into school by children, they are confiscated and put into the school office, and another snack is offered to the child. Packed lunches are monitored by dinner supervisors, and class teachers inspect packed lunches before children go on educational visits. (items will be left in the school office if they contain nuts) Children with allergens will not be allowed to sit next to children with foods containing the allergens they are allergic to.
- When children bring in Birthday treats, the school requests that these are individually wrapped and there are no nuts in them. Parents of children who have allergies are asked to bring in a box of 30 treats that they are able to have if a child brings in Birthday treats.
- All staff are aware of which children have allergies through the red cards on display in staff only areas (kitchenette, staff room, school kitchen and medical room). Individual care plans are kept in class information orange and black folders which all staff including supply staff have access to. There is an allergy risk assessment in the office.
- Before Food Technology lessons, parents are informed by a letter about what is being taste tested or made and the ingredients, and they will ensure that their children can take part. Alternatives will be offered for all children if allergens are present for a child in the class.
- Staff who are using food as a sensory experience or give pupils brunch inform parents of foods and ingredients being given, and they will offer alternatives if any children have allergies.
- Before the animals come into school, for example, The Rainforest Roadshow, The animal Man and the farm, parents are informed, and they will give consent for children to touch or be near the animals.
- Non-allergen foods are bought for afternoon tea and attendance treats.
- A trip and class specific risk assessment is written by class teachers and signed off by the Education Visits Co-ordinator and Head Teacher. The first page of the risk assessment identifies children with medical needs including allergies, and the steps put in place to avoid allergens and the medication to be taken on the visit.
- The Breakfast Club is run by staff who are trained in allergies and how to respond to anaphylaxis. The register is managed by office staff who compile a register that identifies all medical needs, including allergies. Children who have allergies to any food items will be offered alternatives, and they will wear a lanyard to identify them and ensure they do not sit near children with that food item.

Food allergy

Coombs are Canterbury Cross School's school caterers, and they comply with the Food Information Regulations 2014, which require allergen information relating to the Top 14 allergens to be available for all food products.

Key catering requirements include:

- School menus must be available for parents to view in advance (weekly, fortnightly, or monthly), **with all ingredients listed and allergens clearly identified on the school's website**.
- The Deputy Head Teacher should inform the Catering Manager of any pupils with diagnosed food allergies.
- **Schools should have a robust system in place to enable catering staff to identify pupils with allergies.**
- Parents and carers should be encouraged to meet with the Deputy Head Teacher who then meets with the Catering Manager to discuss their child's dietary and allergy requirements.

The school ensure they follow the following requirements:

- The kitchen staff are all trained in preparing food separately in the kitchen for children with allergies. Food is put on purple plates, labelled with the child's name and covered appropriately. Nuts are not allowed in the kitchen at all.
- All parents are informed not to bring nuts into school, and all staff are vigilant in observing what foods are brought in as snacks or packed lunches, and they will check to see if any children with allergies are at risk. If nuts are accidentally brought into school by children, they are confiscated and put into the school office, and another snack is offered to the child. Packed lunches are monitored by dinner supervisors, and class teachers inspect packed lunches before children go on educational visits. (items will be left in the school office if they contain nuts) Children with allergens will not be allowed to sit next to children with foods containing the allergens they are allergic to.
- When children bring in Birthday treats, the school requests that these are individually wrapped and there are no nuts in them. Parents of children who have allergies are asked to bring in a box of 30 treats that they are able to have if a child brings in Birthday treats.
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- Before Food Technology lessons, parents are informed by a letter about what is being taste tested or made and the ingredients, and they will ensure that their children can take part. Alternatives will be offered for all children if allergens are present for a child in the class.
- Before the animals come into school, for example, The Rainforest Roadshow, The animal Man and the farm, parents are informed, and they will give consent for children to touch or be near the animals.
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identifies children with medical needs including allergies, and the steps put in place to avoid allergens and the medication to be taken on the visit.

Individual children and young people

Identification

Parents via their application form or through a questionnaire given to parents will identify that their child has an allergy. The school nursing team will draw up an allergy action plan in consultation with parents for children from reception to year 6. The school will notify the school nursing team in July of any new starters with unmet medical needs including allergies so a plan can be drawn up. These are emailed to the deputy Head Teacher before the children start school. The school can refer children to the school nursing team over the school year for unmet medical needs if any allergies are identified by parents. The allergy action plans and Individual Healthcare Plans are saved on SIMs and kept in class black and orange folders, and red cards are displayed in the staff room, kitchen, staff kitchenette and medical room. CTFs including medical details are sent to the school when any new starters begin. There is an allergy risk assessment in the office.The school office and Deputy Head Teacher maintain a list of expiry dates of all medications including anti-histamines and auto-adrenaline devices.

Staff fill in a medical questionnaire and a data sheet which is scrutinised by the School Business Manager and Deputy Head Teacher, and therefore any medical needs including allergies and any medication are identified and staff will inform other staff where their medication is stored.

Visitors will inform the school office of any medical needs, including allergies and any medication they have.

Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

Any children with allergies who require specific support arrangements will have them documented through an **Individual Healthcare Plan**. This includes children and young people whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

Where children and young people have an **Allergy Action Plan** and/or **Asthma Action Plan** issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated

Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

Prescribed adrenaline

The school ensures that children who are prescribed adrenaline devices have rapid access to their devices **at all times**, noting that in a case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips. The Adrenaline auto-injectors are kept in individual labelled pouches in a red rucksack in the SLT office, and in Nursery for children who attend the school Nursery. The school office and Deputy Head Teacher maintain a list of expiry dates of all medications including anti-histamines and adrenaline auto-injectors. The allergy action plans and Individual Healthcare Plans are saved on SIMs and kept in class black and orange folders, and red cards are displayed in the staff room, kitchen, staff kitchenette and medical room.

School-wide policies

"Spare" adrenaline devices

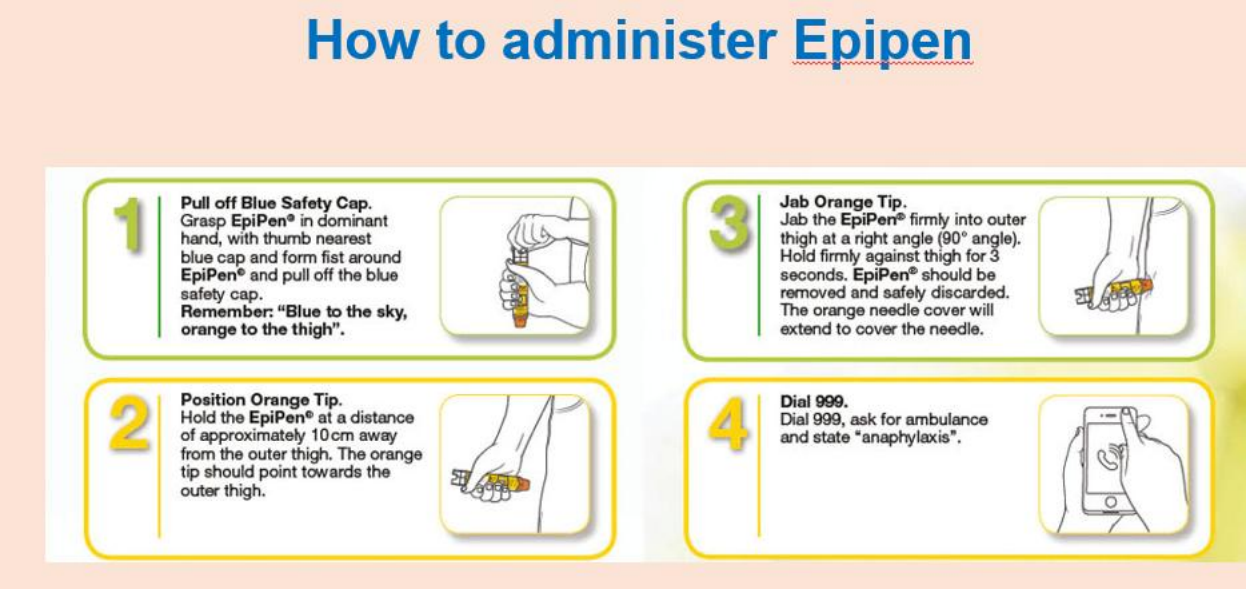
"Spare" adrenaline devices will be used and managed in the following ways:

- **Received training from the School Nursing Team stated:**
- Updated clarification was given by Medicines and Healthcare product Regulatory Agency (MHRA) in 2023. that the 'spare' AAI can be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis (and thus does not have medical authorisation/consent in place for the spare device).
- In an emergency situation, anyone can give adrenaline, without written consent
- This means if you identify that a person is having an anaphylactic reaction, you can administer the AAI
- If you are not sure if it is anaphylaxis, when calling the ambulance state that you believe a person is having an anaphylactic reaction, that you have a spare AAI and seek guidance on whether to administer it
- The Department of Health has released non-statutory guidance called 'Guidance on the use of adrenaline auto-injectors in schools' which explains good practice which schools in England should observe when using spare AAIs and can use to develop their own protocol or policies

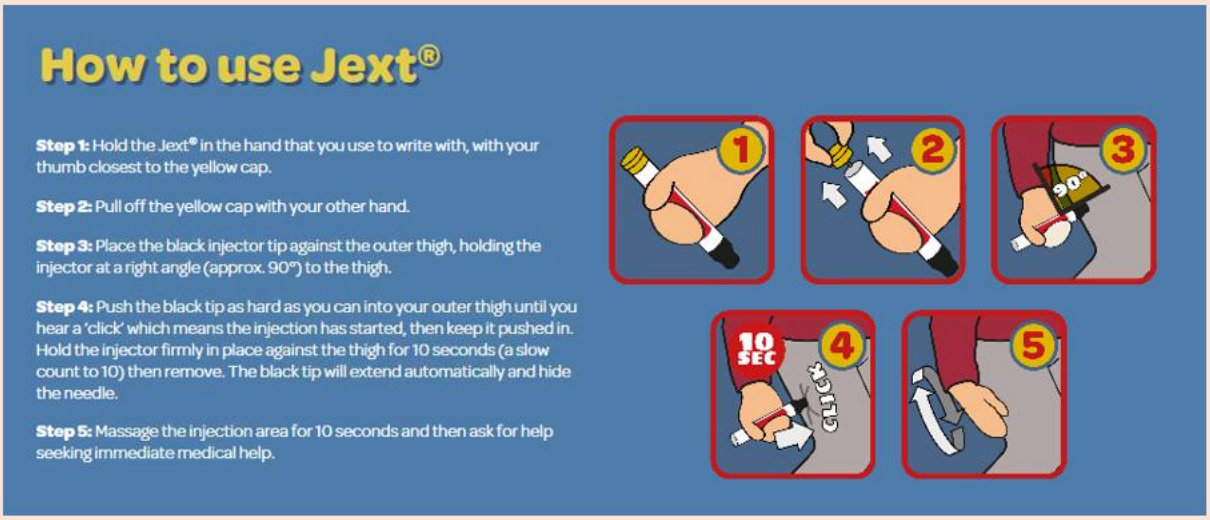
What are the symptoms of anaphylaxis?

- In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. Any of the ABC symptoms (Airway, Breathing and Circulation) may lead to collapse and unconsciousness and, on rare occasions, can be fatal.
- Any one or more of the following symptoms may be present.
- ABC symptoms
- **AIRWAY** -swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

- Other symptoms that might be present include:
- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- These symptoms can also happen on their own. If you don't have the ABC symptoms, the reaction is likely to be less serious and is not the same as anaphylaxis but watch carefully in case ABC symptoms develop.
- Pre-loaded auto-injectors (sometimes referred to as 'pens') containing adrenaline are prescribed for people at risk of anaphylaxis. Adrenaline is referred to in some countries as epinephrine, which is the internationally recognised term for adrenaline
- The adrenaline injectors are easy to use and designed for self-administration or administration by any individual.
- Adrenaline injectors should always be available with no exceptions.
- If someone appears to be having a severe allergic reaction, it is vital to call the emergency services (999) without delay, even if they have already used their own adrenaline injection.



How to administer Jext



What else to do

- Keep the child/young person still
- Dial 999 for an ambulance and state anaphylaxis (ana -fill- axis) to get medical help as soon as possible
- Observe for any deterioration in condition
- Give a second dose of adrenaline if there is no improvement
- Make a note of what has caused the allergic reaction and the time the auto injector was given
- If the child's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed immediately

The Adrenaline auto-injectors are kept in individual labelled pouches in a red rucksack in the SLT office, and in Nursery for children who attend the school Nursery.
The school office and Deputy Head Teacher maintain a list of expiry dates of all medication including anti-histamines and adrenaline auto-injectors. Parents are phoned the month before their medication runs out and are asked to get a new prescription and medication. The new expiry date is noted and put on the spreadsheet. Any AAI that is used in school is given to the paramedics and any out of date AAI is given back to parents to dispose of safely. The allergy action plans and Individual Healthcare Plans are saved on SIMs and kept in class black and orange folders, and red cards are displayed in the staff room, kitchen, staff kitchenette and medical room.

The school ensures that no child or young person is more than five minutes from adrenaline devices. Adrenaline devices should always be stocked and stored in pairs. As the school nursery is in a separate building, there AAI's and anti-histamines are kept in their building. Spare AAIs are kept in the SLT office as described previously.

When storing "spare" adrenaline device the school ensures:

- "Spare" adrenaline devices are readily accessible and not locked away;
- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes.

- "Spare" adrenaline devices are stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Spare inhalers are kept in the school office and the medical room.

Visits and trips

Any children with allergies are specified on the medical section of the risk assessment which is on the first page. This is checked by Educational Visits co-ordinator and Head Teacher.

Packed lunches are checked by teachers and TAs before leaving school.

Any medication is taken on the educational visit and spare AAIs and inhalers are taken on the visit. All staff are trained to administer adrenaline in an emergency.

Serious incidents and "near misses"

The school will record, report and respond to serious incidents or "near misses" involving allergy safety through the Local Authority incident report form. Also, any allergic reactions will be documented on an allergy form. Any serious incidents or near misses via the school caterers will be reported to the manager.

In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child or young person is back at home. It is therefore important that the child, their parents or others (for example healthcare professionals) can report that there has been an incident.

Information sharing

The school will share information about children and young people with allergy through storing their plans in the black and orange folders, as red cards in the staff room, staff kitchenette, kitchen and medical room. Any child who transfers to another school will have their medical information transferred by CTF.

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

Awareness of the allergy safety policy

The allergy safety policy will be published on the school website. All staff should be aware of and understand the policy, as part of annual allergy awareness training. The Trustees will approve the policy, and the Trustee with responsibility for allergy awareness will audit the school's response and ensure Trustees understand the school's responsibility.

Children are taught about allergy awareness as part of PHSE and know that children with allergies wear lanyards at lunch time. They are trained in how to get help in an emergency through the red hand system and by drawing staff's attention to any incident.

Appendix 1: Individual Healthcare Plan template

This editable template is adapted from the Department for Education Individual Healthcare Plan template included in the allergy safety guidance. Schools should complete it with parents/carers, the child or young person where appropriate, and relevant health professionals.

Field	Information to complete
Name of school/setting	[Insert school/setting name]
Child or young person's name	[Insert name]
Group/class/form	[Insert group/class/form]
Date of birth	[Insert date of birth]
Medical diagnosis or allergy	[Insert diagnosis/allergy and known allergens]
Date of plan	[Insert date]
Review date	[Insert review date]

Describe medical needs, symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues and any specific risks. [Insert details]
Medication, dose, method of administration, when to be taken, side effects, contraindications and whether administered by staff or self-administered with/without supervision. [Insert details]
Daily care requirements and preventative arrangements. [Insert details]
Specific support for educational, social and emotional needs. [Insert details]
Arrangements for school visits, trips, sports, practical lessons, lunch/breakfast/after-school provision and other activities. [Insert details]
What constitutes an emergency and the action to take if this occurs. [Insert emergency response steps]
Who is responsible in an emergency, including any different arrangements for off-site activities. [Insert named roles/responsibilities]
Plan developed with. [Insert names/roles, including parent/carer and health professional where appropriate]

Staff training needed or undertaken: who, what and when. [Insert training details]
Form copied to. [Insert names/roles]

Appendix 2: Allergy risk register and individual risk assessment template

This editable risk register can be used to record known allergy risks, preventative controls, emergency arrangements and review actions. It should be used alongside the allergy safety policy, any Individual Healthcare Plan and any Allergy Action Plan issued by a healthcare professional.

Name	Class/year	Known allergen(s)	Risk/activity/location	Controls in place	Review/action owner
[Name]	[Class/year]	[Allergen(s)]	[e.g. lunch hall, trip, practical lesson]	[Preventative measures, staff briefings, supervision, communication]	[Name/role/date]
[Name]	[Class/year]	[Allergen(s)]	[Risk/activity/location]	[Controls]	[Owner/date]
[Name]	[Class/year]	[Allergen(s)]	[Risk/activity/location]	[Controls]	[Owner/date]

Individual risk assessment detail
Identified risk / potential exposure route [Insert details]
Who may be affected and how [Insert details]
Existing control measures [Insert details]
Further actions required [Insert actions, owner and timescale]
Emergency response arrangements [Insert location of medication, AAI/spare AAI arrangements, trained staff and escalation process]
Communication and information sharing [Insert how staff, catering, wraparound provision, transport, trip leaders and relevant others will be informed]
Review outcome and date [Insert review notes and next review date]