



Barnett Wood Infant School

Allergy Safety Policy 2026-27

Barnett Wood Infant School

Policy Impact Statement and Updates

Policy:	Allergy Safety Policy
Date of review:	September 2026
Governor/s responsible:	Paul Tylor / Sophie Bloxam
Status / date of next review:	Annual – September 2027
How well has the policy achieved its purpose and outcomes?	
The purpose of Barnett Wood Infant School's Allergy Safety Policy is to ensure that children with allergies are safe, fully included and able to participate in all aspects of school life, while reducing the risk of exposure to known allergens and ensuring an effective response if an allergic reaction occurs. This reflects the statutory guidance, which says that an allergy safety policy should set out how pupils with allergy will be supported to attend and participate as fully as possible, including on trips and in extracurricular activities. The desired outcomes are: • Children with known or suspected allergies are identified promptly and their individual needs are understood and appropriately supported. • The risk of exposure to known allergens is reduced through proportionate, practical and inclusive measures. • All relevant staff are confident in recognising allergic reactions, including anaphylaxis and acute asthma, and know how to respond in an emergency. • Children at risk of anaphylaxis have rapid access to their prescribed adrenaline devices, with appropriate spare adrenaline devices available in school. • Individual Healthcare Plans and Allergy or Asthma Action Plans are clear, current and accessible to the staff who need them. • Children with allergies are able to take part safely and fully in lessons, lunchtimes, clubs, educational visits and other school activities. • The emotional wellbeing of children with allergies is supported and they are protected from stigma, exclusion and allergy-related bullying. • Parents, staff, catering staff and relevant healthcare professionals work together effectively to manage allergy risks. • Serious incidents and near misses are recorded, reviewed and used to improve practice. • The policy remains current, is reviewed at least annually and is understood across the school community.	
Updates and/ or changes to policy:	
September 2026	Previous policy named 'Administration of Medicines and Allergens' has been separated into Allergy Safety Policy and Administering Medicines Policy. This policy has been devised in line with statutory guidance from DfE

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils and or staff with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Barnett Wood Infant School

Allergy Safety Policy

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1. Purpose and statutory basis

Barnett Wood Infant School is committed to ensuring that children with allergy are safe, included and able to participate fully in school life. This dedicated policy sets out how the school identifies allergy, reduces the risk of exposure to known allergens, responds to allergic reactions and anaphylaxis, and supports children’s wellbeing and inclusion.

The policy has been prepared with regard to the Department for Education statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children’s Wellbeing and Schools Act 2026. It sits alongside the school’s Administration of Medicines Policy and wider arrangements for supporting pupils with medical conditions.

2. Scope and definitions

This policy applies to pupils, staff, volunteers and visitors where allergy safety is relevant. Allergy is an immune-system reaction to a normally harmless substance, such as food, insect stings, contact allergens or airborne allergens. Anaphylaxis is a potentially fatal reaction affecting Airway, Breathing and/or Circulation (ABC). Asthma can be

associated with allergy and may co-exist with food allergy.

Coeliac disease and food intolerance are not allergies and do not cause anaphylaxis. They will be supported through the school's wider medical and dietary arrangements, with similarly robust avoidance and cross-contamination controls where required.

3. Leadership, governance and review

- The governing body is responsible for ensuring that the school has, publishes and keeps under review an Allergy Safety Policy and that allergy-related risks are actively managed.
- The named senior leader responsible for allergy safety is the Headteacher Anne Gibbard. This person leads implementation, staff awareness, monitoring and review.
- The policy will be reviewed at least annually and sooner after any serious incident, near miss, significant change in a pupil's needs, or change in statutory guidance.
- Where appropriate, pupils with allergy and their parents/carers will be involved in reviewing arrangements.
- The policy will be published on the school website and made available in hard copy on request.

4. Allergy-aware culture and wellbeing

The school will promote an allergy-aware culture in which children with allergy are neither stigmatised nor unnecessarily restricted. Staff will reassure children and families by explaining the precautions in place and the school's emergency response arrangements.

- Bullying, teasing, deliberate exposure to allergens, threats involving allergens, or exclusion because of allergy will be treated seriously under the school's behaviour and anti-bullying arrangements.
- Children with allergy will normally eat, learn, play, attend clubs and take part in visits alongside their peers, with reasonable adjustments and risk controls rather than segregation.
- Age-appropriate allergy awareness will be promoted among pupils without placing responsibility for emergency response on children.
- Staff will listen to the child and parent/carer and take account of healthcare advice, recognising that needs differ between individuals.

5. Identifying pupils and others with allergy

- Parents/carers are asked on admission, and whenever circumstances change, to tell the school about known or suspected allergies, triggers, symptoms, prescribed medication and healthcare plans.
- The school will maintain an up-to-date record of pupils with known or suspected allergy, including relevant triggers, medication, Individual Healthcare Plan (IHP) status and Allergy/Asthma Action Plan status.
- Information will be checked at transition points and updated when a diagnosis, prescription or clinical plan changes.
- Staff and regular volunteers are asked to make the school aware of allergies relevant to their safety at work. Visitors will be supported where information about a relevant allergy is provided.

6. Individual Healthcare Plans and action plans

A pupil will have an Individual Healthcare Plan where their allergy has a functional impact at school, creates a risk of harm, and requires arrangements additional to or different from those generally available. A formal diagnosis is not required before supportive arrangements are considered.

- The school will lead the IHP, in collaboration with the child where appropriate, parents/carers and relevant healthcare professionals.

- The IHP will record key information, known allergens, effects on health/learning/wellbeing, risk-reduction arrangements, meal/snack arrangements, trips, emergency response, medication storage/access and review arrangements.
- Any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional will be attached or clearly referenced. Clinical instructions will not be rewritten in a way that could introduce errors.
- The IHP will be reviewed when needs change, when an updated action plan is received, after relevant incidents/near misses and at planned review points.

7. Allergy awareness and emergency-response training

All staff present while pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent, temporary and supply staff, peripatetic staff, agency staff, regular volunteers, catering staff and staff supervising breakfast/after-school provision. New staff will receive appropriate induction, and arrangements will be made so that cover and supply staff know the school's emergency procedures. Training will enable staff to recognise allergic reactions and anaphylaxis, understand the relationship between allergy and asthma, locate and use emergency medication, follow Allergy/Asthma Action Plans, reduce exposure risks, support wellbeing and report incidents and near misses. First-aid training alone will not be treated as sufficient allergy-awareness training.

8. Minimising the risk of exposure to allergens

- Staff planning lessons, play, clubs and events will consider allergens in food, craft materials, play dough, glue, recycled food packaging, bird feed, animals and other resources, and substitute safer materials where required.
- Reasonable measures will be put in place for known airborne or contact allergens, informed by the pupil's IHP and healthcare advice.
- Food, drink bottles and lunchboxes for pupils with food allergy will be clearly identifiable. Pupils will be taught not to swap or share food, utensils or containers.
- Food brought into school for celebrations, curriculum activities or events will only be used where staff can manage allergen information and inclusion safely. Parents/carers of affected pupils will be involved in advance where necessary.
- The school will take an allergy-aware rather than "allergen-free" approach. Particular foods may be discouraged where risk assessment supports this, but the school will not imply that the environment can be guaranteed free of an allergen.
- Cleaning and food-handling controls will be used to reduce cross-contamination, including suitable handwashing and cleaning of preparation/eating areas and utensils.

9. Food provision and lunchtime arrangements

The school will work with its catering provider (Aspens), parents/carers and pupils to identify, minimise and manage food-allergy risks. The caterer is responsible for providing legally required allergen information for food served. School leaders will understand and monitor the controls used by the catering provider.

Barnett Wood's current lunchtime practice includes daily communication of dietary adjustments to the catering service, written information about individual meal requirements, checks by serving and lunchtime staff, and named meals/plates where this supports safe identification. If there is any doubt about a meal, it will not be served until the requirement has been checked.

The school will use more than one reliable method where practicable to identify children requiring allergen-safe meals, while avoiding unnecessary segregation or embarrassment.

10. Prescribed adrenaline and asthma medication

Children prescribed adrenaline devices must have rapid access to both prescribed devices at all times. For pupils who are too young to carry their own medication safely, devices will be stored in an unlocked, readily accessible location known to staff and close enough to be brought to the child within five minutes. A copy of the relevant Allergy Action

Plan should be kept with or immediately accessible alongside the medication.

Barnett Wood's established arrangement is for prescribed emergency allergy medication to be available with the pupil in the classroom and to move with the pupil at higher-risk or off-base times such as lunch, parties and visits, with a second prescribed set held centrally where supplied. The IHP will state the exact location and responsibility for each child's devices. Arrangements must also ensure prescribed adrenaline accompanies the child on the journey to and from school where this has been prescribed for continuous carriage.

Children with asthma will have ready access to their prescribed reliever inhaler in accordance with their Asthma Action Plan/IHP. A reliever inhaler must never be used instead of adrenaline to treat anaphylaxis.

11. School "spare" emergency medication

The school will maintain spare adrenaline auto-injectors (AAIs) for emergency use in line with current national guidance. For a primary school, the July 2026 guidance expects one pair of 150 microgram AAIs and one pair of 300 microgram AAIs, subject to current product availability and national guidance. Spare AAIs are additional to, not replacements for, a pupil's own prescribed devices.

- Spare AAIs will be stored in clearly labelled pairs, at room temperature, out of direct sunlight and extremes of heat, readily accessible and not locked away. These are kept in the office First Aid cupboard.
- The location must allow adrenaline to be brought to any person who needs it within five minutes.
- Expiry dates will be checked regularly by designated office staff and devices replaced before expiry or promptly after use. Used or expired AAIs will be disposed of safely in accordance with manufacturer guidance, via paramedics, pharmacy or suitable sharps arrangements.
- The school will also maintain an emergency salbutamol inhaler and spacer where it chooses to do so under the separate legal arrangements for emergency asthma inhalers. It may only be used for a pupil who has been prescribed a reliever inhaler and where the required written consent is in place.

12. Responding to an allergic reaction

For a mild to moderate allergic reaction that does not involve Airway, Breathing or Circulation, staff will follow the child's Allergy Action Plan/IHP. Where oral antihistamine is indicated, it will be given in accordance with the plan and the Administration of Medicines Policy. The child will not be left unattended. Parents/carers will be informed and the child will be observed in a safe place for at least 60 minutes because a mild reaction can progress.

13. Anaphylaxis - emergency procedure

1. Recognise anaphylaxis: any sudden problem affecting Airway, Breathing or Circulation. A skin rash does not have to be present. If in doubt, treat as anaphylaxis.
2. Bring help and adrenaline to the person. Do not make the child walk to the office or medical room.
3. Lay the person flat with legs raised. If breathing is difficult, allow them to sit. Do not allow them to stand or walk.
4. Give adrenaline without delay, using the child's prescribed device first if available; otherwise use the school spare AAI. Aim to administer within five minutes of onset/recognition.
5. Immediately dial 999, ask for an ambulance and state "anaphylaxis". Do not delay adrenaline while making the call.
6. Stay with the person. Contact parents/carers. If there is no improvement after five minutes, give a second dose of adrenaline using a second device if available, in line with the action plan/emergency guidance.
7. Commence CPR if there are no signs of life. Continue to follow 999 instructions until the ambulance arrives.
8. Record the incident, medication given and timings, and provide this information to ambulance staff. A member of staff will accompany a child to hospital if a parent/carer is not available.

14. Educational visits, trips, sport and clubs

- Pupils with allergy will not be excluded from visits, trips, sport or extracurricular activities because of allergy where reasonable arrangements can make participation safe.

- A specific risk assessment will be completed for a pupil at risk of anaphylaxis taking part in an off-site visit. Catering, travel, access to emergency medical care and known allergens at the destination will be considered early.
- The pupil's prescribed adrenaline devices and relevant action plan/IHP information will accompany them. A member of staff trained to administer adrenaline will be present.
- The trip leader will know who is responsible for carrying emergency medication. Where appropriate, taking a school spare AAI will be considered without leaving the school site without adequate spare provision.

15. Serious incidents and near misses

All significant allergic reactions, anaphylaxis events and allergy-related near misses will be recorded. Reports may come from staff, pupils, parents/carers or healthcare professionals, including where the effect of exposure only becomes apparent after the child has gone home.

- Parents/carers will be informed promptly.
- Serious incidents and near misses will be reported to the Headteacher and governing body, alongside any statutory reporting that applies.
- The school will review the causes and controls, identify learning, and amend the Allergy Safety Policy, risk assessments, catering procedures or the pupil's IHP where required.
- Where appropriate, wellbeing support will be offered following a serious event.

16. Information sharing and confidentiality

Health information is special category personal data. The school will share allergy information only where necessary for safety, inclusion and the delivery of agreed support, and will do so in a controlled and respectful way. Staff who need to act in an emergency will have timely access to relevant IHPs and action plans. The school will balance confidentiality with the need for staff to know the information required to keep a child safe.

17. Unacceptable practice

- Preventing a pupil from easily accessing prescribed emergency medication.
- Ignoring the views of the child or parents/carers, or ignoring healthcare evidence and advice.
- Assuming all pupils with allergy need the same arrangements or dismissing allergy because a formal diagnosis is not yet available.
- Sending an unwell pupil to the office or medical room alone; in an allergic emergency, help and medication must come to the pupil.
- Unnecessarily sending a pupil home, excluding them from meals, clubs, trips or activities, or requiring a parent/carer to attend school to provide routine allergy support that the school should arrange.
- Penalising allergy-related absence or creating avoidable barriers to participation.

18. Awareness and communication

This policy will be included in staff induction and annual allergy training, published on the school website and available to parents/carers on request. Key procedures will be communicated to supply staff, regular volunteers, lunchtime staff, catering staff and wraparound staff. Age-appropriate pupil awareness will be promoted, particularly how to seek adult help quickly.

19. References and related school policies

- Department for Education, Allergy safety in schools: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (July 2026).
- Department for Education, Allergy safety policy - template (2026).
- Administration of Medicines Policy
- First Aid Policy

- Educational Visits procedures
- Behaviour/Anti-Bullying Policy
- Data Protection Policy
- Attendance Policy

Appendix 1 - Barnett Wood emergency ambulance information

Dial 999, ask for ambulance and be ready with the following information
1. Your telephone number: (school 01372 272701) or own mobile
2. Give your location as follows: <i>Barnett Wood Infant School, Barnett Wood Lane, Ashted, Surrey</i>
3. State that the postcode is <i>KT21 2DF</i>
4. Give exact location of patient in the school/setting (insert brief description)
5. State “anaphylaxis” where relevant and tell the call handler what adrenaline has been given and at what time.
6. Give name of child and a brief description of patient’s symptoms
7. Arrange for an adult to open the vehicle gate, meet the ambulance and direct the crew to the child.

Speak clearly and slowly and be ready to repeat information if asked.

Put a completed copy of this form by the telephone.



Appendix 2 - Healthcare Plan

Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	
Emergency response: <i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i> <i>Otherwise summarise the signs or symptoms which would indicate an emergency.</i> <i>Set out what to do in an emergency, including whom to contact.</i> <i>If relevant, note where "spare" adrenaline devices are located.</i>	
Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

