Leamington Federation
Sydenham Primary School and Lighthorne Heath Primary School
Allergy Safety Policy

1. Purpose and legal framework

The Leamington Federation is committed to ensuring that children with allergies are safe, fully included and able to participate in all aspects of school life. Allergy can be a serious and, in some cases, life-threatening medical condition. The Federation therefore takes a whole-school approach to identifying, reducing and responding to allergy-related risks while avoiding unnecessary restriction or exclusion.

This policy is required by section 100A of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026. The Governing Body must have an allergy safety policy, review it at least annually, make it known within school and to parents, bring it to the attention of pupils, parents and all people who work at the school at least annually, and publish it on each school website. In carrying out these duties, the Governing Body will have particular regard to the Department for Education (DfE) statutory guidance Allergy safety in schools (July 2026).

The policy also has regard to section 100 of the Children and Families Act 2014 and the DfE statutory guidance Supporting pupils at school with medical conditions; the Equality Act 2010; the Health and Safety at Work etc. Act 1974; the Education Act 2002; Keeping Children Safe in Education 2026; the Early Years Foundation Stage statutory framework; the Human Medicines Regulations 2012 (as amended); the Food Information Regulations 2014; the Requirements for School Food Regulations 2014; and relevant SEND duties and guidance.

This policy should be read alongside the Federation's Medicines in School and Supporting Pupils with Medical Conditions Policy, Asthma Care Plan, Child Protection and Safeguarding Policy, Inclusion and SEND Policy, First Aid arrangements, Educational Visits procedures, Food/School Meals arrangements and individual healthcare plans (IHPs).

2. Scope and definitions

For the purposes of this policy, allergy is a medical condition in which the immune system has an abnormal reaction to a normally harmless substance, such as food, insect stings, contact allergens or airborne allergens. Anaphylaxis is a potentially fatal allergic reaction affecting the airway, breathing and/or circulation (ABC).

This policy covers allergic conditions including food allergy, allergy to insect stings, medicines, latex and other contact allergens, and airborne allergens. Asthma, eczema and allergic rhinitis may be associated with allergy and will be supported in accordance with the pupil's individual needs. Coeliac disease and food intolerance are not allergies and cannot themselves cause anaphylaxis; they will be supported under the Federation's wider medical conditions arrangements.

3. Key principles

- Allergy safety is everyone's responsibility. All staff must understand how to reduce foreseeable risks, recognise an allergic reaction and obtain emergency help.
- Children with allergies will be included in lessons, meals, playtimes, clubs, trips, PE and wider school life wherever safe arrangements and reasonable adjustments can be made.
- No child should be singled out, stigmatised, unnecessarily segregated from peers or excluded from an activity simply because they have an allergy.
- The Federation will be allergy-aware rather than claiming to be "allergen-free" or "nut-free", because no school can guarantee the complete absence of an allergen.

- Children and parents/carers will be listened to and involved in planning support. Relevant clinical advice will be followed and will not be replaced by school-made clinical judgements.
- In an emergency, treatment must not be delayed while trying to contact a parent/carer.

4. Leadership, governance and accountability

The Governing Body has overall responsibility for ensuring that the Federation complies with its statutory allergy safety duties and that allergy risks are actively managed. Allergy safety will form part of the schools' wider risk management and safeguarding arrangements.

The named senior leader responsible for allergy safety across the Federation is the Executive Headteacher. Day-to-day arrangements may be delegated to an Associate Headteacher, School Business Manager, First Aid Lead or other appropriately trained member of staff, but overall accountability remains with senior leadership and the Governing Body.

- ensure this policy is implemented consistently across both schools and reviewed at least annually;
- ensure sufficient resources, trained staff and appropriate emergency equipment are available;
- ensure allergy-related serious incidents and near misses are reviewed and lessons acted upon;
- work with catering providers, parents/carers, healthcare professionals and staff to reduce risk and promote inclusion; and
- ensure the policy is published on both school websites and brought to the attention of pupils, parents/carers, staff, volunteers and relevant contractors.

5. Identifying pupils with allergies and maintaining an allergy register

Parents/carers are asked to disclose allergies and relevant medical information on admission and to notify the school promptly of any new diagnosis, suspected allergy, change in symptoms, medication, treatment or emergency plan. Information may also be received from a previous setting or healthcare professional.

Each school will maintain an up-to-date allergy register identifying pupils with known allergies, their known triggers, whether they are at risk of anaphylaxis, what medication they have, whether they have an IHP and/or Allergy Action Plan, and where emergency medication is located. This information will be made available to staff who need it to keep the pupil safe, while respecting confidentiality and data protection requirements.

Where an allergy is suspected or a diagnosis is pending, the school will not dismiss the concern. It will work with the child and parents/carers to put proportionate interim arrangements in place based on the best information available and encourage appropriate medical assessment.

6. Individual Healthcare Plans and Allergy Action Plans

A pupil should have an Individual Healthcare Plan where their allergy has a functional impact in school, places them at risk of harm, or requires arrangements that are additional to or different from those made generally. The IHP will be developed with the child, parents/carers and, where appropriate, healthcare professionals.

The IHP will describe the school arrangements required to keep the pupil safe and included. It may include known allergens and triggers; symptoms; medication and where it is stored; emergency arrangements; supervision and self-management; food and catering arrangements; reasonable adjustments; PE, clubs and trip arrangements; staff training; communication; and review arrangements.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be attached to and referenced in the IHP. The school will follow the current clinical plan rather than reproduce or reinterpret clinical instructions. IHPs will be reviewed at least annually and sooner when the pupil's needs, medication or clinical advice changes, or following a significant incident or near miss.

7. Allergy awareness and emergency response training

The Federation will provide allergy awareness and emergency response training at least annually to staff present when pupils are on site. This includes teachers, teaching assistants, office and premises staff,

midday supervisors, wraparound staff, supply/temporary staff where appropriate, peripatetic staff, agency workers, catering staff and regular volunteers. New staff will receive allergy safety information as part of induction, and arrangements will be made so that cover and supply staff know what to do in an emergency.

Training will ensure staff understand the range of allergic conditions, the difference between food allergy and intolerance/coeliac disease, common routes of exposure, how to identify allergic reactions and anaphylaxis, where emergency medication is kept, how to administer adrenaline, when and how to call 999, how to use individual action plans, how to minimise exposure to known allergens, and how to report incidents and near misses.

Where a pupil requires healthcare support beyond general allergy awareness and emergency response, additional child-specific training and competency arrangements will be put in place in line with clinical advice.

8. Minimising exposure to known allergens

The Federation will take reasonable and proportionate steps to reduce the risk of pupils coming into contact with known allergens. Risk management will be individualised; a strategy that is appropriate for one child may not be necessary or sufficient for another.

- staff planning lessons and activities must consider allergy risks in food technology/cooking, science, art and craft, sensory play, music, gardening and activities involving animals;
- where a common resource could expose a pupil to a known allergen, a safe alternative should be considered for the whole group rather than excluding the pupil;
- food packaging, play dough, some glues, bird feed and recycled food containers may contain allergens or traces and should be checked where relevant;
- pupils should not share or trade food, drinks, utensils or food containers;
- handwashing with soap and water and appropriate cleaning of surfaces/equipment will be used to reduce contamination risk where relevant;
- known contact or airborne allergens will be managed through reasonable precautions identified in the pupil's IHP and risk assessment; and
- allergy risk will be considered when planning celebrations, fundraising, cultural events, food brought from home and visitors providing food.

9. Food allergy, school meals and packed lunches

The Federation will work closely with its catering providers to ensure that allergen risks are understood and managed. Caterers must comply with the Food Information Regulations 2014, including providing information about the 14 regulated allergens in food served and the requirements for pre-packed for direct sale food ("Natasha's Law"). School leaders will maintain appropriate oversight of catering controls and cross-contamination procedures.

Pupils with food allergy will be able to eat alongside their peers wherever this can be managed safely. They will not routinely be placed at a separate "allergy table". Appropriate identification arrangements will be used at mealtimes, balancing safety with dignity and confidentiality. Where necessary, at least two robust checks will be used to ensure that the correct meal is provided.

Parents/carers should clearly label packed lunches, drinks and food sent into school for a child with allergy. The Federation may discourage particular high-risk foods from being brought onto a site or into a particular class where this is proportionate to an identified risk, but will describe itself as "allergy-aware" or "nut-aware" rather than "allergen-free" or "nut-free".

10. Prescribed adrenaline and pupil self-management

Pupils prescribed adrenaline should have rapid access to two prescribed adrenaline devices at all times. Where age and maturity allow, pupils will be encouraged to carry their own devices, including on the

journey to and from school. Where this is not appropriate, devices will be stored in an unlocked, clearly identified and readily accessible location that allows them to be brought to the pupil within five minutes.

Children will be supported to take increasing responsibility for managing their allergy in accordance with their age, understanding and clinical advice. Self-management arrangements will be agreed with the child and parents/carers and recorded in the IHP where appropriate. Self-management does not remove the school's responsibility to provide appropriate supervision and emergency support.

11. School "spare" adrenaline auto-injectors (AAIs)

Each school will maintain emergency "spare" AAIs in accordance with current national guidance and any regulations in force. For a primary school, this will normally include a pair of the appropriate lower-dose AAIs for younger pupils and a pair of the appropriate standard-dose AAIs for older pupils, with additional devices considered where site layout or pupil needs require them.

- spare AAIs will be stored in pairs, clearly labelled, at room temperature and protected from extremes of heat and direct sunlight;
- spare AAIs will be readily accessible and not locked away, while being stored safely and out of reach of children where necessary;
- arrangements will ensure that adrenaline can be brought to any pupil who needs it and administered within five minutes;
- expiry dates and device condition will be checked regularly and replacements ordered in good time;
- used or expired AAIs will be disposed of safely in accordance with manufacturer and medicines-disposal requirements; and
- spare AAIs are an emergency back-up and do not replace the two devices prescribed to an individual child.

Although advance parental consent for use of a spare AAI is good practice and will normally be sought through the pupil's IHP/Action Plan, the Human Medicines Regulations permit a spare AAI to be used for the purpose of saving a life. In a genuine emergency, treatment must not be delayed while checking consent.

12. Recognising and responding to an allergic reaction

Mild to moderate symptoms may include swelling of the lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; abdominal pain or vomiting; mild throat tightness; or a sudden change in behaviour. The child should not be left alone and should be monitored closely because a mild reaction can develop into anaphylaxis. Treatment will follow the pupil's Allergy Action Plan/IHP.

Anaphylaxis is a medical emergency. Signs may include any problem involving Airway, Breathing or Circulation (ABC), including swelling of the throat or tongue, hoarse voice or difficulty swallowing; sudden wheeze, persistent cough, noisy or difficult breathing; dizziness, faintness, sudden sleepiness or confusion, pale clammy skin, collapse or loss of consciousness. A skin rash does not have to be present.

EMERGENCY RESPONSE: If anaphylaxis is suspected, give adrenaline immediately. If in doubt, treat for anaphylaxis. Do not wait to call 999 before giving adrenaline. Call 999 for an ambulance immediately after administering adrenaline. Keep the person lying flat with legs raised; if breathing is difficult, they may sit up, but they must not stand or walk. Bring medication and help to the person. Give a further dose of adrenaline if there is no improvement after 5 minutes. Stay with the person and follow their Allergy Action Plan and the emergency operator's instructions.

Where the pupil has their own prescribed adrenaline device, this should be used first if immediately available. If it is unavailable, misfires, or the person has no prescribed device, the school's spare AAI may be used. A salbutamol inhaler must never be used instead of adrenaline to treat anaphylaxis, although an individual action plan may direct use of a reliever inhaler after adrenaline if wheeze persists.

13. Asthma and allergy

Food allergy and asthma can occur together, and sudden breathing difficulty in a pupil with food allergy must prompt consideration of anaphylaxis. Pupils with asthma will have access to their own reliever inhaler in accordance with the Federation's Asthma Care Plan. Where the schools hold emergency salbutamol inhalers, these will be managed under the relevant national guidance. Emergency inhalers and spare AAIs should be readily accessible and may be stored together in clearly identified emergency kits where appropriate.

14. Trips, PE, clubs and wraparound provision

Pupils with allergies will be enabled to participate safely in school trips, residentials, PE, sporting events, curriculum enrichment, after-school clubs, Early Birds Breakfast Club, Butterflies after-school provision and other activities. Risk assessments will consider allergen exposure, food, access to emergency medication, trained adults, journey times and access to emergency medical care.

A pupil at risk of anaphylaxis must have their prescribed adrenaline devices available on trips. The trip leader will ensure relevant adults understand the pupil's IHP/Allergy Action Plan and know where medication is carried. The school may also take spare AAIs where appropriate, provided this does not leave the school site without adequate emergency cover.

15. Wellbeing, inclusion and bullying

The Federation recognises that living with allergy and the possibility of anaphylaxis can cause anxiety for children and families. Staff will promote a calm, informed and inclusive culture and will avoid unnecessarily drawing attention to a child's allergy. Children will be listened to when they describe symptoms or concerns.

Bullying, teasing, threats, deliberate exposure to an allergen or misuse of another pupil's emergency medication will be treated seriously under the Positive Behaviour and Anti-Bullying Policies and, where appropriate, as a safeguarding concern. Allergy awareness education may be used to promote empathy and understanding, while protecting individual pupils' privacy.

16. Staff, visitors and contractors with allergies

Staff and regular visitors are encouraged to inform the school of allergies that may require workplace adjustments or emergency arrangements. Relevant information will be handled confidentially and shared only with those who need to know. Visiting speakers, contractors and other visitors who provide food or activities involving potential allergens will be expected to comply with school allergy safety requirements.

17. Information sharing and confidentiality

Health information is special category personal data under UK GDPR and the Data Protection Act 2018. The Federation has a lawful basis to hold and share relevant allergy information where this is necessary to keep a child safe and support their inclusion. Information will be shared in a controlled, proportionate and respectful way with staff who need it, including catering and wraparound staff where relevant.

Emergency information, Allergy Action Plans and medication locations must be sufficiently accessible to staff who may need to act quickly. This safety requirement will be balanced with the pupil's dignity and right to privacy.

18. Serious incidents and near misses

All serious allergy incidents and near misses will be recorded promptly, including what happened, the suspected allergen, symptoms, treatment, emergency response and outcome. Parents/carers will be informed and the Governing Body will receive appropriate oversight information, alongside any statutory reporting that is required.

Each serious incident or near miss will be reviewed to identify lessons and determine whether changes are required to an IHP, Allergy Action Plan, catering arrangements, staff training, risk assessment, medication arrangements or this policy. Where the school operates as a food business and there is reason to believe unsafe food containing an undeclared allergen has left its immediate control, relevant food-safety reporting requirements will be followed.

19. Responsibilities

The Head Teachers will ensure that this policy is implemented, staff are trained, individual arrangements are in place and allergy risks are monitored. Class teachers and support staff must know which pupils in their care have allergies, understand relevant IHPs/Action Plans and consider allergy safety when planning activities. Catering staff must comply with food allergen law and school procedures. Office/first aid staff will support record keeping, medication checks and emergency arrangements.

Parents/carers are responsible for providing accurate and current information, prescribed medication and Action Plans; ensuring prescribed devices remain in date; notifying the school of changes; and working with the school to develop and review the IHP. Pupils will be supported to understand their allergy, tell an adult if they feel unwell, avoid sharing food and take increasing responsibility where appropriate.

20. Unacceptable practice

The Federation will not regard the following as acceptable practice:

- preventing a pupil from easily accessing emergency medication;
- assuming all pupils with the same allergy need the same support;
- ignoring the views of the child or parents/carers, or relevant medical evidence, without good reason;
- assuming a pupil has no allergy because diagnosis is not yet complete;
- sending a pupil home frequently, excluding them from lunch, clubs, trips or activities, or segregating them from peers where reasonable arrangements can enable safe participation;
- sending a pupil who may be having an allergic reaction to the office or medical room alone;
- requiring a pupil experiencing anaphylaxis to walk to medication or to another room rather than bringing help and adrenaline to them;
- delaying emergency adrenaline while trying to contact parents/carers or waiting for an ambulance;
- penalising a pupil for absence directly related to allergy management or medical appointments; or
- relying on a 'nut-free' label or other blanket claim instead of active allergen-risk management and emergency preparedness.

21. Complaints and safeguarding

Concerns about allergy safety or the support provided to a pupil should normally be raised with the class teacher, school office or senior leader in the first instance. Formal complaints will be considered under the Federation Complaints Policy. Where an allergy-related matter raises a safeguarding concern, the Child Protection and Safeguarding Policy and normal safeguarding procedures will apply.

22. Publication, awareness, monitoring and review

This policy will be published on the websites of Sydenham Primary School and Lighthorne Heath Primary School and will be available in hard copy on request. At least annually, it will be brought to the attention of pupils, parents/carers and all persons who work at the schools, whether paid or unpaid. Allergy safety expectations will also be reinforced through staff induction, annual training and pupil-appropriate awareness work.

The Governing Body will review this policy at least annually and sooner where legislation or statutory guidance changes, where the needs of pupils require it, or following a serious incident or near miss. The Federation will consider periodic allergy emergency drills as a useful way of testing arrangements and identifying improvements, provided they are planned sensitively around the wellbeing of pupils with allergy.

Key statutory and national guidance

- Children and Families Act 2014, sections 100 and 100A (as amended by the Children's Wellbeing and Schools Act 2026).
- Department for Education: Allergy safety in schools – statutory guidance (July 2026) and Allergy safety policy template.
- Department for Education: Supporting pupils at school with medical conditions – statutory guidance.
- Department of Health and Social Care: Guidance on the use of adrenaline auto-injectors in schools.
- Human Medicines Regulations 2012, as amended, including provisions for emergency adrenaline auto-injectors and salbutamol inhalers in schools.
- Food Information Regulations 2014, including the 2021 pre-packed for direct sale labelling requirements ("Natasha's Law").
- Equality Act 2010; Health and Safety at Work etc. Act 1974; Keeping Children Safe in Education 2026; SEND Code of Practice: 0 to 25 years; and the Early Years Foundation Stage statutory framework.

This policy was ratified:	September 2026
This policy will be reviewed:	September 2027
Named Senior Leaders for Allergy Safety:	Jill Manley, Rachel Hartley, Juliette Westwood and Carol Glenny
Executive Headteacher:	Juliette Westwood
Chair of Governors:	Richard Butler