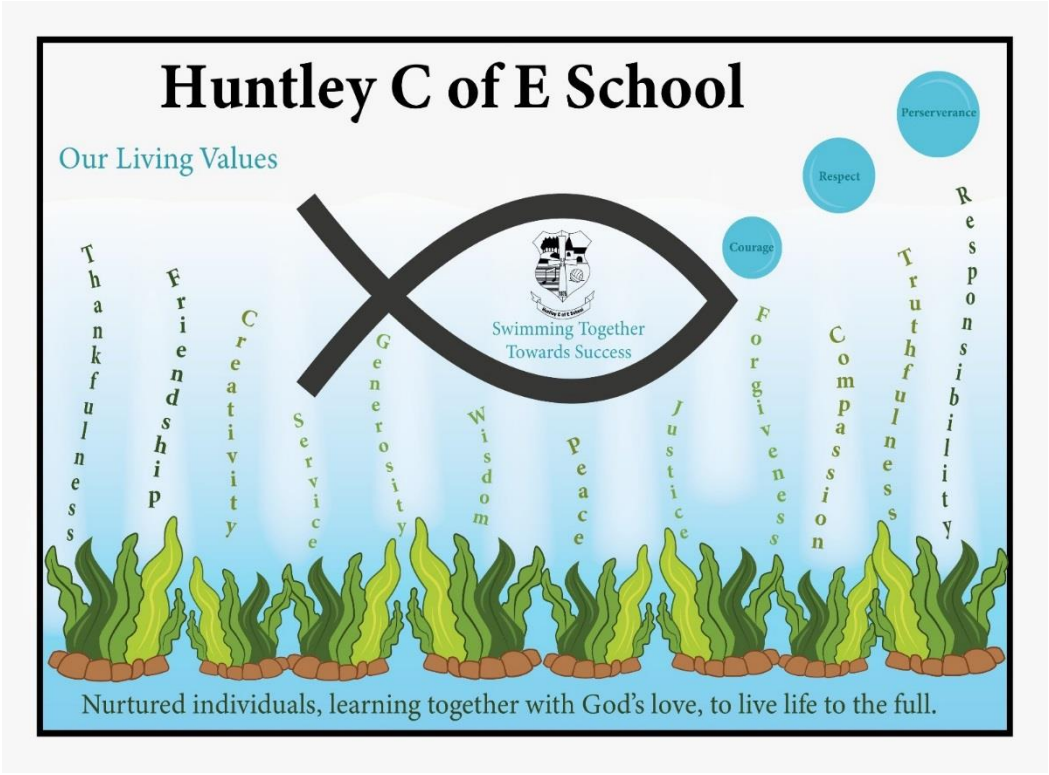
Huntley C of E Primary School

Allergy Safety Policy

September 2026

To be read in conjunction with:

DfE Allergy guidance for schools 2026
Food in school's policy
Medical Conditions in school policy
Section 34 of the Children's Wellbeing and Schools Act 2026



Document Reviews and Amendments

Amendment Date	Change to Document	Date of Approval
07/09/27	New policy in place in line with current guidance and Benedict's Law . Combines sections of the Food in school and medical conditions policy	10/09/26 EC and HW using DfE guidance

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Introduction
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. The member of staff with overall responsibility for allergy safety is Mrs E Curtis. This Allergy safety policy will be reviewed annually but may be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement or of there are any changes/ updates in guidance.
The Governing body will ensure that this policy is readily accessible to parents and staff. This policy is published on the school, website and can be made available in hard copy on request.

Staff training
A KITT Medical box containing Adrenaline Auto Injectors (AIP's) is available in school and all staff carry out appropriate allergy training and AIP usage training annually. All staff present during times when pupils are scheduled to be on site will receive allergy awareness training.

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 this school 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 as set out in a child's individual Health Care 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 is 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

Children will be fully supported by all staff to try and reduce anxiety around their allergy. Procedures will be shared clearly with them and their voice will be heard in decision making processes. Additional pastoral support can be provided if required.

Minimising risk

School will ensure that careful consideration is given to ensure any risk is minimised.

There is clear guidance and procedure on place to ensure all staff are aware of any allergens. There are lists in all registers, lists on all class rooms and in the staff room. Individual healthcare plans will be in place where required and will be shared to ensure all risks in school are minimised. (See Appendix One)
If the child has an Individual health care plan, these will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality.
Our school is a 'nut free' environment. Parents are asked to not include nut products in sandwich boxes and nuts are not included in school lunches.

Where children have a known allergy to airborne or contact allergens, the school will put reasonable measures in place to manage the risk of the child or young person being exposed to such allergens. Guidance will be sought on an individual basis.

There is an expectation that staff planning any activity should consider the risk of exposure to allergens, for example in craft, science, musical activities, or where activities involve animals. Staff are aware of any medical needs/ allergies/ dietary requirements and lessons will be planned accordingly.

When cooking, class teachers will speak to parents/carers prior to the activity to ensure that the ingredients are suitable. Adaptations will be made as needed. If we are cooking off site, a list of the ingredients will be shared prior to a visit as part of the risk assessment.

Specific risk assessments will be carried out to manage the risks of exposure to allergens in individuals with an allergy when planning external visits or trips.

Individual Identification

When a child starts school or after the identification of an allergy, parents are asked to give full details to school. This information should be included in the medical section of the new starter form. Prior to the child starting, there will then be a meeting with staff and parents to ensure clarity around the allergy and how to keep the child safe. Health care professionals may also be invited to this meeting if they have been involved in the production of an individual health care plan.

In the new starter packs for staff any known allergens and whether they carry medication (for example adrenaline autoinjector (AAI) devices) etc needs to be shared to ensure all staff are aware and risk in minimised in the work place.

A record is kept of all individuals with allergies, including whether children and young people have Individual Healthcare Plans and/or an Allergy Action Plan. This is shared termly with all staff and any updates shared immediately.

Individual Healthcare Plans
(See Appendix one – IHP template)

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.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be

helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the health professional or headteacher is best placed to take a final view.

IHPs (and their review) will be initiated, in consultation with the parent, by the Headteacher or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advice on the particular needs of the child. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on IHPs, the following will be considered:
• the medical condition, its triggers, signs, symptoms and treatments;
• the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;

• specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
• the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
• who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
• who in the school needs to be aware of the child's condition and the support required;
• arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
• separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
• where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
• what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Information is kept in the school office and in class registers. If consent is sought from parents a photo and instructions may be displayed. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

FOOD ALLERGIES

Legal requirements

The provision of medical or special diets in schools is not legally defined. Advice from the Department for Education, however, states that schools should make reasonable adjustments for pupils with particular requirements, for example to reflect medical, dietary and cultural needs (School food in England, Advice for governing boards, March 2019).

It is the responsibility of the school and/or caterer to decide if provision of a medical diet meal is feasible and reasonable efforts should be made to cater for all pupils needs. It is recommended that all schools develop a clear procedure to make sure all requests for a medical diet are handled efficiently and appropriately.

Schools may reject an application for a request if a risk assessment indicates that food could not reasonably be produced which would be safe for a pupil. If a child qualifies for Universal Free School Meals and the caterer cannot reasonably produce food which would be safe for the child, the parent should contact the school to discuss alternative options for food provision.

Provision of allergen information Under the Food Information Regulations (2014)

It is a legal requirement that any out of home catering provider must be able to communicate with a customer the presence of the 14 EU defined allergens. This information is provided to us by Caterlink in writing and/or on menus. Under Natasha's law all pre-packaged foods for direct sale will require full ingredient declarations. There is no legal requirement for caterers to translate their documentation (menus or medical diet processes). School will support parents/guardians in understanding the information wherever language is a barrier.

Offering multiple medical diet meal options per pupil

When managing medical diets in a school environment there are many factors to consider, however the safety of the children being catered for is the number one priority. Due to complexities in these scenarios it is not always possible to offer more than one choice of a medical diet meal. This decision is never to single out pupils, discriminate or to remove choice it is made solely based on what is operationally safe to provide.

General Data Protection Regulation (GDPR)
In order to manage medical diets safely, schools and caterers will be required to process pupil and parent data, such as, but not limited to, medical information and photographs. All data handling must be conducted in line with GDPR. Roles and responsibilities of key stakeholders and

See Appendix Two for roles and responsibilities and school procedures around notification, communication and implementation and management of food allergies in school.

Management of Adrenaline devices
Prescribed adrenaline
Children and young people who are prescribed adrenaline devices have rapid access to their devices at all times, as, in a case of anaphylaxis, adrenaline should be administered within five minutes. The device will be kept in the child's classroom but will be taken out to the playground at lunch and play times, to PE lessons or when on visits or trips.
We would encourage that children have a device which can be left in school rather than brought in daily.
Each child will have a medication form with the details of administering and the expiry date will be recorded.

"Spare" adrenaline devices
Spare devices are contained in our KITT Medical box - emergency anaphylaxis kit -clearly labelled and situated between the hall and the school office. All staff have completed the relevant training. KITT are responsible for replacing "spare" adrenaline devices when they are used or go out of date
There is a sharps bin in the stationary cupboard in Class Estuary for safe disposal.
Given the small size of the setting the KITT Medical box is in very close proximity to all classrooms and the playground.

Off-site Risk assessments
Risk assessments will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises. Children and young people at risk of anaphylaxis should have their own adrenaline device with them, and there will be staff trained to administer adrenaline in an emergency.

Serious incidents and "near misses"
Near misses will be reported to E Curtis. In incident will be looked into and any learning shared or additional training organised immediately. In some cases, the impact of exposure to an allergen while in an education setting may not be recognised until the child is back at home. It is therefore important that the child, their parents or others (for example healthcare professionals) needs to report that there has been an incident.

Information sharing
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
This allergy safety policy is published on the school website. All staff should be aware of and understand the policy, as part of annual allergy awareness training. It will be shared with other safeguarding information at the start of the year and be included in the staff safeguarding pack.

If an individual is willing and comfortable to share, they will be invited to be part of a session to raise awareness for the other children at an age-appropriate level. Information about the school's nut free status will be shared and explained to the children.

pg 7 IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Information is kept in the school office and in class registers. If consent is sought from parents a photo and instructions may be displayed. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
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.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
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.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response:
Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where “spare” adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

Appendix Two- Roles and responsibilities and school procedures around notification, communication and implementation and management of food allergies in school

NOTIFICATION OF ALLERGY OR INTOLERANCE		
School	**Parent**	**Caterers**

Collect medical diet information of pupils in their school with food allergies and intolerances. A link will be shared with parents to complete the information directly with Caterlink our school caterer. This will enable the caterer to fulfil their responsibilities outlined here. Failure to provide sufficient notice may result in a delay to medical diet provision. DATA COLLECTED AND ALLERGY MATRIX SHARED WITH INFORMATION OF SPECIFIC ALLERGIES. SHARED WITH ALL STAFF. COPY IN OFFICE/ IN ALL CLASSROOMS AND IN DINING HALL ALL STAFF ARE AWARE OF ANY MEDICAL CONDITION INCLUDING ALLERGIES MEETING WITH PARENTS AND WHERE APPROPRIATE HEALTH PROFESSIONALS TO ENSURE CLEAR ALLERGY PLAN IS IN PLACE INCLUDING DETAILS OF PROCEDURES AND MEDICATION ADMINISTRATION. ALLERGY PLANS CLEARLY DISPLAYED IN KEY AREAS AROUND THE SCHOOL.	Inform the school of their child's food allergy/ intolerance prior to the beginning of the school term (or as soon as possible) after diagnosis or symptoms. Provide both school and the caterer with full details of the allergy or intolerance including copies of medical forms/letters confirming the dietary requirement. COMPLETE THE SECURE FORMS VIA THIS LINK **CTL - FOOD ALLERGY & INTOLERANCE FORM V2** PROVIDING CATERLINK WITH THE RELEVANT DETAILS REGARDING YOUR CHILD'S ALLERGY OR INTOLERANCE. MEDICAL CONFIRMATION OF THE ALLERGY OR INTOLERANCE WILL BE REQUIRED. THIS MUST BE FROM A QUALIFIED MEDICAL PROFESSIONAL/MEDICAL ESTABLISHMENT OR A SCREEN SHOT FROM THE NHS APP. INFORMATION TO BE GIVEN ON INDUCTION PAPERWORK. ANY ALLERGY PLANS TO BE SHARED WITH SCHOOL AS SOON AS POSSIBLE. MEDICAL CONFIRMATION OF ALLERGIES TO BE FORWARDED TO SCHOOL TO ACCOMPANY THE ALLERGY AND INTOLERANCE FORM TO THE CATERER	Liaise with the school at the end of the preceding term to obtain information on those pupils with medical dietary requirements. FULL KITCHEN RISK ASSESSMENT CARRIED OUT WHEN MEDICAL CONFIRMATION HAS BEEN RECEIVED.
COMMUNICATION		
School	**Parent**	**Caterer**

Schools are the data controllers. Keep allergen information up-to-date throughout the year and ensure the caterer always has the most up-to date data. Communication between parents and caterers must involve the school at every step. Communication between stakeholders should be in writing and not just verbally provided. DAILY UPDATES GIVEN WHEN LUNCHES ARE ORDERED. CHILDREN WITH ALLERGIES/ INTOLERANCES ARE KNOWN TO THE PROVIDER AND THOSE INDIVIDUAL CHOICES ARE GIVEN SEPERATELY. ALLERGY PLACEMATS ARE PROVIDED AT LUNCHTIME SO ALL MIDDAY SUPERVISOR STAFF KNOW WHICH CHILD HAS THE ALLERGY.	Ensure communication is with the school and not just the caterer throughout the process. Provide schools with the information required in a timely manner and when requested. Communication between stakeholders should be in writing and not just verbally provided.	Ensure the school is kept up-to-date with medical diet menus and medical diet process. Do not communicate with parents without involving the school. Communication between stakeholders should be in writing and not just verbally provided
IMPLEMENTATION AND MANAGEMENT		
School	**Parent**	**Caterers**

School has a method of identification when pupils following a confirmed medical diet come through the dining room – RED ALLERGY PLACEMAT If there is a specific medical diet all staff and lunchtime assistants will be adequately trained on the diet and allergen management. If there Is an allergy plan/ Health care plan, school will educate pupils and other parents about allergies and supporting the child with medical diets. Annual medical training carried out. This include additional Auto Adrenaline Injector Pen (AIPs)training and spare AIPs are kept in school, to be used in the case of an emergency. LIST IN DINING HALL WITH INFORMATION ABOUT ALLERGIES AND INTOLERANCES TABLE MAT IN PLACE IF THERE IS A KNOWN ALLERGY/INTOLERANCE We are a small setting and the children are all known to staff. Information regularly shared and updated in staff meetings.	Approve individual medical diet menus when they are provided. Check menu on the school website/ given by Caterlink to help make choices	Ensure all team members are adequately trained on medical diets and allergen management. Develop medical diet menus following an agreed process (i.e. company policy), where safe to do so Ensure the medical diet menus are provided to the school and parents in a timely manner. Ensure the information held on ingredients and recipes is accurate and regularly reviewed. Meet the Food Information Regulations and future allergen legislation.