ST IVES JUNIOR SCHOOL

'Learning together, free to fly'

Together we thrive in a nurturing, inspiring community,
Together we learn to succeed in an ever changing world.

ALLERGY SAFETY POLICY

Named senior leader responsible	Headteacher
Approved by	Full Governing Body
Date approved	September 2026
Last reviewed	September 2026
Next review due	September 2027

Governor Review Summary – September 2026

- New statutory Allergy Safety Policy for the 2026/27 academic year.
- Reflects the Children's Wellbeing and Schools Act 2026 and DfE statutory Allergy Safety in Schools guidance.
- Sets out arrangements for identifying pupils with allergy and using Individual Healthcare Plans and Allergy Action Plans.

- Requires allergy awareness and emergency-response arrangements for staff.
- Sets out measures to reduce exposure to known allergens while supporting inclusion and participation.
- Confirms emergency arrangements for anaphylaxis, including immediate adrenaline and a 999 call.
- Records that the school has a Kitt Medical Anaphylaxis Kitt containing spare adrenaline devices, located in Reception for rapid access.
- Strengthens arrangements for school meals, trips, celebrations, incident recording and learning from serious incidents and near misses.
- Policy will be published on the school website, publicised to the school community and reviewed at least annually.

1. Purpose and aims

St Ives Junior School is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. Allergic reactions can be unpredictable and anaphylaxis is a potentially life-threatening medical emergency. The school therefore takes a whole-school approach to allergy awareness, risk reduction and emergency response.

This policy aims to:

- identify pupils with allergies and understand the support they require
- reduce, as far as reasonably practicable, the risk of exposure to known allergens
- ensure pupils with allergy are not unnecessarily excluded from learning, meals, trips, clubs or other school activities
- ensure staff can recognise an allergic reaction and know how to respond to suspected anaphylaxis
- ensure prescribed and spare adrenaline devices are rapidly accessible when required
- use Individual Healthcare Plans (IHPs), Allergy Action Plans and risk assessments appropriately
- work in partnership with pupils, parents/carers, healthcare professionals and catering providers
- record, report, investigate and learn from serious allergy incidents and near misses
- promote the wellbeing, dignity and independence of pupils living with allergy.

2. Statutory framework and guidance

This policy has regard to current legislation and statutory guidance, including:

- section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Department for Education statutory guidance: Allergy safety in schools (July 2026)
- Department for Education statutory guidance: Supporting pupils at school with medical conditions
- the Equality Act 2010
- the Health and Safety at Work etc. Act 1974
- Keeping Children Safe in Education 2026, where medical presentation or an incident raises a safeguarding concern
- current Department of Health and Social Care / MHRA guidance on emergency adrenaline devices.

The governing body must have an allergy safety policy, review it at least annually, make it known within the school and to parents/carers and staff, bring it to the attention of pupils and the school community at least annually, and publish it on the school website.

3. Understanding allergy and anaphylaxis

An allergy is an abnormal immune response to a substance that is usually harmless. Allergens can include foods, insect stings, medicines, latex, animal allergens and airborne allergens.

Anaphylaxis is a potentially fatal allergic reaction affecting the airway, breathing and/or circulation. It can develop rapidly and requires immediate treatment with adrenaline followed by emergency medical assistance.

Food intolerance and coeliac disease are not the same as allergy and do not cause anaphylaxis. They will be supported through the school's wider medical conditions, dietary and catering arrangements as appropriate.

4. Roles and responsibilities

4.1 Governing Body

- ensure the school has, publishes and reviews this policy at least annually
- have regard to statutory allergy-safety guidance

- ensure appropriate resources, training and emergency arrangements are in place
- receive appropriate information about serious allergy incidents and near misses and assure itself that lessons are learned.

4.2 Headteacher / named senior leader

- take overall responsibility for implementation of this policy
- ensure systems are in place to identify pupils with allergies and keep information current
- ensure IHPs are developed where supportive arrangements are required
- ensure staff receive appropriate allergy awareness and emergency-response information/training
- ensure prescribed and spare adrenaline devices are appropriately stored and accessible
- ensure allergy risks are considered in catering, curriculum activities, visits and events
- ensure serious incidents and near misses are recorded, reported and reviewed
- ensure this policy is publicised and published as required.

4.3 All staff

- be aware of this policy and know how to access relevant pupil allergy information
- take reasonable steps to reduce exposure to known allergens
- recognise signs of an allergic reaction and anaphylaxis
- know the location of the Kitt Medical Anaphylaxis Kitt in Reception
- follow a pupil's IHP/Allergy Action Plan where one is in place
- act immediately in an emergency and never delay calling 999 where anaphylaxis is suspected
- report allergy incidents and near misses.

4.4 Parents and carers

- inform the school promptly of a diagnosed or suspected allergy and any changes
- provide up-to-date medical information, Allergy Action Plans and prescribed medication/devices as required
- ensure prescribed medication is in date and replaced when necessary

- work with the school and healthcare professionals to develop and review the pupil's IHP
- provide accurate information about allergens and emergency treatment.

4.5 Pupils

Pupils will be supported, in an age-appropriate way, to understand and manage their allergy, tell an adult if they feel unwell, avoid known allergens, understand the importance of not sharing food where this creates a risk, and develop independence in managing medication where appropriate.

5. Identifying pupils with allergies

The school will ask parents/carers for medical and allergy information on admission and will provide clear routes for families to report new diagnoses or changes.

The school will maintain an accessible allergy register containing the information necessary to keep pupils safe. Access will be proportionate and consistent with data-protection requirements.

Relevant staff, including class teachers, lunchtime staff, office/first-aid staff, catering staff and staff leading visits or activities, will receive the information they need to support individual pupils safely.

6. Individual Healthcare Plans and Allergy Action Plans

Any pupil whose allergy requires the school to put supportive arrangements in place will have those arrangements captured through an Individual Healthcare Plan (IHP). The IHP will be developed collaboratively with the pupil, parents/carers and, where available, relevant healthcare professionals.

Where a pupil has an Allergy Action Plan or Asthma Action Plan provided or endorsed by an appropriate healthcare professional, this will form part of, or be referenced by, the IHP.

Plans should normally include:

- the pupil's allergens and likely routes of exposure
- usual symptoms and signs of an allergic reaction
- whether the pupil is at risk of anaphylaxis
- medication and emergency treatment, including the type/dose of adrenaline device where prescribed
- where medication is stored and who can access it

- reasonable adjustments and risk-reduction measures
- arrangements for meals, snacks, curriculum activities, trips and clubs
- the pupil's level of independence and self-management
- emergency contacts and review arrangements.

IHPs will be reviewed at least annually and sooner where there is a change in diagnosis, treatment, risk, medication, school circumstances or following a significant incident or near miss.

7. Allergy awareness and staff training

The school will ensure that staff have allergy awareness appropriate to their role. Whole-school arrangements will ensure staff understand common signs of allergic reaction, the signs of anaphylaxis, the need for urgent action and how to summon emergency help.

Staff who may need to administer adrenaline will receive appropriate instruction and training in the devices available in school. Training will be refreshed in line with statutory guidance, provider recommendations and identified need.

The school's Kitt Medical arrangement provides access to anaphylaxis training resources. This supports, but does not replace, the school's responsibility to ensure staff are appropriately trained and confident in its own emergency procedures.

8. Reducing the risk of exposure

The school will take reasonable and proportionate steps to reduce exposure to known allergens. Risk reduction will be based on the individual pupil, the allergen, the likely route of exposure and the activity.

Measures may include:

- good handwashing and cleaning routines before and after eating or food activities
- clear communication with catering staff and checking dietary information
- safe storage, preparation and serving of food
- reducing cross-contact risks in food preparation and serving
- considering allergens when planning cooking, science, art, sensory, gardening, Forest School and other curriculum activities
- considering animal, insect, latex and airborne allergens where relevant
- planning seating or supervision arrangements where these are necessary and proportionate

- ensuring food brought in for celebrations or events is managed safely.

8.1 ‘Nut-free’ and allergen bans

The school will not describe itself as completely ‘nut free’ or guarantee an allergen-free environment unless this can genuinely be assured. Blanket bans can create false reassurance and do not remove the need for robust allergy management.

Where an individual risk assessment indicates that a specific restriction is necessary and proportionate, the school may introduce targeted controls and communicate these clearly to families and staff.

9. Food provision, lunches, snacks and celebrations

The school will work with its catering provider to ensure food-allergy information is communicated and managed safely and that statutory food-allergen requirements are followed.

Pupils with food allergy will be supported to eat safely without unnecessary isolation or stigma. Arrangements will be individualised where necessary.

For food brought into school for celebrations, rewards, curriculum activities or events, staff will consider known allergies before food is distributed. Homemade or unlabelled food may be restricted where ingredient or cross-contact information cannot be established reliably.

Pupils will be discouraged from sharing food, drinks, cutlery or food containers where this could create an allergy risk.

10. Prescribed adrenaline devices

Pupils at risk of anaphylaxis should have rapid access to their prescribed adrenaline devices. Arrangements will reflect the pupil’s age, competence and IHP.

Where a pupil is able to carry and use their own device safely, the school will support this. Where medication is held by the school, it must be immediately accessible and not stored in a way that creates delay in an emergency.

Parents/carers remain responsible for supplying prescribed devices as agreed and ensuring they are replaced before expiry. School checks will provide an additional safety measure and will not remove parental responsibility.

11. School spare adrenaline devices – Kitt Medical Anaphylaxis Kitt

St Ives Junior School has a Kitt Medical Anaphylaxis Kitt located in Reception. This provides centrally located spare adrenaline devices for emergency use and is intended to complement, not replace, pupils' own prescribed adrenaline medication.

The Kitt must:

- remain clearly identified and readily accessible during the school day
- not be locked away in a location that would cause delay in an emergency
- be stored in accordance with manufacturer/provider requirements, away from inappropriate heat, cold or direct sunlight
- be monitored so that devices are present, usable and in date
- be replenished promptly following use or where a device is approaching expiry
- be known to staff, including how it can be accessed quickly.

The exact devices and doses available will be those currently supplied and recorded within the Kitt Medical system. Staff must follow current training, the device instructions and the pupil's emergency plan where available.

The school will keep appropriate records relating to the Kitt, including checks, training and any use of a spare device.

12. Emergency response to suspected anaphylaxis

Anaphylaxis is a medical emergency. If anaphylaxis is suspected, staff must act immediately.

- Send for the pupil's adrenaline device and/or the Kitt Medical Anaphylaxis Kitt immediately.
- Administer adrenaline without delay in accordance with current training and the device instructions. Do not wait for all symptoms to appear if anaphylaxis is suspected.
- Call 999 immediately and state 'anaphylaxis'.
- Follow the pupil's Allergy Action Plan/IHP where available, but do not delay emergency treatment while locating paperwork.
- Keep the pupil under continuous adult supervision and follow emergency-service instructions.

- A further dose of adrenaline may be required if symptoms persist or recur, in accordance with current emergency guidance, the device instructions and staff training.
- Inform parents/carers as soon as practicable, but do not delay adrenaline or the 999 call in order to contact them.
- Any pupil treated with adrenaline requires emergency medical assessment.

Staff should not rely on antihistamine to treat anaphylaxis. Where a pupil has asthma as well as allergy, breathing difficulty following possible allergen exposure must be treated with particular caution and the pupil's emergency plans followed.

13. Mild or moderate allergic reactions

Where symptoms are mild or moderate and do not involve airway, breathing or circulation, staff will follow the pupil's IHP/Allergy Action Plan and administer agreed medication where authorised.

The pupil will be monitored closely because a reaction can worsen. If symptoms progress towards anaphylaxis, staff will administer adrenaline and call 999 immediately.

Following an allergic reaction, parents/carers will be informed and the incident recorded. Appropriate monitoring and medical advice will be sought in line with the pupil's plan and the circumstances.

14. Educational visits, sport, Forest School and off-site activities

Pupils with allergy will not be excluded from visits or activities simply because of their allergy. Appropriate reasonable adjustments and risk-management arrangements will be made.

Before an off-site activity, the trip/activity leader will ensure:

- the pupil's allergy and emergency arrangements are known to relevant staff
- prescribed adrenaline devices and other required medication accompany the pupil and remain rapidly accessible
- an appropriate member of staff understands the emergency plan and use of the relevant device
- food, accommodation, travel and activity risks have been considered
- emergency contact and access-to-medical-help arrangements are understood

- whether taking spare school adrenaline devices is appropriate and arrangements for safe transport/storage have been made.

15. Wellbeing, inclusion and pupil voice

The school recognises that living with allergy can affect a pupil's confidence, anxiety, social participation and sense of belonging. Pupils will not be blamed, embarrassed or unnecessarily singled out because of their allergy.

Staff will listen to pupils' views about what helps them feel safe and included. Bullying, teasing, deliberate exposure to an allergen or misuse of a pupil's medication will be treated seriously under the school's behaviour, anti-bullying and safeguarding procedures.

16. Serious incidents and near misses

The school will record allergy-related serious incidents and near misses. A near miss is an event that could reasonably have resulted in significant harm but did not, for example because the error was identified in time.

Following a serious incident or significant near miss, the school will:

- ensure the pupil receives appropriate immediate and follow-up support
- inform parents/carers
- inform the governing body in an appropriate and confidential manner
- complete any statutory or external reporting required
- review what happened and identify contributory factors
- consider whether the pupil's IHP, risk assessment, catering arrangements, training, communication or this policy needs to change
- share learning appropriately with staff while maintaining confidentiality.

17. Information sharing, confidentiality and safeguarding

Allergy information is health information and will be handled in accordance with data-protection requirements. Information necessary to keep a pupil safe will be shared with staff who need it.

Photographs or visual allergy registers may be used where appropriate and lawful to support rapid identification, with appropriate data-protection safeguards.

If an incident, injury, disclosure or pattern raises a safeguarding concern, staff will follow the Child Protection and Safeguarding Policy and inform the Designated Safeguarding Lead without delay.

18. Transition and changes

Allergy arrangements will be reviewed when a pupil joins the school, changes class, moves to a new phase or setting, has a change in diagnosis/treatment, or where school activities or circumstances change significantly.

Where a pupil transfers to another school, relevant health information will be shared securely and in a timely way in accordance with legal requirements and parental involvement as appropriate.

19. Monitoring, publication and review

This policy will be published on the school website and made known to staff, pupils and parents/carers. The school will take steps at least annually to bring the policy to the attention of the school community.

The Headteacher will review implementation, training, incidents, near misses, IHP arrangements and the management of the Kitt Medical Anaphylaxis Kitt.

The Governing Body will review this policy at least annually and sooner where statutory guidance, legislation, school circumstances or learning from an incident requires change.

20. Related policies

- First Aid Policy
- Supporting Pupils with Medical Conditions / Administration of Medicines Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Positive Relationships and Behaviour for Learning Policy
- Anti-Bullying Policy
- Equality Information and Objectives
- SEND Policy and SEN Information Report
- Educational Visits Policy
- Food/Catering procedures and risk assessments.

Appendix 1 – School allergy safety arrangements

Named senior leader responsible	Headteacher
Location of Kitt Medical Anaphylaxis Kitt	Reception
Kitt checks / online monitoring responsibility	Ms Maria Dunne/Mr James Moon
Location of pupil allergy register	Reception and on SIMS
Location of individual prescribed medication	As recorded in each pupil's IHP / school medication system
Catering allergy lead / contact	Chartwells
Staff allergy training record held by	Ms MAria Dunne
Incident / near-miss recording system	Assessnet

Appendix 2 – Anaphylaxis emergency prompt

SUSPECT ANAPHYLAXIS? ACT IMMEDIATELY.

- Get adrenaline immediately – the pupil's own device and/or the Kitt Medical Anaphylaxis Kitt in Reception.
- Give adrenaline promptly in accordance with training and the device instructions.
- Call 999 and say 'anaphylaxis'.
- Keep the pupil under continuous supervision and follow emergency-service instructions.
- Give a further dose if required in accordance with current emergency guidance, device instructions and training.
- Contact parents/carers after emergency treatment and the 999 call are underway.

- Record and report the incident and review the pupil's arrangements.

Do not delay adrenaline while waiting for a parent, senior leader, paperwork or an ambulance.

Appendix 3 – Annual allergy safety checklist

- Policy reviewed, approved, published and publicised
- Allergy register checked and updated
- IHPs / Allergy Action Plans current
- Parents asked to confirm any changes in allergy or medication
- Staff allergy-awareness arrangements completed and recorded
- Relevant staff trained in emergency adrenaline devices
- Kitt Medical Anaphylaxis Kitt in Reception checked and accessible
- Spare devices present, in date and recorded
- Pupils' prescribed devices accessible and expiry dates monitored
- Catering information and allergen procedures reviewed
- Trip / club / Forest School arrangements reviewed
- Serious incidents and near misses reviewed for learning
- Pupil voice and wellbeing considered
- New staff and temporary staff informed of emergency arrangements.