St Agnes Primary School



Allergies Policy including Nut & Food Allergy

Approved by:	Mrs Sue Gittins
Last reviewed on:	September 2025
Next review due by:	September 2026

1. Statement of intent

St Agnes Primary School is committed to ensuring that children, staff and visitors with allergies are safe, included and able to participate fully in school life. We recognise that anaphylaxis is a potentially fatal medical emergency and that effective prevention, preparation and immediate treatment can save lives.

The school cannot guarantee an allergen-free environment. We will instead maintain an allergy-aware environment, identify and reduce foreseeable risks, support individual needs and ensure a prompt, effective response to allergic reactions.

2. Legal framework

This policy has been prepared with regard to:

- section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- the Department for Education statutory guidance Allergy Safety in Schools (2026), which supports the principles commonly known as Benedict's Law;
- Supporting Pupils at School with Medical Conditions;
- the Human Medicines Regulations 2012, as amended;
- the Equality Act 2010, the Education Act 2002 and the school's safeguarding duties;
- the Food Information Regulations 2014, Natasha's Law and the School Food Standards; and
- the statutory framework for the Early Years Foundation Stage, where applicable.

The governing body will ensure that this dedicated policy is published on the school website, implemented, reviewed at least annually and reflected in the school's risk register.

3. Scope

This policy applies to pupils, staff, parents and carers, governors, volunteers, supply and agency staff, peripatetic staff, contractors, visitors and catering or wraparound-care providers. It applies throughout the school day and to breakfast and after-school clubs, educational visits, residentials, sporting events, transport arrangements and other school-organised activities.

4. Definitions

Allergy: An abnormal immune response to a normally harmless substance, including food, insect stings, medicines, contact allergens and airborne allergens.

Anaphylaxis: A potentially fatal allergic reaction affecting the airway, breathing or circulation. A rash does not have to be present.

Intolerance: A reaction that does not involve the immune system and does not cause anaphylaxis, although it can still require careful management.

Adrenaline device (AD): A licensed adrenaline auto-injector or other licensed adrenaline delivery device used to treat anaphylaxis.

Individual Healthcare Plan (IHP): A school document setting out how an individual will be kept safe, included and supported. It should refer to, not replace, current clinical action plans.

Near miss: An event that caused no harm but had clear potential to cause significant harm because of an error, omission or system failure.

5. Leadership and responsibilities

The Governing Body

- ensures that the policy is published, resourced, implemented and reviewed at least annually;
- includes allergy-related risks on the school risk register and actively monitors them;
- receives anonymised periodic information about training, serious incidents, near misses and lessons learned; and
- ensures that complaints relating to allergy safety can be raised and investigated.

Designated Senior Allergy Safety Lead

The Headteacher is the designated senior leader responsible for allergy safety. The lead will coordinate implementation, staff training, risk assessment, emergency arrangements, IHPs, medication checks, information sharing and incident review. Operational tasks may be delegated, but accountability remains with the designated leader.

All staff

- understand and follow this policy and the child's current IHP and Allergy Action Plan;
- consider allergens when planning lessons, food activities, celebrations, clubs and visits;
- know the location of prescribed and spare emergency medication;
- act immediately if anaphylaxis is suspected and never delay treatment to contact a parent; and
- record and report allergic reactions, medication errors and near misses promptly.

Parents and carers

- provide current information about known or suspected allergies, symptoms, treatment and emergency contacts;
- supply prescribed medication in its original labelled container and replace it before expiry;
- provide updated clinical action plans when available; and
- work with school to develop and review the child's IHP and risk assessment.

The absence of a confirmed diagnosis or specialist letter will not prevent the school from taking a reported or suspected allergy seriously. Interim arrangements will be agreed using the best information available and clinical advice will be sought where necessary.

6. Identification and Individual Healthcare Plans

Before admission, and whenever circumstances change, the school will seek information about allergies, intolerances, dietary and health needs. Pupils with serious allergies, a risk of anaphylaxis, required adjustments or individual support will have an IHP developed with the pupil, parents or carers and relevant healthcare professionals.

The IHP will record, as appropriate:

- the pupil's name, date of birth, current photograph and emergency contacts;
- known or suspected allergens, possible routes of exposure and signs of mild and severe reactions;
- preventative measures, reasonable adjustments and support for wellbeing and inclusion;
- prescribed medication, consent, dosage, location and who is responsible for support;
- a reference to and copy of the current clinician-issued Allergy Action Plan and any Asthma Plan;
- arrangements for meals, snacks, curriculum activities, PE, clubs, visits, residentials and transport; and

- how and when the plan will be reviewed.

IHPs and risk assessments will be reviewed at least annually and following a change in need, medication or clinical advice, or after a relevant serious incident or significant near miss. Information will be accessible to staff who need it while confidentiality is respected.

7. Allergy-aware risk reduction

St Agnes will use proportionate controls rather than claim to be completely nut-free or allergen-free. Any food can cause an allergic reaction, and a single-allergen ban can create false reassurance. Where an individual assessment identifies an exceptional need, the Headteacher may introduce additional restrictions in consultation with the family and relevant professionals.

- Pupils will be encouraged to wash hands with soap and water before and after eating. Hand gel is not relied upon to remove food allergens.
- Food, drinks, bottles and lunch boxes for pupils with food allergies will be clearly identified where appropriate.
- Pupils will not share food, drink, cups or cutlery unless this is part of a planned and risk-assessed activity.
- Eating and preparation areas, utensils and equipment will be cleaned to reduce cross-contact.
- Allergen risks will be considered in cooking, science, art, craft, music, gardening, sensory and animal-related activities. Particular care will be taken with play dough, glues, recycled food packaging, bird feed and similar materials.
- Suitable alternatives will be provided so that pupils are not unnecessarily segregated or excluded.
- Allergy-related bullying, teasing, threatening behaviour or deliberate exposure will be addressed under the behaviour and safeguarding policies.

8. Catering, food brought from home and Natasha's Law

The school and its catering provider will comply with food-information law and maintain effective systems to identify the 14 regulated allergens, prevent cross-contact and communicate accurate information to pupils and families.

- Prepacked for direct sale food will display the name of the food, a full ingredients list and emphasised regulated allergens.
- Clear and accessible allergen information will be available for non-prepacked food.
- Catering staff will receive relevant training and have access to current pupil information.
- At each meal or snack time, responsibility for checking that the correct food is provided to each child will be clear.
- Food prepared or supplied by external providers for school events will be subject to proportionate allergen controls.
- Parents providing food from home remain responsible for ensuring it is suitable for their child and should liaise with school about food-related activities.

9. Adrenaline devices and other emergency medication

Prescribed devices

Clinical advice recommends that people at risk of anaphylaxis have two prescribed adrenaline devices available because two doses may be required. Parents should supply the devices prescribed for their child. A pupil's own prescribed device will normally be used first.

If prescribed medication is missing, unavailable or out of date, the school will contact parents promptly, assess the individual risk and agree safe interim arrangements. A pupil will not routinely be excluded or prevented from participating solely because medication is temporarily unavailable.

Spare school devices
The school will maintain appropriate, in-date spare adrenaline auto-injectors for emergency use, in accordance with current legal requirements and Department for Education guidance. Spare injectors will be held in pairs and the school will consider the dosages required for its pupil age range.

Spare devices may be used to save life when a person's prescribed device is unavailable, broken, empty or misfires, or when a child or adult experiences suspected anaphylaxis without a previously identified allergy. Emergency treatment must not be delayed while consent is sought.

Storage and checks
- All adrenaline devices will be stored at room temperature, away from direct sunlight and extremes of heat.
- Devices will be clearly labelled, readily accessible and never locked away or kept in an office with restricted access.
- Arrangements will ensure that a device can be brought to a person experiencing anaphylaxis within five minutes.
- The location of prescribed and spare devices will be known to all staff and recorded in relevant plans.
- A named member of staff will regularly record the location, dosage and expiry date, and arrange prompt replacement and safe disposal after use or expiry.
- Access will be maintained during playtimes, lunchtime, clubs, PE, trips and emergency evacuation.

10. Emergency response to suspected anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY. IF IN DOUBT, GIVE ADRENALINE.

1. Recognise possible anaphylaxis affecting the airway, breathing or circulation. A rash may be absent.
2. Follow the individual's current Allergy Action Plan where available and administer adrenaline immediately. Do not wait to see whether symptoms improve.
3. Call 999 immediately and say 'anaphylaxis'. Send someone to bring the person's second prescribed device and the school's spare devices.
4. Use the person's prescribed device first. If it is unavailable or fails, use an appropriate spare school device.
5. Keep the person lying flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk and do not move them unnecessarily.
6. Give a second dose of adrenaline if there is no improvement after five minutes, using a new device.
7. Never give an asthma reliever inhaler instead of adrenaline for suspected anaphylaxis. If the action plan directs, a reliever may be given after adrenaline.
8. Stay with the person, monitor them continuously and follow the 999 operator's instructions. Begin CPR if required.
9. Contact parents or the emergency contact after adrenaline has been given and emergency services called. This contact must never delay treatment.
10. Send relevant healthcare information and used devices with the ambulance. The person must receive medical assessment even if they appear to recover.

11. Training and awareness

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent, temporary, supply, agency, peripatetic, administrative, premises and catering staff, regular volunteers and staff overseeing breakfast or after-school provision. New staff will receive training during induction and cover staff will receive essential information before taking responsibility for pupils.

Training will cover:

- allergy, anaphylaxis and the difference between allergy, coeliac disease and intolerance;
- common allergens, cross-contact and ways reactions can occur;
- recognition of airway, breathing and circulation symptoms, including reactions without a rash;
- the immediate emergency response, including positioning, calling 999 and giving a second dose after five minutes;
- practical familiarisation with each type of adrenaline device held by the school;
- the location and management of prescribed and spare medication; and
- recording, reporting and learning from incidents and near misses.

First-aid training alone is not sufficient. The school will keep a record of training content, attendance and renewal dates and will consider practical allergy emergency drills.

12. Educational visits, clubs and off-site activities

Pupils with allergies will not be prevented from taking part in activities alongside their peers simply because of allergy risk. A proportionate individual risk assessment will be completed for off-site visits and activities outside the normal timetable.

- The pupil's prescribed devices and relevant plan will accompany them and remain immediately accessible.
- A member of staff able to recognise and respond to anaphylaxis will be present.
- Food, travel, accommodation, remoteness from emergency assistance and communication arrangements will be considered.
- The school will consider taking suitable spare devices without leaving the main school site without adequate cover.

13. Information sharing, privacy and inclusion

Health information is special-category personal data. The school will share proportionate information with staff and providers who need it to keep the individual safe, while respecting confidentiality and the pupil's dignity. Current photographic allergy information may be displayed in agreed staff, kitchen or serving areas where necessary and with appropriate consultation.

Pupils with allergies will be listened to and supported with anxiety, confidence and increasing self-management. They will not routinely be segregated at mealtimes or excluded from lessons, lunch, clubs, trips or other opportunities. Reasonable adjustments will be made where allergy has a substantial and long-term effect on normal day-to-day activities.

14. Serious incidents and near misses

All allergic reactions, administration of adrenaline, medication errors, serious incidents and allergy-related near misses will be recorded promptly and reported to the designated allergy safety lead. Parents or carers will be informed as soon as possible.

The school will undertake a proportionate, no-blame review to establish what happened, whether agreed arrangements were followed, what can be learned and what action is required. The child and family will be invited to contribute. Relevant healthcare professionals, the catering provider, local authority, Food Standards Agency or other body will be informed where appropriate.

Learning will inform the individual's IHP and risk assessment, staff training, catering controls and this policy. The governing body will receive anonymised periodic reports. A serious incident or significant near miss will prompt consideration of an early policy review.

15. Complaints

Concerns should initially be raised with the Headteacher. Complaints about a failure to make or deliver appropriate allergy arrangements will be considered under the school's complaints procedure. Raising a concern or complaint will not disadvantage the pupil.

16. Monitoring and review

The designated allergy safety lead will monitor implementation throughout the year. This policy will be reviewed at least annually, with input from pupils and adults with allergies and their families where possible, and sooner following a serious incident, significant near miss or relevant change in law, guidance or school circumstances.

Appendix 1: Packed lunch and snack expectations

St Agnes promotes a healthy, balanced diet and asks families to support the school's allergy-aware approach. Packed lunches should normally include:

- fresh fruit (FROM THE ALLOCATED LIST) and vegetables or salad;
- a protein source such as meat, fish, eggs, beans, lentils, chickpeas or an individually agreed alternative;
- a starchy food such as bread, rice, pasta, couscous, noodles or potatoes;
- a dairy food or suitable alternative; and
- water.

Families should not send nuts or peanut butter into school. This reduces a known risk but does not make the school allergen-free. Other allergens will be managed through individual risk assessment and the controls in this policy. Packaged snacks should meet the school's healthy-eating expectations. Food must not be shared between pupils.

Appendix 2: Emergency anaphylaxis prompt

- AIRWAY: swelling of the tongue or throat, hoarse voice, difficulty swallowing.
- BREATHING: wheeze, persistent cough, noisy or difficult breathing.
- CIRCULATION: dizziness, pallor, clammy skin, confusion, collapse or loss of consciousness.
- Give adrenaline immediately; call 999; lie the person flat; do not let them stand or walk; repeat adrenaline after five minutes if there is no improvement.

Approved by: Full Governing Body

Date: September 2026

Review Date: September 2027

Appendix 1

St Agnes Packed Lunch and Snack Options

At St Agnes we value the importance of a healthy lifestyle and encourage all the children to make healthy choices. We have follow food standard guidelines for school dinners and ask that packed lunches follow the same rules.

Please see the below list of acceptable foods that can be put in your child's lunchbox:

- One portion of fresh fruit and one portion of fresh vegetables or salad every day.
- Meat, fish or another source of non-dairy protein should be included every day. Non-dairy sources of protein include lentils, kidney beans, chickpeas, hummus and falafel.
- An oily fish, such as salmon, should be included at least once every three weeks.
- A starchy food, such as bread or pasta, rice, couscous, noodles, potatoes or other cereals, should be included every day.
- A dairy food such as semi-skimmed or skimmed milk. Cheese, yoghurt, or fromage frais should be included every day.
- Water.
- Any packaged snacks must be 100 calories or less and no more than one per day.
- One plain cake or biscuit.
- Meat products such as sausage rolls, individual pies, corned meat, sausages and chipolatas can be included occasionally.
- Seeds, vegetables and fruit (with no added salt, sugar or fat).
- Savoury crackers or breadsticks.
- No crisps except baked.
- No chocolate of any kind, in biscuits, in cakes or spread.
- No fizzy drinks or cordial.
- No sweets.
- No nuts or peanut butter.

All school dinners adhere to these guidelines and are planned by a dietician to offer children a healthy balanced daily meal. They follow strict guidelines and salt is not used in any of the preparation or cooking of the foods and sugar is kept to a minimum.

