Pendock CE Primary School
Be the best that you can be

ALLERGY SAFETY POLICY

Be Ready • Be Respectful • Be Safe

Policy owner: Headteacher
Designated lead: Headteacher
Approved by: Governing Body
Date approved: September 2026
Review date: September 2027
Applies to: All pupils, staff, volunteers, visitors, contractors and anyone providing activities or services on behalf of Pendock School

1. Our approach

At Pendock School, we believe that every child has the right to feel **safe, understood, included and valued**.

We recognise that living with an allergy can affect a child's experience of school in many ways. For some children, an allergy may present a significant and potentially life-threatening medical risk. For others, it may also affect their confidence, independence, attendance, participation, friendships and emotional wellbeing.

Our approach is therefore not simply to "manage allergies".

We aim to create an environment where:

- children with allergies are kept as safe as reasonably possible;
- adults understand their responsibilities and respond confidently;
- children are supported as individuals;
- reasonable adjustments are made where needed;
- children are able to participate fully in school life;
- children are encouraged to develop appropriate independence and understanding of their condition;
- other children are taught to be respectful and considerate of individual needs;
- families are listened to and involved in decisions;
- staff work closely with families and health professionals;
- incidents and near misses are taken seriously and used to improve practice.

We recognise that **the presence of an allergy should not prevent a child from accessing education, activities, trips, clubs, celebrations or wider school experiences**.

Our aim is safe inclusion.

We will always seek to balance appropriate risk management with a child's right to participate, develop independence and experience the same opportunities as their peers.

2. Our values

Our school expectations are:

Be Ready

We prepare carefully for children's individual medical needs and ensure that staff have the information, training and resources they need.

Be Respectful

We respect children's individual needs, listen to families and ensure that children with allergies are never embarrassed, isolated or defined by their medical condition.

Be Safe

We take allergy safety seriously, follow agreed procedures and respond promptly when concerns or symptoms arise.

Our **PRIDE values** underpin our approach to relationships, inclusion and responsibility.

3. Purpose of this policy

This policy sets out how Pendock School will support pupils with allergies and fulfil its statutory responsibilities.

The policy should be read alongside:

- the school's Medical Conditions Policy;
- Individual Healthcare Plans (IHPs);
- First Aid Policy;
- Supporting Pupils with Medical Conditions procedures;
- Safeguarding and Child Protection Policy;
- SEND Policy;
- Behaviour and Relationships Policy;
- Educational Visits Policy;

The DfE's statutory **Allergy safety in schools** guidance applies to maintained schools in England and requires schools to have, review and publish an allergy safety policy. The guidance also sets expectations regarding staff training, Individual Healthcare Plans and recording and learning from serious incidents and near misses. (GOV.UK)

This policy will be reviewed **at least annually**, and sooner where there is a significant change in guidance, legislation, school circumstances or a child's needs.

4. What is an allergy?

An allergy occurs when the body's immune system reacts to a substance that is normally harmless.

Allergic reactions can range from mild to severe.

A severe allergic reaction is known as **anaphylaxis**. Anaphylaxis is a medical emergency and requires immediate action.

Allergy symptoms and emergency procedures will always be considered in relation to the individual child's medical advice and Individual Healthcare Plan.

Staff must never assume that a child's previous reaction predicts the severity of their next reaction.

5. Individual Healthcare Plans

Every child identified as requiring an Individual Healthcare Plan because of their allergy will have an appropriate plan developed in partnership with:

- the child, where appropriate;
- parents/carers;
- school staff;
- relevant healthcare professionals, where appropriate.

The IHP will be individual to the child.

It will clearly identify, as appropriate:

- the child's allergy/allergies;
- known allergens and possible sources of exposure;
- known symptoms and warning signs;
- the child's individual emergency plan;
- prescribed medication;
- location of medication;
- arrangements for administering medication;
- emergency procedures;
- who needs to know about the child's condition;
- staff training requirements;
- reasonable adjustments;
- arrangements for PE, play and physical activity;

- food and lunchtime arrangements;
- trips, visits and residential activities;
- clubs and extended school provision;
- arrangements for transitions and changes of staff;
- arrangements where a member of staff is absent;
- the child's developing independence;
- any other relevant information.

IHPs will be reviewed:

- at least annually;
- when the child's needs change;
- following a significant allergic reaction;
- following a significant near miss;
- following a change in medication or medical advice;
- when the child changes class or key adults where appropriate;
- when the child moves between settings.

The existence of an IHP will not be treated as a substitute for whole-school allergy awareness.

6. Knowing the child

At Pendock, we recognise that children with SEND and/or neurodivergent children may communicate discomfort, distress or changes in how they feel in different ways.

Some children may:

- find it difficult to recognise or communicate symptoms;
- communicate distress through behaviour;
- become overwhelmed or dysregulated;
- have sensory differences;
- require additional processing time;
- have communication difficulties;
- require an adult to notice subtle changes in presentation.

Staff should therefore know the individual child and understand their usual presentation.

A change in behaviour or presentation should not automatically be interpreted as "behaviour".

Where appropriate, staff should consider:

Could this child be unwell, experiencing discomfort or having a reaction?

This is particularly important for children who may not reliably describe how they feel.

7. Information sharing

Relevant allergy information will be shared with staff who need it in order to keep a child safe.

Information will be proportionate, purposeful and handled sensitively.

Staff who may need information include:

- class teachers;
- teaching assistants;
- supply staff;
- lunchtime supervisors;
- office staff;
- first aiders;
- kitchen/catering staff;
- club leaders;
- trip leaders;
- residential staff;
- relevant volunteers;
- relevant external providers.

A child should never be expected to repeatedly explain or disclose their medical condition to different adults.

At the same time, we will respect the child's dignity and privacy and avoid unnecessary attention being drawn to their allergy.

8. Staff training

Pendock will ensure that staff receive appropriate allergy safety training.

Training will include, as appropriate:

- awareness of allergies;
- common allergens;
- recognising possible allergic reactions;
- understanding individual pupils' needs;
- emergency procedures;
- use of adrenaline auto-injectors (AAIs), where appropriate;
- knowing where emergency medication is stored;

- understanding Individual Healthcare Plans;
- prevention and risk reduction;
- food safety and allergen awareness;
- procedures for trips and off-site activities;
- recording and reporting incidents and near misses.

All staff will receive appropriate allergy awareness information.

Staff with specific responsibilities for children with allergies will receive training appropriate to those responsibilities.

Training will be recorded and monitored.

New staff, temporary staff and relevant volunteers will receive appropriate information as part of induction.

9. Emergency medication and adrenaline auto-injectors

Where a pupil has been prescribed an adrenaline auto-injector, Pendock will ensure that medication is:

- stored safely;
- accessible when required;
- within its expiry date;
- clearly identified;
- accompanied by appropriate instructions;
- available during off-site activities;
- included within the child's IHP.

Where appropriate and in accordance with current DfE guidance and the school's arrangements, Pendock will maintain a supply of **spare emergency adrenaline auto-injectors** for use in accordance with the statutory guidance.

The location of emergency medication will be known to all staff.

Emergency medication must never be locked away in a location that would prevent prompt access when it is needed.

Medication will be checked regularly.

10. Responding to an allergic reaction

If a child is suspected of having a serious allergic reaction, staff must follow the child's individual emergency plan and the school's emergency procedures.

Staff must:

1. **Remain calm and act promptly.**
2. Follow the child's IHP/emergency plan.
3. Administer prescribed emergency medication in accordance with the plan and their training.
4. Call emergency medical services where required.
5. Ensure an adult remains with the child.
6. Follow the advice of emergency services.
7. Contact parents/carers as soon as practicable.
8. Record and report the incident in accordance with school procedures.
9. Ensure the incident is reviewed and learning is identified.

Staff should never delay emergency action because they are uncertain whether a reaction is sufficiently serious.

Where there is doubt, staff should follow the child's emergency plan and seek urgent medical assistance.

The school's procedures will reflect current NHS/DfE guidance and the child's individual medical advice.

11. The role of the child

Children with allergies should be supported to develop appropriate independence.

The level of independence expected will depend upon:

- age;
- maturity;
- understanding;
- developmental stage;
- SEND;
- communication needs;
- medical advice;
- individual risk.

Children should be involved in decisions about their support wherever appropriate.

We will not place responsibility for allergy safety solely upon the child.

A child who can carry or manage their own medication may still require adults to understand their needs and be prepared to act.

Equally, a child who is not yet able to manage their own medication will be supported without being made to feel different or incapable.

12. Food and catering

Pendock will work with catering providers and staff to reduce the risk of allergen exposure.

This includes consideration of:

- menu planning;
- ingredient information;
- food substitutions;
- food preparation;
- cross-contamination;
- packed lunches;
- special diets;
- classroom cooking;
- food technology;
- celebrations;
- rewards;
- school events.

The DfE's school food guidance states that schools must ensure special dietary needs continue to be met when menus or food products are changed, including where pupils have allergies or other medical conditions. (GOV.UK)

Allergen information must remain identifiable and accessible to those responsible for preparing and serving food.

13. Classroom activities

Allergy safety will be considered when planning learning activities.

Consideration will be given to:

- cooking;
- food technology;
- science;
- art and craft materials;
- gardening;
- animals;
- outdoor learning;
- sensory activities;
- celebrations;

- rewards.

Risk assessment will be proportionate and should enable participation wherever reasonably possible.

We will avoid unnecessarily excluding a child from an activity where a safe alternative or reasonable adjustment can enable them to participate.

14. Lunchtime and play

Allergy safety arrangements apply throughout the school day, not simply within lessons.

Relevant staff will understand:

- which children have significant allergies;
- the individual child's arrangements;
- where medication is located;
- what to do in an emergency.

Lunchtime supervisors and other staff working outside the classroom will receive appropriate information.

We will consider how children with allergies can participate fully in:

- lunchtime;
- playtime;
- clubs;
- sports;
- special events.

15. Educational visits and residential activities

Allergy management will be incorporated into planning for trips, visits and residential activities.

Before an activity, staff will consider:

- the child's IHP;
- medication;
- emergency medication;
- staff training;
- food;
- accommodation;
- transport;

- activities;
- access to emergency services;
- communication arrangements;
- contingency arrangements;
- staff absence.

A child will not be excluded from a trip solely because they have an allergy where safe and appropriate arrangements can be made.

Where additional risk exists, the school will work with the family and relevant professionals to identify reasonable and proportionate adjustments.

16. Preventing stigma and promoting inclusion

We recognise that children with allergies can sometimes feel anxious, embarrassed or different from their peers.

Pendock will not tolerate:

- teasing;
- bullying;
- deliberate exposure to allergens;
- hiding or interfering with medication;
- deliberately giving a child food they cannot eat;
- pressuring a child to eat something unsafe;
- using a child's allergy as a means of exclusion or humiliation.

Such behaviour will be addressed through our behaviour and safeguarding procedures.

Children will be taught age-appropriate messages about:

- respect;
- difference;
- inclusion;
- kindness;
- personal safety;
- seeking adult help.

We will not create unnecessary fear around allergies.

Our message to children will be:

We all have different needs. We look after ourselves and we look after one another.

17. SEND and reasonable adjustments

Pendock is committed to an inclusive approach to allergy management.

We recognise that some pupils with allergies will also have SEND or other medical conditions.

Where appropriate, reasonable adjustments may be required to ensure that the child can access education safely and meaningfully.

These may include adjustments to:

- communication;
- routines;
- classroom activities;
- lunchtime;
- PE;
- trips;
- transitions;
- sensory experiences;
- staffing;
- medication arrangements.

Where an allergy intersects with SEND, the child's needs will be considered holistically rather than through separate systems.

18. Working with families

Parents and carers are important partners in keeping children safe.

Families are expected to provide the school with accurate and up-to-date information about:

- diagnosis;
- allergens;
- symptoms;
- medication;
- emergency procedures;
- changes in medical advice.

The school will:

- listen to parental concerns;
- involve families in developing and reviewing IHPs;
- communicate significant changes;
- seek clarification where information is unclear;

- work collaboratively following incidents or near misses.

Where there is disagreement or uncertainty, the school will seek appropriate professional advice rather than making assumptions.

19. Incidents and near misses

Pendock will record and review serious allergic reactions and relevant near misses.

A near miss may include an event where:

- a child is exposed to an allergen but does not react;
- incorrect food is nearly given to a child;
- medication is unavailable or nearly unavailable;
- relevant information is not communicated;
- an agreed procedure is not followed;
- a risk is identified before harm occurs.

The purpose of recording is **not to apportion blame**.

Our approach is restorative and focused on learning.

Following an incident or significant near miss, we will ask:

- What happened?
- What did the child experience?
- What worked well?
- What did not work?
- Was the child's IHP understood?
- Did the right people have the right information?
- Was medication accessible?
- Did our systems work in practice?
- Was there an environmental or communication issue?
- What can we change?
- Who needs to know?
- How will we know the change has worked?

Where appropriate, the child and family will be involved in this review.

20. A restorative approach to incidents

Where a mistake has occurred, Pendock will distinguish between:

human error, system failure, lack of knowledge, poor communication and deliberate behaviour.

Our response will be proportionate.

We will seek to understand what happened before deciding what needs to change.

Where a child has been affected, we will prioritise:

- their safety;
- their emotional wellbeing;
- listening to their experience;
- repairing relationships;
- restoring confidence;
- making appropriate changes.

Where an incident involves deliberate unsafe behaviour, this will be addressed through the school's behaviour and safeguarding procedures.

21. Visitors, volunteers and external providers

Visitors and external providers working with children must follow relevant school arrangements.

Where a visitor or provider has responsibility for a child or group of children, the school will ensure that they receive appropriate information about relevant medical and allergy needs.

Trip providers, sports coaches, clubs and other external organisations will be expected to cooperate with the school's allergy safety arrangements.

22. Supply staff and staff absence

Pendock recognises that safe medical care cannot depend upon one particular member of staff always being present.

We will therefore establish clear contingency arrangements.

Where a member of staff who normally supports a child is absent:

- relevant information will remain accessible;
- another appropriately briefed adult will be identified;
- emergency medication will remain accessible;
- the child's IHP will continue to be followed.

Supply staff will receive information appropriate to their role.

23. Monitoring and quality assurance

The Headteacher will have overall responsibility for ensuring that this policy is implemented.

The school will monitor:

- allergy records;
- IHPs;
- medication checks;
- AAI checks;
- staff training;
- incidents;
- near misses;
- trip arrangements;
- catering arrangements;
- parent concerns;
- pupil voice.

The policy will be reviewed at least annually and following any significant incident, change in guidance or change in the school's circumstances.

The Governing Body will receive appropriate assurance that the policy is implemented effectively.

24. Equality and inclusion

Pendock School is committed to ensuring that children with allergies are not disadvantaged because of their medical condition.

We will seek to ensure that:

- children are included in the full life of the school;
- adjustments are made where appropriate;
- children are not unnecessarily separated from their peers;
- medical needs are treated with dignity;
- children are listened to;
- families are respected as partners;
- expectations remain appropriately high.

An allergy is a medical condition.

It is not a limitation on a child's potential.

25. Our commitment to children

At Pendock, we want every child to know:

You belong here.

We will listen to you.

We will learn what you need.

We will work with your family.

We will help you to be safe without making you feel different.

We will make reasonable adjustments so that you can take part.

And as you grow, we will help you develop the confidence and independence to understand and manage your own needs.