KYMBROOK AND THURLEIGH FEDERATION

Working in partnership with families to unlock the potential of every individual. Together, we nurture a self-belief and a lifelong passion for learning.

Allergy Safety Policy

Policy information	Details
Statutory status	Statutory
Policy owner and allergy safety lead	Executive Headteacher, Debonair Brown
Approved by	Federation Governing Board
Approval date	To be completed following governing board approval
Effective from	September 2026
Review date	September 2027, or sooner following any serious incident, near miss, material change in guidance or change in a pupil's needs
Published	Federation website and hard copy on request

This policy implements the statutory allergy safety requirements applying to maintained schools in England from 2026. It must be read alongside each pupil's Individual Healthcare Plan and current Allergy or Asthma Action Plan.

1 Purpose and scope

The Federation will identify and reduce allergy-related risks, respond promptly and safely to allergic reactions, and ensure that pupils with allergies can attend, learn, eat and participate fully. The policy applies during the school day, wraparound provision, clubs, trips, residential visits, Forest School, sporting events and activities led on either site.

It covers allergic conditions including food allergy, allergy to insect stings, medicines, latex, animals and airborne allergens. Asthma may coexist with allergy and can increase the risk associated with anaphylaxis. Coeliac disease and food intolerance are not allergies and cannot cause anaphylaxis; they will be managed through the Supporting Pupils with Medical Conditions Policy and individual arrangements.

2 Legal and statutory framework

This policy has been prepared with regard to the following legislation and statutory guidance current at September 2026:

- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, including the requirement to have, publish and keep under review an allergy safety policy;
- Department for Education statutory guidance Allergy safety in schools, July 2026, and Supporting pupils at school with medical conditions;
- Children Act 1989, Education Act 2002, Health and Safety at Work etc. Act 1974 and the common-law duty of care;
- Equality Act 2010, including the duty to avoid discrimination and make reasonable adjustments where allergy amounts to a disability;
- Human Medicines Regulations 2012, as amended in 2014 and 2017, and Department of Health and Social Care guidance on emergency asthma inhalers and emergency adrenaline auto-injectors in schools;
- Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019, including prepacked for direct sale food labelling requirements;
- Requirements for School Food Regulations 2014;
- UK General Data Protection Regulation and Data Protection Act 2018; and
- The statutory framework for the Early Years Foundation Stage for children within the EYFS.

Current national sources: DfE Allergy safety in schools | DfE school allergy guidance | DHSC emergency AAI guidance

3 Principles

- Allergy safety is a whole-school responsibility and is not delegated solely to first aiders, catering staff or families.
- Risk is managed through individual assessment and reasonable controls. The Federation is allergy aware; it does not claim to be allergen-free or nut-free.
- Medication and emergency plans must be rapidly accessible. Help and medication are brought to the person; the person is not sent to find help.
- Pupils will not be excluded, isolated at mealtimes or required to have a parent attend solely because of allergy.
- The pupil's voice, parental information and clinical advice will inform decisions. Any departure from clinical advice must be documented and justified.

4 Roles and responsibilities

4.1 Governing Board

- Ensures that the Federation has, publishes and reviews this policy and has regard to statutory guidance;
- Seeks assurance that risks, training, staffing, emergency arrangements and catering controls are effective at both schools;
- Receives anonymised reports of serious incidents and near misses, challenges leaders on lessons learned, and monitors implementation.

4.2 Executive Headteacher and allergy safety lead

- Implements this policy across both sites and nominates a deputy when absent;
- Ensures allergy information, Individual Healthcare Plans, Action Plans, risk assessments and emergency procedures are current and accessible to staff who need them;
- Ensures all relevant staff receive annual allergy awareness and emergency-response training, with induction and briefing arrangements for new, temporary, supply, catering, club and regular volunteer staff;
- Ensures each site holds suitable spare AAIs in pairs and that storage, checks, replacement and disposal are effective;
- Ensures serious incidents and near misses are recorded, reported to parents and governors, investigated and used to improve practice.

4.3 Named medication checkers

Mrs Hawkes and Mrs Stone, or a named trained deputy on each site, will complete and record monthly checks of prescribed and spare emergency medication, including quantity, dose, integrity and expiry date. They will alert the Executive Headteacher and parents promptly when replacement is needed. The Executive Headteacher remains accountable for the system.

4.4 Teaching, support, wraparound, catering and visiting staff

- Know the pupils in their care with allergies and the location of their plans and medication;
- Follow individual plans, food controls and activity risk assessments;
- Recognise symptoms, summon help, bring medication, administer emergency treatment within their training and call 999 without delay;
- Never share food, make unapproved substitutions or rely on verbal assurances about ingredients;
- Report reactions, errors, missing medication and near misses immediately.

4.5 Parents and carers

- Provide accurate, current information and clinical plans before admission and whenever needs change;
- Provide two in-date, correctly labelled prescribed adrenaline devices where prescribed, plus other medication and suitable replacements;
- Engage with the school and caterer about safe meals and provide consent where requested;
- Ensure emergency contact details remain current.

4.6 Pupils

Pupils will be supported, according to age and competence, to recognise and communicate symptoms, avoid known allergens, not exchange food or utensils, carry or locate their medication and seek adult help immediately. They are not responsible for the safety of other pupils.

5 Identifying and planning for allergy

- Before entry, the office obtains medical and dietary information from parents and records it on the management information system. Mid-year admissions and new diagnoses are acted on immediately; interim controls are put in place pending fuller information.
- Parents are reminded at least annually and whenever circumstances change to update information. Staff and regular visitors are invited to disclose allergy information needed for their safety.
- The allergy register records the pupil's photograph, triggers, symptoms, prescribed medication and dose, action-plan date, storage location and emergency contacts. Access is restricted to those who need it for care and safety.
- A current, clinically issued Allergy Action Plan is expected for a pupil with a food or insect-sting allergy and an Asthma Action Plan for a pupil with asthma.

5.1 Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will be created where an allergy has a functional impact, poses a risk of harm or requires arrangements additional to or different from normal provision. A formal diagnosis is not required where symptoms or a suspected allergy still require support. The Executive Headteacher decides whether an IHP is required in consultation with the pupil, parents and relevant healthcare professionals.

The IHP will state triggers, symptoms, prevention, daily support, medication and access arrangements, emergency actions, staff roles, adjustments for lessons, meals, clubs and trips, confidentiality and transition arrangements. It will reference the current clinical Action Plan rather than replace it. It will be completed as soon as practicable and normally within two weeks of notification or before the pupil starts.

IHPs are live documents and are reviewed at least annually and immediately after a change in need or medication, new clinical advice, a serious incident or near miss. Plans are shared securely at transition so the receiving setting can create its own plan.

6 Risk assessment and prevention

Controls will be proportionate to the individual risk and recorded in the IHP and, where appropriate, an activity risk assessment. Particular consideration is required for food preparation and tasting, science, art and craft materials, Forest School, animals, insect exposure, celebrations, fundraising, clubs, trips, residentials and visiting caterers.

- Hands are washed with soap and water before and after eating. Alcohol hand gel is not relied on to remove food allergens.
- Food, drinks, utensils and containers are not shared. Tables and preparation surfaces are cleaned with warm soapy water using clean equipment.
- Unlabelled or homemade food is not given to a pupil with an allergy unless expressly agreed through the pupil's plan and with parents.
- Ingredient labels are checked every time. Product substitutions are rechecked and allergen information remains identifiable.
- Food packaging is avoided in craft unless checked and cleaned; safe alternatives are used for play dough, cooking and experiments.
- Pupils with allergies are included with peers. Safety identification methods are discreet, age-appropriate and agreed with the pupil and family.
- For insect-sting allergy, food and drink are covered outdoors, footwear is worn, waste is managed and the individual plan is followed.
- Animal visits and classroom animals are risk assessed. Contact, room use and handwashing arrangements reflect known allergies.
- Airborne triggers and asthma are considered through cleaning, ventilation, damp and mould controls, pollen awareness and appropriate access to inhalers.

6.1 Food and catering

The Federation and its caterer will comply with food-information law and provide accurate information about the 14 regulated allergens. Prepacked for direct sale food must carry a full ingredients list with allergens emphasised. Menus, recipes and an allergen matrix will be controlled documents. Catering staff will prevent cross-contact through separation, cleaning, hand hygiene, suitable utensils and preparation of allergy-safe meals first where appropriate.

At mealtimes at least two robust checks will be used, for example the current allergy register/photo list and confirmation by the serving adult. A changed product or menu must not be served until its ingredients have been checked. Where safety cannot be confirmed, the food will not be served and an agreed safe alternative will be provided.

The Federation is allergy aware. It may discourage specified foods in response to an assessed risk, but will not describe either school as completely allergen-free or nut-free because such claims can create false reassurance.

7 Emergency response

7.1 Recognising anaphylaxis

Area	Possible signs requiring immediate emergency action
Airway	Throat or tongue swelling, tight throat, hoarse voice, difficulty swallowing
Breathing	Sudden wheeze, breathing difficulty, persistent cough or noisy breathing
Circulation	Dizziness, faintness, sudden sleepiness or confusion, pale clammy skin, collapse or loss of consciousness

Anaphylaxis may occur without a rash. If Airway, Breathing or Circulation symptoms are present, treat as anaphylaxis. Do not delay treatment while seeking consent, contacting parents or waiting for an ambulance.

7.2 Immediate actions for suspected anaphylaxis

1. Stay with the person. Send another adult to bring the person's two prescribed adrenaline devices and the site emergency kit. Do not make the person walk.
2. Administer adrenaline immediately in accordance with the device instructions and Action Plan, as soon as possible and within five minutes. Use the person's prescribed device first; use the school spare AAI if the prescribed device is unavailable, cannot be used, misfires or the person has no prescribed device.
3. Call 999 immediately and say "**anaphylaxis**". Give the school name, full address, exact location and access instructions. Do not wait to give adrenaline before calling.
4. Position safely: lie flat with legs raised; if breathing is difficult, allow the person to sit with legs extended. If pregnant, lie on the left side. Do not allow standing or walking. If unconscious, use the recovery position and begin CPR if not breathing normally.
5. If there is no improvement after five minutes, administer a second AAI. Continue monitoring and follow ambulance-service instructions.
6. Contact parents or emergency contacts after emergency treatment and the 999 call are under way. The pupil must go to hospital by ambulance and be accompanied by a suitable adult if a parent has not arrived.

7. Record the time, dose, device and site of administration and give used devices to paramedics or place them in an approved sharps container.

7.3 Mild to moderate reaction

Follow the individual Action Plan, give prescribed treatment if authorised, remain with the pupil, inform parents and monitor continuously in a safe place for at least 60 minutes because symptoms can progress. Any Airway, Breathing or Circulation symptom triggers the anaphylaxis procedure immediately. Staff will seek urgent clinical advice where symptoms are unusual, persistent or worsening.

8 Adrenaline devices and emergency medication

8.1 Prescribed devices

A pupil at risk of anaphylaxis should have access to both prescribed adrenaline devices at all times. Where age and competence allow, the pupil may carry them. Otherwise, they will be stored in a clearly marked, unlocked and readily accessible location agreed in the IHP. Medication will be at room temperature, protected from direct sunlight and extremes of temperature, and close enough to be brought to the pupil within five minutes. A current Action Plan will be stored with it.

8.2 Federation spare AAIs

Each school site will hold, as a minimum, one pair of 150 microgram AAIs for children under six and one pair of 300 microgram AAIs for pupils aged six and over, subject to review against the age profile and clinical guidance. They will be kept as pairs in a clearly marked emergency anaphylaxis kit in the school office/reception, readily accessible to staff whenever pupils are on site and not locked away. The location will be identified during induction and displayed discreetly for staff.

Spare AAIs supplement and do not replace prescribed devices. They may be used in an emergency for a pupil, member of staff or visitor experiencing anaphylaxis. Advance consent will normally be sought, but lack of recorded consent will not delay reasonable life-saving action. Current law permits schools to stock spare injectable AAIs; it does not presently permit schools to stock nasal adrenaline as a spare device.

8.3 Checks, replacement and disposal

- Monthly recorded checks cover correct dose, quantity, expiry, damage, clarity of solution where visible and storage conditions.
- Parents remain responsible for replacing prescribed medication. The school will provide timely reminders and escalate missing or expired medication to the Executive Headteacher for an immediate risk decision.
- Used or expired AAIs will be handed to paramedics, returned to a pharmacy or placed in an approved sharps container. General waste must not be used.
- Following use, the emergency kit will be restored immediately and the incident review will confirm that cover exists meanwhile.

8.4 Emergency asthma inhaler

Where the Federation holds an emergency salbutamol inhaler and spacer, it may be used only for a pupil who has been prescribed a reliever inhaler, whose own inhaler is unavailable or unusable, and for whom written parental consent has been obtained, in line with current DHSC guidance. This consent restriction is different from the emergency use of a spare AAI.

9 Trips, off-site activities and transport

No pupil will be excluded from a trip or activity because of allergy where reasonable adjustments can enable safe participation. The trip leader will complete an individual risk assessment early, consult the IHP,

parents and providers, confirm food and emergency arrangements, identify the nearest appropriate medical help and ensure trained staff and both prescribed devices accompany the pupil. A suitable spare pair may also be taken, provided adequate spare cover remains on the school site. Medication must remain accessible and must not be placed in inaccessible luggage or a locked vehicle.

10 Training and communication

All staff present while pupils are on site will receive allergy awareness and emergency-response training at least annually. This includes teachers, support and office staff, lunchtime staff, catering staff, breakfast and after-school club staff, regular volunteers, temporary, supply, peripatetic and agency staff. First-aid training alone is not sufficient.

- Recognition of mild reactions, anaphylaxis and acute asthma;
- The Airway, Breathing and Circulation approach and the rule that anaphylaxis can occur without a rash;
- How to locate, check and administer the types and doses of AAI held on each site, using trainer devices;
- How to call 999, position and monitor the person, give a second dose after five minutes if needed, and record action;
- The allergy register, IHPs, Action Plans, food controls, confidentiality, wellbeing, incident and near-miss reporting.

New staff complete training during induction before unsupervised responsibility. Supply and visiting staff receive a site briefing before working with pupils. The Federation will run and record at least one allergy emergency drill each academic year on each site, taking account of any pupil's wellbeing and privacy.

11 Wellbeing, inclusion and unacceptable practice

The Federation will listen to pupils with allergies and act on anxiety, stigma or bullying. Allergy-related teasing, threats, deliberate exposure or interference with medication will be treated seriously under the Behaviour Policy and considered as a potential safeguarding matter. Pastoral support and reasonable adjustments will be provided following incidents or near misses.

The following are unacceptable:

- blocking rapid access to medication;
- ignoring the pupil's, parent's or clinician's views without a documented and justified reason;
- assuming all pupils with allergy need identical support or that an older pupil needs none;
- sending an unwell pupil to obtain help or medication alone;
- requiring a parent to attend routinely to provide support the school should arrange;
- segregating or excluding a pupil from meals, clubs, trips or rewards because of allergy or medically necessary absence;
- withholding prescribed or emergency treatment while waiting for consent or for parents to arrive.

12 Information sharing and records

Health information is special-category personal data. The Federation will use and share the minimum information necessary for safe care, inclusion and safeguarding, in accordance with UK GDPR, the Data Protection Act 2018 and the Federation Data Protection Policy. Information will be accurate, current, securely stored and available promptly to staff with a legitimate need to know. Consent will be sought for photographs used in allergy identification systems; an equally safe alternative will be agreed if consent is withheld.

Records will include IHPs and Action Plans, parental information and consent, staff training, medication checks and administration, risk assessments, reactions, serious incidents, near misses, communications and review actions. Records are retained in accordance with the Federation retention schedule.

13 Serious incidents and near misses

A serious incident includes actual harm or an immediate and significant risk of harm requiring emergency medication, urgent clinical intervention or emergency services. A near miss is an error, omission or system failure that could reasonably have caused harm.

- Staff make the pupil safe first, then notify the Executive Headteacher and parents as soon as possible.
- The event is recorded promptly, including what happened, contributing factors, treatment, timings, emergency-service involvement and outcome.
- The Executive Headteacher completes a proportionate, no-blame learning review with the pupil and family, involved staff and relevant professionals.
- The report and lessons are shared with the Governing Board in an appropriately confidential form. The policy, IHP, training, catering and risk controls are reviewed and actions tracked to completion.
- Statutory reports are made where the legal criteria are met, including RIDDOR where an incident arising from a work activity results in a reportable injury, and notification of the local authority where a relevant food-safety incident occurs. Safeguarding concerns are referred under the Child Protection Policy.

14 Monitoring and review

The Executive Headteacher will monitor implementation through termly review of registers and IHPs, monthly medication-check records, training and induction records, catering assurance, trip documentation and incident trends. The Governing Board will review and approve this policy at least annually. It will be reviewed sooner after any serious incident or near miss, significant change in national requirements, material change in provision, or evidence that controls are not effective. Pupils, parents and staff with relevant experience will be invited to contribute to review.

15 Related policies and procedures

- Supporting Pupils with Medical Conditions Policy
- First Aid and Administration of Medicines Policy
- Health and Safety Policy
- Educational Visits Policy
- Food and Catering Procedures
- Safeguarding and Child Protection Policy
- Behaviour Policy and Anti-bullying procedures
- Data Protection Policy and records-retention schedule
- SEND and Accessibility policies
- Early Years Foundation Stage procedures

Appendix 1 Site implementation checklist

Control	Kymbrook	Thurleigh
Current allergy register and Action Plans accessible	☐	☐
Prescribed medication location recorded and accessible within five minutes	☐	☐
Spare AAI pair 150 micrograms in date	☐	☐
Spare AAI pair 300 micrograms in date	☐	☐
Emergency kit location displayed to staff	☐	☐
Monthly check log completed	☐	☐
Annual staff training and site drill completed	☐	☐
Catering allergen matrix and two-stage meal-identification check verified	☐	☐
Wraparound, club and supply staff briefing system verified	☐	☐