Hatfield Peverel
St Andrew's Junior School

Allergy Safety Policy

Approved by:	Governing Board	**Date:**	September 2026
Last reviewed on:	New policy		
Next review due by:	September 2027 (or after a near-miss)		

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1.

Purpose and legal context

- This policy sets out how Hatfield Peverel St Andrew's Junior School will identify, manage and minimise risks from allergy and ensure children with allergies are supported to participate fully and safely in school life.
- It has been produced in line with the statutory guidance "Allergy Safety in Schools" (July 2026) and Section 34 of the Children's Wellbeing and Schools Act 2026. Governors will ensure the policy is readily accessible to parents and staff.

2.

Principles

- Every child is loved and known. Every child shines.
- We will balance safety with inclusion: children with allergies must be protected from risk while being enabled to participate in all aspects of school life (curriculum, trips, clubs).
- The school will take reasonable, proportionate measures to reduce exposure to known allergens, ensure emergency response readiness and protect wellbeing.

3.

Roles and responsibilities

- Governing Body: ensures the school has an up-to-date allergy safety policy, published and reviewed at least annually.
- Headteacher (Becky Black): overall responsibility for implementation and resource allocation; named senior lead under Section 34.
- Inclusion Lead (policy owner): day-to-day operational responsibility for allergy arrangements; oversees records, Individual Healthcare Plans (IHPs), staff training and monitoring.
- Class teachers and support staff: follow IHPs and school procedures, reduce risk in their classroom and on activities, attend training.
- Catering manager and lunchtime staff: ensure allergen information is correct, follow procedures for meal provision and food handling.
- Parents/carers: provide accurate, up-to-date medical information and medication, contribute to IHPs and support school arrangements.
- Pupils: supported to understand their own care where appropriate and to follow agreed safety measures.

4.

Identification and record keeping

- On admission and at in-year entry, parents/carers will complete medical information including known allergies and whether prescribed medication (e.g. AAI) is required. Previous records and healthcare plans will be requested from prior settings where possible.
- The school will maintain a secure, central register of all individuals (children, staff, volunteers where appropriate) with known allergies. Records will include:
- Identified allergens, medication carried (dose, expiry), whether an IHP and/or Allergy Action Plan exists, photo, and emergency contact details.

- For new staff, temporary staff, supply and regular volunteers the Inclusion Lead will ensure they receive the same information and induction arrangements (see Training).

5.

Individual Healthcare Plans (IHPs) and Allergy/Action Plans

- An IHP will be created for any child whose allergy has a functional impact at school, where the child is at risk of harm, or where additional/different arrangements are required.
- The IHP will:
- Record triggers, usual symptoms, usual response, prescribed medication (including dose and location), emergency contact details and consent.
- Attach any Allergy Action Plan or Asthma Plan issued by a healthcare professional.
- Describe practical arrangements in school: storage and access to medication, arrangements for meals, classroom adaptations, PE and trip arrangements and staff with responsibility for administering medication.
- Be developed with parents/carers, the child (when appropriate), and any relevant healthcare professionals.
- IHPs will be reviewed at least annually and whenever the child's healthcare plan changes.

6.

Prescribed adrenaline autoinjectors (AAIs) and inhalers

- Children who are prescribed adrenaline devices will have rapid access to them at all times — in classrooms, lunch areas, playgrounds, sports fields and on trips. Where a child needs their device, staff must be able to access it within five minutes.
- Parents are responsible for ensuring prescribed devices are provided and in-date. When devices are supplied to school, the Inclusion Lead will record them on the central register and check expiry dates termly.
- Where clinically appropriate and agreed in the IHP, children may take their device home at the end of the school day (e.g. for use on the journey home). The school will keep records of devices taken home and returned.

7.

"Spare" (emergency) adrenaline devices and emergency inhalers

- The school will maintain at least one clearly labelled emergency anaphylaxis kit containing two AAIs (of appropriate dosages), instructions, gloves and a sharps box for disposal. For large sites, additional kits will be located so no area is more than five minutes from a kit.
- Emergency inhalers (salbutamol) and spacers will be available following legal guidance; staff will be trained in their use.
- Emergency kits will:
- Be stored where staff can access them quickly (not locked away).
- Be clearly labelled and kept separate from named prescribed medication.
- Be checked weekly by the Inclusion Lead or delegated staff to ensure contents are in date; replacements arranged immediately if used or expired.
- Contain record sheets for any use of the emergency device.

- Used or expired AAIs will be disposed of safely in the school's medical waste arrangements and replacements ordered promptly.

8.

Training and induction

- All staff on site when pupils are present (permanent, temporary, supply, peripatetic, catering, lunchtime and club staff, and regular volunteers) will receive annual allergy awareness and emergency response training. Training will cover:
- What allergy is and the types of allergy (food allergy, asthma, eczema, hay fever etc.) and differences to coeliac disease/intolerance.
- Recognising mild to severe allergic reactions and anaphylaxis.
- Emergency response: calling 999, contacting parents, administering prescribed and spare AAIs and inhalers, and post-incident reporting.
- How to find and follow IHPs / Allergy Action Plans; responsibilities to reduce risk and report near-misses.
- Practical handling measures (food handing, cleaning, avoiding cross-contact).
- Induction arrangements: new staff and regular volunteers will receive allergy training as part of their induction before working unsupervised with pupils. Supply staff will be given an induction pack (electronic or paper) that includes a summary of children at risk and location of emergency kits.
- The school will maintain training records and ensure refreshers when there are changes to pupils' needs or following incidents.

9.

Minimising risk and practical measures

- Catering and meals:
- The school will provide clear allergen information for all food provided by the school (menus, ingredient lists) and ensure provision of safe alternatives.
- Catering and supervisory staff will follow strict procedures to avoid cross-contamination (separate utensils, cleaning protocols, surface cleaning between meals) and will be included in training.
- Where appropriate, children with allergies will have designated lunch arrangements agreed in their IHP.
- Food brought in from home:
- Parents will be asked not to send in snacks containing high-risk allergens for consumption by others where the school has identified pupils at high risk. The school will communicate specific expectations to parent/carers (for example, nuts-free zones).
- Staff will supervise communal events (bake sales, parties) and provide clear guidance to parents in advance. Reasonable adjustments will be made so children with allergies can participate (pre-packaged labelled items, alternative treats).
- Curriculum activities:

- Staff planning practical activities (cooking, science, craft, animal handling, music where food props are used) must consult the central allergy register and the child's IHP and take reasonable measures to reduce exposure (e.g. substitute materials, protective equipment, seating adjustments).
- Classrooms and playgrounds:
- Where airborne/contact allergens are an issue for a child, the school will put reasonable measures in place (e.g. seating, cleaning, no-sharing policies for certain resources), recorded in the IHP.
- Events and clubs:
- Club leaders will be given access to the allergy register and IHP summaries for attendees and ensure medication is accessible.

10.

Visits and trips

- A specific risk assessment will be completed for any trip and for any child at risk of anaphylaxis. Records will confirm:
- That the child will have their prescribed device with them.
- Which staff are trained to administer AAIs and where the emergency kit is located.
- Travel time to nearest emergency services and contingency plans.
- Staff: at least one trained member of staff on the trip must be competent to administer AAIs. For residential trips the Inclusion Lead will coordinate arrangements well in advance and obtain parental consent and copies of IHPs.

11.

Responding to an allergic reaction and recording incidents

- Emergency response:
- If anaphylaxis is suspected, staff will follow the child's Allergy Action Plan / IHP and administer adrenaline without delay. Call 999 immediately after or while administering adrenaline and arrange transfer to hospital as required.
- Inform parents/carers immediately after emergency services are called.
- Ensure another adult supervises other children while emergency procedures are followed.
- Record keeping:
- Any allergic reaction, use of prescribed or spare AAIs, or near-miss must be recorded on the school's medical incident form and reported to the Inclusion Lead. The Inclusion Lead will log incidents centrally and review patterns.
- Parents and relevant healthcare professionals will be informed following any incident.
- Serious incidents will be reported to governors and, where required, to external bodies in line with safeguarding and health & safety procedures.
- Debrief and review:
- After an incident or near-miss the Inclusion Lead will convene a review to identify learning, amend IHPs or procedures and update training if required.

12.

Information sharing and data protection

- Health information is special category data under UK GDPR. The school has a lawful basis to record and share necessary health information where required to protect the child's health and safety.
- IHPs and relevant allergy information will be shared on a need-to-know basis with staff who have responsibility for the child (class teacher, lunchtime staff, trip leaders). Photos and lists used in food areas will be accessible to staff only.
- Parents/carers will be consulted and involved in decisions about wider awareness or training that involves identifying a child to peers. Unnecessary disclosure that single out a child will be avoided.

13.

Awareness, communication and wellbeing

- The policy will be published on the school website and hard copies provided on request.
- The school will raise allergy awareness with pupils through appropriate curriculum opportunities and assemblies, designed to reduce stigma and bullying and to equip peers with age-appropriate ways to help (for example, how to summon help in an emergency). Any pupil-level awareness will be planned with the child and their parents to protect wellbeing.
- The school will address bullying of children with allergy as part of its behaviour and anti-bullying approaches; any incidents will be taken seriously and managed in line with school policy.
- The Inclusion Lead will keep in regular contact with families of pupils with allergies to ensure arrangements are working, to check medication and to support emotional wellbeing where worries about allergy are identified.

14.

Training exercises and drills

- The school will run simulated anaphylaxis drills (table-top or live practice without exposing any child to risk) periodically (at least annually) to test readiness, staff response times and communication. Outcomes will be recorded and used to update procedures and training.
- Where appropriate and with parental agreement, children may be involved in age-appropriate aspects of a drill to promote reassurance.

15.

Monitoring, review and governor oversight

- The Inclusion Lead will maintain the central allergy register, training records, incident logs and checks of emergency kit expiry.
- The policy will be reviewed at least annually or sooner after any serious incident or near-miss. Reviews will include input from affected families.
- Governors' named link for health and safety / inclusion will receive an annual report on allergy arrangements and incidents.

16.

Practical checklists (operational)

- Termly:
- Check expiry of prescribed and spare devices; reorder as necessary.

- Review IHPs for children where care plans are due for review.
- Weekly:
- Check emergency kit contents and that kits are accessible.
- Per trip:
- Confirm medication present and staff trained; record risk assessment.
- After any incident:
- Complete incident record, inform parents and update IHP/arrangements.

17.

Links to other policies

- This policy should be read alongside:
- Medical Conditions and Administration of Medicines Policy
- Safeguarding / Child Protection Policy
- Health & Safety Policy
- Behaviour and Anti-Bullying Policy
- Educational Visits Policy
- Data Protection Policy

18.

Equality and inclusion

- Reasonable adjustments will be made so children with allergies can participate fully. IHPs will record necessary adjustments and provision.

19.

Contact and further information

- Policy owner / operational lead: Inclusion Lead — [Becky Black,01245 380131].
- Headteacher: Becky Black — [admin@hatfieldpeverel-jun.essex.sch.uk, 01245 380131].
- School office: 01245 380131 for urgent practical arrangements.
- Parents should contact the Inclusion Lead immediately if a child's allergy status changes.

Sources

- Department for Education: Allergy Safety in Schools (statutory guidance), July 2026.
- Children's Wellbeing and Schools Act 2026, Section 34 (requirement for allergy safety policies).

Notes specific to Hatfield Peverel St Andrew's Junior School

- Given our context (20% Pupil Premium, 20% SEND, school vision: "Every child is loved and known. Every child shines"), we will pay particular attention to:

  - Ensuring families of disadvantaged and SEND pupils are supported to provide up-to-date health information and have access to meetings to develop IHPs.
  - Making reasonable adjustments to support participation in trips and extracurricular activities for pupils with additional needs.
  - Including allergy safety as a standing item at inclusion and safeguarding meetings so that barriers for the most vulnerable pupils are actively identified and removed.