Hopping Hill Primary School

Allergy Safety Policy

Person responsible for the policy	*Jo Fantarrow*
Date approved	*September 2026*
Approved by	*FGB*
Review date	*September 2027*

1. Purpose and status

Hopping Hill Primary School is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. This policy explains how the school will identify and manage allergy risks, prevent avoidable exposure to known allergens, respond promptly to allergic reactions and anaphylaxis, support pupil wellbeing, and learn from incidents and near misses.

This policy has been prepared with regard to the Department for Education statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. It should be read alongside the school's Supporting Pupils with Medical Needs Policy, First Aid Policy, Health and Safety Policy, Food Policy, Educational Visits Policy, SEND Policy, Safeguarding and Child Protection Policy, and Complaints Procedure.

The policy applies throughout the school day and to breakfast clubs, after-school provision, curriculum and classroom activities involving food, wraparound care, school-organised visits, residentials, sporting events, discos, fairs, parties, fundraising activities, celebrations and any other school event or activity for which the school buys, prepares, serves or distributes food. Relevant arrangements also apply to staff, volunteers, visitors, contractors and community users of the site.

2. Legal framework

This policy has due regard to all relevant legislation and guidance, including, but not limited to, the following:

- Children and Families Act 2014, including sections 100 and 100A
- Children's Wellbeing and Schools Act 2026, section 34
- Education Act 2002
- Education Act 1996, as amended
- Children Act 1989
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Human Medicines Regulations 2012, as amended
- Food Information Regulations 2014, as amended, including requirements for prepacked for direct sale food ("Natasha's Law")
- School Premises (England) Regulations 2012, as amended
- Special Educational Needs and Disability Regulations 2014, as amended
- Department for Education, *Allergy safety in schools: statutory guidance* (2026)
- Department for Education, *Supporting pupils at school with medical conditions*
- Department for Education, *Special educational needs and disability code of practice: 0 to 25 years*
- Department for Education, *First aid in schools, early years and further education*
- Department of Health and Social Care, *Guidance on the use of adrenaline auto-injectors in schools*
- Department for Education, *Allergy guidance for schools*, including food-allergen and prepacked for direct sale requirements
- Statutory framework for the early years foundation stage, where applicable

3. Key principles

- Allergy is a medical condition and will be treated seriously, consistently and without stigma.
- Pupils with allergies will have equal access to education, meals, activities, visits and the wider life of the school, with reasonable adjustments made where required.
- Risk cannot be removed completely. The school will use proportionate, evidence-based controls rather than making absolute claims that the site is "allergen-free" or "nut-free".

- Information will be shared with those who need it to keep a pupil safe, while respecting confidentiality and data-protection requirements.
- Every member of staff must know how to recognise a possible allergic reaction, summon help and follow the emergency response.
- Pupils and parents are partners in planning support. The child's age, understanding and views will be taken into account.
- Near misses and incidents will be recorded, reviewed and used to strengthen practice.

4. Definitions and scope

Allergy is an immune-system reaction to a substance that is normally harmless. Allergens may include foods, insect stings, medicines, latex, animals, pollen and other airborne or contact allergens.

Anaphylaxis is a potentially life-threatening allergic reaction affecting the airway, breathing or circulation. It may occur with or without skin symptoms and requires immediate emergency action.

This policy covers diagnosed and suspected allergies, including pupils at risk of anaphylaxis. Food intolerance and coeliac disease are not allergies, but the school will also manage these conditions appropriately through its medical-needs and catering arrangements. Asthma may increase the risk associated with food allergy and must be considered in the pupil's individual planning.

5. Roles and responsibilities

The governing board will:

- ensure that the school has, publishes, implements and reviews an allergy safety policy;
- ensure leaders allocate sufficient resources, training and oversight to allergy safety;
- seek assurance that catering, emergency medication, IHPs, risk controls and incident-learning arrangements are effective;
- ensure that the policy is accessible to parents, staff and the wider school community.

The headteacher will:

- have overall responsibility for implementing this policy;
- appoint a named Allergy Lead and ensure there is suitable cover in their absence;
- ensure all staff receive appropriate allergy awareness and emergency-response training;
- ensure sufficient trained staff are available at all times, including during clubs and visits;
- ensure serious incidents and near misses are investigated, reported where required and shared with governors appropriately;
- ensure contractors and external providers work in accordance with school allergy-safety arrangements.

The Allergy Lead (Liz Doughty) will:

- maintain the allergy register and oversee IHPs and Allergy/Anaphylaxis Action Plans;
- coordinate information sharing, staff briefings and individual risk assessments;
- oversee prescribed and spare adrenaline auto-injector (AAI) arrangements, including checks, storage and records;
- liaise with parents, healthcare professionals, catering staff and visit leaders;
- keep training records and ensure refresher needs are identified;
- monitor implementation and lead reviews after incidents or near misses.

All staff will:

- complete required training and know the school emergency procedure;
- read relevant pupil information before taking responsibility for a pupil or group;
- follow IHPs, risk assessments and food-safety arrangements;
- never delay emergency treatment while trying to contact a parent;
- report allergy concerns, incidents and near misses promptly;
- promote inclusion and challenge allergy-related teasing, bullying or unsafe behaviour.

Parents and carers will:

- tell the school promptly about a diagnosed or suspected allergy and any changes;
- provide current clinical information, action plans, consent and prescribed medication in the original labelled packaging;
- ensure medication is in date and replace it before expiry;
- work with the school to develop and review the IHP;
- provide accurate emergency contact details and remain contactable;
- reinforce age-appropriate self-management and school rules with their child.

Pupils will be supported to:

- tell an adult immediately if they feel unwell or think they have been exposed to an allergen;
- avoid swapping or sharing food, drinks, containers or utensils;
- understand their allergy and medication at an age-appropriate level;
- carry or access their medication in accordance with their IHP;
- contribute to their IHP and risk-management arrangements where appropriate.

6. Identifying pupils with allergies

The school requests medical and allergy information at admission and reminds parents to report changes. Any member of staff receiving new information must pass it promptly to the school office and Allergy Lead. The school will not rely only on verbal messages where written clinical information or an action plan can reasonably be obtained.

The Allergy Lead will maintain a secure, current allergy register containing sufficient information to support safe practice. Relevant information may be available in classrooms, kitchens, dining areas, offices, first-aid locations and trip documentation on a need-to-know basis. Photographs may be used where this supports rapid identification and parental consent or another lawful basis applies.

Where an allergy is suspected but not yet clinically confirmed, the school will work with parents and seek appropriate healthcare advice. Interim controls will be proportionate to the information available and recorded clearly.

7. Individual Healthcare Plans

A pupil with an allergy will have an Individual Healthcare Plan (IHP) where this is necessary to manage risk safely and consistently. Pupils prescribed an AAI, those at risk of anaphylaxis, those with complex or multiple allergies, or those requiring significant adjustments will normally require an IHP. The plan will be developed with parents, the pupil where appropriate, and a relevant healthcare professional wherever possible.

The IHP will normally include:

- the allergy, known triggers, usual symptoms and any relevant co-existing conditions;
- the pupil's level of understanding and ability to self-manage;
- preventive measures and reasonable adjustments, including meals and curriculum activities;
- the location and accessibility of prescribed medication;
- clear emergency signs and actions, including when and how to administer an AAI and call 999;
- arrangements for trips, clubs, transitions, supply staff and cover;
- roles, training requirements, consent and emergency contacts;
- review arrangements and the date of the most recent clinical plan.

Plans will be reviewed at least annually, before key transitions, and sooner after an incident, change in diagnosis, medication or risk. Electronic and paper copies will be controlled so that obsolete versions are removed promptly.

8. Allergy awareness and staff training

All staff, including teachers, support staff, office staff, midday supervisors, catering staff, site staff and regular wraparound staff, will receive allergy awareness training appropriate to their role. New and temporary staff will receive essential information before taking responsibility for pupils. Volunteers and contractors will receive relevant instructions based on the activity and risk.

Whole-school training will cover:

- common allergens and routes of exposure;
- recognition of mild, moderate and severe reactions, including that anaphylaxis may occur without skin symptoms;
- the airway, breathing and circulation signs of anaphylaxis;
- the immediate response, including calling 999 and administering an AAI without delay where indicated;
- the location and safe use of prescribed and spare emergency medication;
- risk reduction, food hygiene, inclusion and pupil wellbeing;
- incident and near-miss reporting.

Staff who may administer medication or provide individual support will receive practical, condition-specific training and opportunities to maintain competence. Training will be recorded, monitored and refreshed at least annually, and sooner where needs, guidance or practice change.

9. Minimising exposure to allergens

The school will take reasonable and proportionate steps to reduce exposure to known allergens while recognising that it is not possible to guarantee an allergen-free environment. Controls will be based on individual need, clinical advice, the nature of the activity and the likelihood and severity of harm.

Food brought into school

- Parents will be informed of school rules on food, packed lunches, snacks, celebrations and sharing.
- Food must not be shared between pupils.
- Where food is brought in for celebrations or events, ingredients and allergen information must be available and school arrangements followed. The school may restrict or decline food where risks cannot be managed safely.
- Blanket "nut-free" claims will not be made. Targeted restrictions may be introduced where a risk assessment supports them.

The school recognises that uncertainty about whether a food is safe for a child with an allergy is a serious concern. If staff are unsure whether a child can safely eat a particular food, it will not be given to the child until the information has been checked, and staff may contact the child's parent or carer for clarification.

Curriculum and classroom activities

- Staff will check allergy information before cooking, tasting, sensory play, science, art, gardening, animal contact or other activities involving possible allergens.
- Ingredient labels will be checked each time because formulations can change.
- Suitable alternatives and cleaning arrangements will be provided so pupils are included without unnecessary isolation.
- Food will not be used as a behaviour reward where this creates avoidable allergy risk.

Environment and hygiene

- Appropriate handwashing and surface cleaning will be used before and after eating and food activities. Hand sanitiser alone is not relied upon to remove food allergens.
- Cross-contact will be reduced through suitable storage, preparation, utensils, serving and cleaning arrangements.
- Airborne, contact, latex, animal, pollen and insect-sting risks will be considered where relevant to an individual pupil.

Practices the school will avoid

To keep arrangements safe, proportionate and inclusive, the school will not:

- make absolute claims that the school is "allergen-free" or "nut-free";
- exclude pupils from meals, curriculum activities, visits or wider school life where reasonable adjustments can enable safe participation;
- rely on a blanket restriction where individual assessment and targeted controls would manage the risk more effectively;
- delay emergency treatment while seeking parental permission or attempting to contact a parent;
- lock away emergency medication or store it where it cannot be accessed promptly;
- use antihistamine or an inhaler as a substitute for adrenaline when anaphylaxis is suspected;
- require a pupil to eat separately or use different utensils without a clear, recorded reason relating to their individual risk;
- place responsibility for managing allergy risk solely on the pupil or other children.

10. Catering and safer eating

Lunchtime catering is provided by Dolce. Parents and carers are responsible for recording their child's food allergies directly with Dolce through its meal-ordering system and for contacting Dolce Customer Care if they have concerns or requirements that cannot be recorded through the system. Parents must also inform the school of any diagnosed or suspected allergy so that the pupil's school allergy records, Individual Healthcare Plan and emergency arrangements remain accurate. The school and Dolce will share relevant information where necessary to keep pupils safe.

- Dolce will maintain allergen information for its menus and use the allergies recorded by parents to prevent meals containing those allergens from being ordered.
- Dolce catering staff will receive current dietary information through the catering system and will follow the company's identification, meal preparation and service procedures.

- Parents and carers must update Dolce promptly if their child's allergy or dietary requirements change and must separately notify the school of any change affecting the pupil's healthcare or emergency arrangements.
- Menus, substitutions and recipe changes will be managed by Dolce. Ingredient and allergen information will be checked whenever products or recipes change, and cross-contact risks will be controlled during storage, preparation, cooking, display and service.
- If Dolce cannot confirm that a suitable meal can be provided, Dolce will liaise with the parent or carer and inform the school where this affects the pupil's lunchtime arrangements or safety.
- The school will ensure that relevant lunchtime staff know which pupils have allergies, supervise safer eating, discourage food sharing and are able to respond promptly to an allergic reaction.
- The school will monitor Dolce's compliance with the catering contract and raise any allergy-safety concern, incident or near miss with the company promptly.
- EYFS eating arrangements will reflect statutory supervision and safer-eating requirements.

Where food is bought, prepared, served or distributed by the school rather than Dolce, the member of staff leading the activity or event must check the allergy register and relevant IHPs in advance. Ingredient and allergen information must be available, cross-contact controls must be followed, pupils must be supervised, food sharing must be prevented and emergency medication must remain immediately accessible. These arrangements apply to food provided at discos, fairs, parties, fundraising events, celebrations, breakfast club, classroom eating, cooking, tasting and other curriculum activities.

11. Medication and adrenaline auto-injectors

Prescribed allergy medication must be in date, clearly labelled and readily accessible. It must not be locked away where this would delay emergency treatment. Pupils who are competent to carry their own medication may do so where this is agreed in the IHP; the school will ensure appropriate backup and staff awareness.

A pupil prescribed AAIs should have the number of devices advised in their plan available in school. Their location will be prominent, secure from inappropriate use and known to staff. Devices will accompany the pupil or group to off-site activities in accordance with the IHP and visit risk assessment.

The school will hold spare AAIs in accordance with current legal and statutory arrangements. Spare devices are additional emergency provision and do not replace a pupil's prescribed medication. The Allergy Lead will maintain a register, parental consent and any required medical authorisation; check device type, dosage, packaging and expiry dates; and ensure usage and replacement are recorded.

Parental consent and medical authorisation will be sought and recorded for pupils known to be at risk of anaphylaxis. In an emergency, staff will not delay calling 999 or providing emergency first aid while seeking parental permission.

No person should delay administering an AAI when anaphylaxis is suspected. If in doubt, staff will follow the pupil's emergency plan and 999 instructions. A second AAI may be required if symptoms do not improve or return, in accordance with the emergency plan and emergency-service advice.

12. Responding to an allergic reaction or anaphylaxis

Anaphylaxis is a medical emergency. Staff will act immediately and will not leave the pupil alone.

1. Call for help and bring the pupil's emergency medication and the school's spare AAI kit where available.

2. Lay the pupil flat with legs raised. If breathing is difficult, allow them to sit with legs extended. Do not allow them to stand or walk. If unconscious or vomiting, place them in the recovery position.
3. Administer an AAI without delay when anaphylaxis is suspected, following the device instructions and the pupil's plan.
4. Call 999 and state "anaphylaxis". Give the school location, access instructions, pupil details, suspected allergen, symptoms and treatment given.
5. Note the time of administration. If symptoms persist or return, use a second device when indicated by the plan or emergency-service instructions.
6. Arrange for a member of staff to meet the ambulance and another to contact parents. Contacting parents must not delay treatment or the 999 call.
7. Send used device(s), remaining medication and the IHP/action plan with the ambulance. A member of staff will accompany the pupil if a parent has not arrived.
8. Record the event and secure relevant evidence, such as packaging, labels, menus and witness details.

Where a pupil with no known allergy presents with symptoms suggesting possible anaphylaxis, staff will treat this as a medical emergency. Staff will call 999 immediately, state "anaphylaxis" if suspected, follow the emergency call handler's advice, and provide first aid while awaiting emergency medical support. Emergency action will not be delayed while trying to contact parents. The use of an adrenaline auto-injector will follow current legal requirements, available medical information, device availability, staff training and emergency-service advice.

Antihistamine must not be used as a substitute for adrenaline in suspected anaphylaxis. Inhalers may support breathing where prescribed but must not delay adrenaline or the 999 call.

13. School trips, clubs and external activities

Pupils with allergies will not be excluded from visits or activities solely because of their allergy. The visit or activity leader will review the IHP and complete a proportionate risk assessment in advance, consulting the Allergy Lead, parents, caterers, venues and healthcare professionals as needed.

- trained staff and clear allocation of responsibility;
- immediate access to prescribed medication and suitable spare provision;
- food and accommodation arrangements, ingredient information and cross-contact controls;
- travel times, communication and emergency-service access;
- a copy of the IHP/action plan and emergency contacts;
- contingency arrangements for delays, lost medication or unexpected menu changes;
- briefing for relevant adults while maintaining dignity and confidentiality.

14. Supply staff, visitors, contractors and community users

The school will provide supply staff and visiting adults with the allergy information necessary for their role before they assume responsibility. Catering contractors, clubs and external providers must follow the school's allergy arrangements and promptly report concerns or changes. Lettings and community-use agreements will identify responsibilities for first aid, emergency access and food activities where relevant.

15. Pupil wellbeing, inclusion and bullying

The school recognises that allergies can affect confidence, attendance, participation and mental wellbeing. Staff will avoid unnecessary isolation, involve pupils in decisions and make reasonable adjustments discreetly.

Allergy-related teasing, deliberate exposure, food throwing, intimidation or tampering with medication will be treated seriously under the Behaviour and Belonging Policy and, where appropriate, safeguarding procedures.

Age-appropriate education may be provided to peers about not sharing food, getting adult help and respecting individual needs. Information will be shared sensitively and without placing responsibility for safety on other children.

Allergy awareness is also covered through the PSHE curriculum in an age-appropriate way, helping pupils to understand allergies, avoid sharing food and respond respectfully to the medical needs of others.

16. Incidents and near misses

All allergic reactions, use of emergency medication, medication errors, suspected exposures, unsafe food-service events and significant near misses will be reported promptly to the headteacher and Allergy Lead and recorded on the school's reporting system.

The school will:

- ensure the pupil receives appropriate medical review and parents are informed;
- preserve relevant evidence and establish a clear chronology;
- review the IHP, risk assessment, medication and staff response;
- identify contributory factors and actions without creating a blame culture;
- share learning with staff, governors, catering providers and other bodies as appropriate;
- make any statutory, health and safety, food-safety, safeguarding, insurance or contractual reports that are required;
- support affected pupils, families and staff following a serious incident.

17. Information sharing, confidentiality and records

Allergy information is special-category personal data and will be handled in accordance with the school's data-protection arrangements. Information will be accurate, relevant, secure and available to those who need it to protect health and life. Emergency safety takes priority where information must be shared urgently.

Records will include IHPs and action plans, consents, medication checks, staff training, administration of medicines, communications, risk assessments, incidents and reviews. Retention and disposal will follow the school's records-management schedule.

18. Complaints

Concerns should normally be raised with the class teacher, Allergy Lead or headteacher so that they can be addressed promptly. Where a concern is not resolved, parents may use the school's published Complaints Procedure. Urgent safety concerns will be acted upon immediately and will not wait for the completion of a complaints process.

19. Monitoring and review

The Allergy Lead will monitor IHP completion, medication checks, training, catering arrangements, incidents, near misses and implementation of agreed actions. The headteacher will report assurance and significant themes to the governing board while protecting personal information.

This policy will be reviewed at least annually and sooner following significant legislative or guidance changes, a serious incident, identified weaknesses, or material changes to school provision. The published version will be available on the school website and brought to the attention of staff and parents.

Appendix 1: Immediate anaphylaxis response

Suspect anaphylaxis if there are sudden airway, breathing or circulation problems, with or without skin symptoms.

1. Give an adrenaline auto-injector immediately.
2. Call 999 and say “anaphylaxis”.
3. Position safely: lie flat with legs raised; if breathing is difficult, sit with legs extended. Do not allow standing or walking.
4. Give a second AAI if indicated and symptoms persist or return.
5. Contact parents after emergency treatment is underway.
6. Transfer to hospital by ambulance and record the incident.

Appendix 2: Operational checks

Timing	Minimum check
Daily / whenever provision changes	Relevant staff know pupils at risk; prescribed medication is accessible; cover staff receive essential information.
At least termly	Check AAI locations, expiry dates, seals, signage and allergy-register accuracy; confirm catering information.
At least annually	Review every IHP, whole-staff training, policy, risk controls and governor assurance.
Before every visit/activity involving food	Review individual risk, staff competence, emergency medication, venue/catering arrangements and communication.
After every incident or near miss	Record, investigate, review controls, communicate learning and track actions to completion.