Hummersea Primary School

Allergy Safety Policy

Statutory Allergy Safety Arrangements

September 2026

1. Purpose

Hummersea Primary School is committed to providing a safe, inclusive environment for pupils with allergies. This policy sets out the school's arrangements for identifying and supporting pupils with allergies, reducing avoidable exposure to allergens, ensuring rapid access to emergency medication and responding effectively to anaphylaxis.

These arrangements form the school's statutory allergy safety policy and should be read alongside the Administering Medicines & First Aid Policy and relevant Individual Healthcare Plans (IHPs).

2. Legal Framework and Guidance

This policy has regard to current legislation and national guidance, including:

- Section 100 of the Children and Families Act 2014.
- Section 34 of the Children's Wellbeing and Schools Act 2026, which introduced statutory allergy safety duties for schools.
- DfE statutory guidance: Allergy safety in schools (July 2026).
- DfE statutory guidance: Supporting pupils at school with medical conditions.
- Human Medicines Regulations 2012, as amended, including provisions for spare adrenaline auto-injectors and emergency salbutamol inhalers in schools.
- Equality Act 2010 and the SEND Code of Practice: 0 to 25 years.
- Keeping Children Safe in Education 2026.

3. Leadership and Responsibilities

3.1 Headteacher / Allergy Safety Lead

The Headteacher is the named senior leader responsible for allergy safety and for ensuring that these arrangements are implemented.

- Ensure the school's allergy safety arrangements are published, understood and reviewed at least annually.
- Ensure suitable staff training and emergency arrangements are in place.
- Ensure pupils who need additional or different arrangements because of allergy have an appropriate IHP.
- Ensure serious allergy incidents and near misses are recorded, reviewed and used to improve practice.
- Ensure relevant health information is shared with staff on a need-to-know basis while maintaining appropriate confidentiality.

3.2 Emergency Medication and Equipment Checks

Miss K Rose and Mrs E Muscroft have joint operational responsibility for checking prescribed emergency medication held by the school and the school's emergency allergy and asthma equipment.

- Check pupil adrenaline devices and inhalers held by the school at least monthly to confirm they are present, accessible and in date.
- Check the school's spare adrenaline auto-injectors (AAIs) and emergency salbutamol inhaler/spacer at least monthly.
- Arrange or request replacement before expiry and immediately after use.
- Maintain a simple written or electronic record of checks and actions taken.
- Escalate missing, expired, damaged or inaccessible medication immediately to the Headteacher.

4. Identification and Individual Plans

- The school will maintain an up-to-date record of pupils with known allergies, their allergens, medication and whether an IHP, Allergy Action Plan or Asthma Action Plan is in place.
- Information will be gathered at admission and updated whenever parents/carers or healthcare professionals notify the school of a change.
- Pupils requiring additional or different arrangements because of allergy will have an IHP developed with the pupil and parent/carer and informed by relevant healthcare advice.
- IHPs and allergy arrangements will be reviewed at least annually, sooner when needs change, and following a relevant serious incident or near miss.
- Health information will be shared only with those who need it for the pupil's safety and support, in accordance with data protection requirements.

5. Reducing Exposure and Promoting Inclusion

- Reasonable steps will be taken to minimise exposure to known allergens in food, classroom activities, craft, science, cooking, animals, trips and other school activities.
- The school will work with its catering provider to ensure allergen information is available and appropriate controls are in place for pupils with food allergy.
- Food brought into school for events or activities will be considered as part of allergy risk management.
- The school will not rely on a blanket 'nut-free' claim as a substitute for individual risk assessment and robust allergen management.
- Pupils with allergy will be supported to participate fully in lessons, meals, PE, clubs, trips, residentials and wider school life, with reasonable adjustments where required.
- Allergy-related bullying, teasing or deliberate exposure to an allergen will be treated seriously under the school's Behaviour Policy.

6. Prescribed and Spare Adrenaline Devices

- Pupils prescribed adrenaline devices should have rapid access to both of their two prescribed devices at all times. Devices must not be locked away and should be brought to the pupil in an emergency.
- The school will stock spare AAIs in pairs and of doses appropriate for a primary-age population. In line with current DfE guidance, this will normally include one pair of 150 microgram devices and one pair of 300 microgram devices.
- Spare AAIs will be centrally and safely located, clearly labelled, stored at room temperature, accessible at all times and positioned so that they can be brought to any pupil who needs them within five minutes.
- The school will also keep an emergency salbutamol inhaler and spacer where arrangements and written parental consent meet the relevant emergency inhaler guidance.
- Emergency medicines will accompany pupils on school trips, visits and off-site activities in accordance with their IHP and visit risk assessment.

7. Staff Training and Awareness

- All staff present while pupils are scheduled to be on site, including permanent, temporary, supply, agency, relevant peripatetic and regular volunteer staff, catering staff and staff supervising breakfast or after-school provision, will receive allergy awareness and emergency response training at least annually.
- Training will cover recognition of allergic reactions and anaphylaxis, acute asthma, location and use of emergency medication, use of adrenaline devices, reducing allergen exposure, incident and near-miss reporting and the impact of allergy on pupil wellbeing.
- Staff with responsibility for individual pupils will be familiar with relevant IHPs, Allergy Action Plans and emergency arrangements.
- Training records will be maintained and refreshed when required following changes in guidance, pupil need or learning from incidents.

8. Emergency Response to Anaphylaxis

- Treat anaphylaxis as a medical emergency. Do not send the pupil to the office; bring help and emergency medication to them.
- Position the pupil safely. As a general rule, lay them flat with legs raised. If breathing is difficult, they may need to sit up; if unconscious and breathing, place them in the recovery position. Do not allow them to stand or walk.
- Administer adrenaline as soon as possible and within five minutes. Use the pupil's own prescribed device first if immediately available; use a school spare device if their own is unavailable, has misfired, or there is no prescribed device available in the emergency.
- Call 999 immediately and state 'anaphylaxis'. Do not delay adrenaline while waiting to contact emergency services.
- If there is no improvement after five minutes, give a second dose of adrenaline using a second device.
- Continue to monitor the pupil. Commence CPR if the pupil becomes unresponsive and is not breathing normally.
- Inform parents/carers as soon as practicable. A pupil treated for suspected anaphylaxis must be assessed by emergency medical services and should not simply return to normal lessons.

9. Allergy and Asthma

Where a pupil with asthma and a known or suspected food allergy suddenly develops breathing difficulty, staff should consider anaphylaxis and follow the anaphylaxis procedure where indicated. The pupil's Asthma Action Plan and IHP should identify relevant individual arrangements.

10. Trips, Residentials and Wider Activities

- Visit risk assessments will consider known allergens, access to prescribed medication, trained staff and emergency arrangements.
- Pupils at risk of anaphylaxis must have access to both prescribed adrenaline devices on trips and off-site activities.
- The school will consider taking suitable spare AAIs without leaving the school site without appropriate emergency provision.
- Pupils will not be excluded from an activity solely because of allergy where reasonable adjustments can enable safe participation.

11. Serious Incidents and Near Misses

All serious allergy incidents and near misses will be recorded, reported to parents/carers and reviewed. Relevant incidents will be reported to the governing body and to external agencies where a statutory reporting duty applies. The review will identify learning and any required changes to risk assessments, training, IHPs or this policy.

12. Monitoring and Review

- The governing body will oversee implementation of the school's allergy safety arrangements.
- This policy will be reviewed at least annually and sooner following a serious allergy incident or near miss, a significant change in pupil need, or updated statutory guidance.
- The next scheduled review is September 2027.

13. Related School Documents

- Administering Medicines & First Aid Policy.
- Individual Healthcare Plans and Allergy/Asthma Action Plans.
- Behaviour Policy.
- Educational Visits procedures and risk assessments.
- Safeguarding and Child Protection Policy.