Selborne Primary School

Allergy Safety Policy

2026-2027

Reviewed by school	**September 2026**
Adopted at FGB	**15th October 2026**
Next review date	**October 2027**

1. Introduction and statutory framework

Selborne Primary School is an inclusive community that warmly welcomes and supports pupils with allergies and other medical conditions. We aim to ensure that pupils can participate fully and safely in school life, maintain their health and wellbeing, and achieve their academic potential.

This policy is Selborne's dedicated Allergy Safety Policy for 2026-2027. It reflects section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the Department for Education statutory guidance Allergy safety in schools (July 2026). The Governing Body must have regard to that guidance when fulfilling its statutory duties.

For children in Selborne who are within the Early Years Foundation Stage, the school will also comply with the statutory EYFS framework, including its requirements concerning dietary information, food safety, paediatric first aid and information sharing.

This policy should be read alongside Selborne's Supporting Pupils with Medical Conditions policy, first aid procedures, Safeguarding and Child Protection Policy, Educational Visits policy, Behaviour policy, Attendance Policy, Data Protection policy and catering/food-safety procedures.

2. Benedict's Law and the 2026 allergy safety reforms

The 2026 reforms followed sustained campaigning for stronger and more consistent allergy safety in education, including the campaign known as Benedict's Law following the death of five-year-old Benedict Blythe after an allergic reaction at school. Selborne recognises the central principle behind that campaign: allergy safety must be systematic, whole-school, inclusive and understood by everyone, rather than relying only on individual families, first aiders or individual members of staff.

The statutory requirements arise from the Children's Wellbeing and Schools Act 2026 and the DfE statutory guidance. Selborne will therefore ensure that:

- a named member of the Senior Leadership Team is responsible for allergy safety and for driving implementation and review of this policy. This is the Headteacher.
- the Governing Body has oversight of allergy safety and receives information about serious incidents and near misses. These are used to improve future practice
- this dedicated Allergy Safety Policy is reviewed at least annually, readily accessible to parents and staff, and published on the school website
- all relevant staff receive allergy-awareness and emergency-response training annually
- the school keeps an up-to-date record of individuals with known allergies, known allergens, relevant medication and whether a pupil has an IHP and/or Allergy or Asthma Action Plan
- pupils who require supportive arrangements because of allergy have those arrangements captured in an Individual Healthcare Plan (IHP)
- where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it is referred to or attached to the IHP and incorporated when updated
- pupils prescribed adrenaline have rapid access to their own devices at all times, and Selborne maintains appropriate school-held spare adrenaline devices
- the wellbeing, inclusion and dignity of pupils with allergies are promoted and allergy-related bullying is addressed

3. Purpose, scope and aims

This policy applies across the whole school day and all school-organised activity, including Nursery and Reception, ARP, classrooms, dining and catering, clubs, curriculum activities, celebrations, performances, sport, educational visits and residential trips.

It applies to pupils and, where relevant, staff and visitors. It also sets expectations for employees, supply and temporary staff, peripatetic staff, agency workers, regular volunteers, catering staff and others who supervise pupils.

The policy covers clinically relevant allergy, including food allergy, insect-sting allergy, medicine allergy, contact allergy and airborne allergens. Asthma is included where relevant to allergy and emergency response. Coeliac disease and food intolerance require appropriate support but are not themselves allergies and are normally managed through wider medical/dietary arrangements.

- identify allergy and minimise avoidable exposure to known allergens
- ensure allergy safety is a whole-school responsibility
- ensure individual support is proportionate and based on functional need rather than labels alone
- ensure staff can recognise allergic reactions, anaphylaxis and acute asthma and respond promptly
- ensure emergency medication is rapidly accessible
- support participation, attendance, wellbeing and inclusion
- work closely with pupils, parents/carers, healthcare professionals and catering providers
- record, report and learn from serious incidents and near misses.

4. Leadership, governance and responsibilities

Governing Body

- ensures Selborne has a dedicated allergy safety policy, has regard to current statutory guidance and keeps the policy under review
- ensures the policy is accessible and published
- seeks assurance that leadership, training, IHPs, emergency arrangements, food provision and incident learning are effective
- receives reports of serious allergy incidents and near misses
- considers allergy safety within the school's wider safeguarding, health and safety, equality and inclusion responsibilities

Headteacher/named senior allergy lead

The Headteacher has overall responsibility. They are also the school's named Allergy Lead and will drive implementation and review of this policy alongside the school welfare manager.

- maintain oversight of the allergy register and ensure information is current
- ensure decisions are made promptly about pupils requiring an IHP
- ensure Action Plans issued by healthcare professionals are obtained, attached/referred to and updated
- ensure staff training and induction arrangements are in place
- ensure prescribed medication and spare adrenaline arrangements provide rapid access
- ensure allergy risks are considered in catering, curriculum, clubs, trips and events
- coordinate reviews after incidents and near misses
- ensure new, temporary, supply, peripatetic, agency and relevant volunteer staff receive the information and training required for their role

All staff

- know and understand this policy and how to access the allergy register and individual plans relevant to their role
- take reports of symptoms or exposure seriously and act without delay
- know where emergency medication is located and how to summon help
- bring help and medication to the pupil in an emergency rather than sending the pupil to find help
- follow IHPs and healthcare-professional Action Plans
- reduce avoidable exposure to known allergens and report concerns, incidents and near misses
- never assume another adult will take responsibility in an emergency

Parents and carers

- inform the school promptly of diagnosed or suspected allergy and changes in condition, treatment or emergency arrangements
- provide current healthcare information, action plans and prescribed medication requested by the school
- replace personal medication before expiry and inform the school of changes in device or dose
- ensure that if a child walks to school or home alone (Year 6) that they have access to additional medicine in their school bag, if needed as the pupil's medicine is held at school in term-time
- work with the school and healthcare professionals in developing and reviewing the pupil's IHP

Pupils

Pupils will be involved in managing their allergy in an age-appropriate way. Decisions about self-management will be individual and made with the pupil, parents/carers and, where appropriate, healthcare professionals. A pupil will never be made responsible for risks that properly belong to the school. The Headteacher will ensure that she informs pupils about the risk of allergies in assemblies and who to alert in an emergency situation.

5. Identification, records and information sharing

Selborne will gather allergy information on admission and provide a clear route for families to report a new or suspected allergy or a change at any time. Where appropriate, information will also be sought from a previous setting and relevant healthcare documentation requested.

The school will maintain an up-to-date allergy record/register identifying known allergies and allergens, whether medication is carried or held, and whether each pupil has an IHP and/or Allergy or asthma action plan. Relevant information will be shared with staff and providers who need it to keep the pupil safe.

Where a pupil has a suspected allergy awaiting diagnosis, Selborne will not assume that no allergy exists. Interim arrangements will be agreed according to the known functional risk and available medical advice.

Current photographic identification will be included in an IHP for allergy and may also be used, proportionately and confidentially, with medication or staff/catering information to support rapid identification.

6. Individual Healthcare Plans and Allergy/Asthma Action Plans

A pupil should have an IHP where their allergy has a functional impact in school, they are at risk of harm as a result of their allergy, and they require arrangements additional to or different from those made generally. Any pupil whose allergy requires Selborne to put supportive arrangements in place will have those arrangements captured through an IHP.

The IHP will be developed collaboratively with the pupil where appropriate and their parents/carers, taking account of advice from healthcare professionals. The school will not make clinical assessments.

The IHP will normally include:

- the pupil's name, date of birth, class, current photograph and emergency parent/carer contact details
- known allergies, allergens/triggers and whether the pupil is likely to recognise and communicate a reaction
- the functional impact on health, learning and emotional wellbeing, including any relevant interaction with SEND
- adjustments and measures to reduce exposure, including food and activity arrangements
- the level of self-management, monitoring and support required
- emergency signs, actions and contacts, including the location of spare adrenaline devices
- prescribed medication, dose/device, storage and access arrangements
- whether parental consent to administer medication has been provided and when
- who the IHP needs to be shared with
- issue/review dates and responsibility for review

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, the IHP will refer to or attach it. The plan will record who issued it and the date. Whenever an updated Action Plan becomes available, the IHP will be reviewed to incorporate it.

The IHP and attached emergency Action Plan will be easily accessible to staff who need them while preserving confidentiality. Where emergency medication is stored, the relevant emergency plan will be kept with, attached to, or immediately alongside the medication so that instructions and medication are available together without avoidable delay.

IHPs will be reviewed at annually and sooner following an updated Action Plan, significant reaction, serious incident or near miss, change in diagnosis/medication/circumstances, transition, or a request by the pupil, parent/carer, school or healthcare professional.

Selborne Primary School uses Medical Tracker in our welfare room.

7. Whole-school risk reduction and unacceptable practice

Selborne cannot guarantee an allergen-free environment but we do endeavour to keep the site 'nut-free' for all pupils. We will use proportionate, evidence-informed measures to minimise exposure to known allergens.

- discourage food sharing and promote appropriate handwashing and cleaning
- consider allergens in cooking, science, art, craft, sensory play, music, animal-related activities and celebrations
- risk assess individual exposure to airborne/contact allergens where relevant
- avoid food-based rewards where these create unnecessary risk
- apply proportionate class/school food restrictions only were justified by identified risk and communicate them clearly
- consider indoor air quality and relevant environmental triggers for pupils with allergic asthma.

Unacceptable practice includes preventing easy access to medication; ignoring pupil/parent views or healthcare advice; assuming all pupils with allergy need the same support; assuming older pupils need no support; dismissing suspected allergy because diagnosis is pending; unnecessarily excluding pupils from meals, activities, trips or rewards; sending an unwell pupil to seek help without suitable supervision; requiring parents to attend school to administer medication because the school has failed to make appropriate arrangements or penalising medically related absence.

8. Food allergy, catering and safer eating

Selborne will work with its catering provider to comply with food-information law and maintain effective communication between school, catering staff, pupils and families.

- accurate, accessible allergen information will be available for food supplied by the school
- ISS food will carry the required name, full ingredients list and emphasised regulated allergens
- for non-prepacked food, information about the presence of the 14 regulated allergens will be clear, accurate and accessible
- ingredient substitutions and menu changes will be checked and communicated
- cross-contact risks will be considered in preparation, service, utensils, surfaces and storage
- relevant catering and wraparound staff will know the agreed arrangements for pupils with food allergy
- reasonable adjustments will be made so pupils with allergy can access their free-school-meal entitlement, where applicable
- food brought in for events or celebrations will be managed proportionately, with allergen information encouraged even where food-information law does not directly apply

For EYFS children, Selborne will obtain information about special dietary requirements, allergies and intolerances before admission; share it with staff involved in food preparation/handling; identify who is responsible for checking each child's food at meals/snacks; keep information updated and ensure the required paediatric first-aid presence while children are eating.

9. Medication, prescribed adrenaline and spare adrenaline devices

Prescribed medication

Pupils prescribed adrenaline must have rapid access to their devices at all times, including classrooms, dining areas, playgrounds, sports fields and trips. Selborne will plan storage and staffing so that emergency medication is not locked away or otherwise delayed.

The school will record which pupils have prescribed adrenaline and an Allergy Action Plan, where devices are kept, their strength and expiry, and arrangements for taking individually prescribed devices home where appropriate. Pupils able to self-carry may do so where this has been agreed in their IHP.

Current safety advice is that those at risk of anaphylaxis should have access to two doses of adrenaline. Selborne will follow the pupil's clinical advice and IHP.

School-held spare adrenaline devices

Selborne will maintain school-held spare adrenaline devices in accordance with the Human Medicines Regulations and current national guidance. Spare devices will:

- be readily accessible and not locked away
- be clearly labelled to distinguish them from devices prescribed to named pupils;
- be located so that adrenaline can be brought to any person having anaphylaxis as soon as possible and within five minutes
- be available in appropriate strengths, with the number and locations reviewed in light of the size and layout of the Selborne's site
- be checked routinely for expiry and condition, with records maintained
- be replaced promptly after use or expiry, with used devices disposed of safely

Selborne will also keep an emergency asthma reliever inhaler and spacers alongside spare adrenaline devices in accordance with the separate legal requirements for emergency inhalers.

In an emergency, a spare adrenaline device may be used to save a life, including where an individual has no prescribed device available, it has misfired, or anaphylaxis presents for the first time. If a child or young person has been prescribed non-injectable adrenaline devices (nasal spray) but it is not available, the school's "spare" adrenaline devices may be used instead. Prior consent is good practice but must not delay reasonable life-saving action in an emergency.

10. Staff training

All staff present during times when pupils are scheduled to be on site will receive allergy-awareness and emergency-response training at least annually. This includes permanent, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and relevant after-school staff. New staff will receive appropriate induction, and arrangements will ensure supply/cover staff are trained or appropriately briefed before taking responsibility for pupils.

Training will cover:

- what allergy is, how reactions occur and the difference between allergy, coeliac disease and food intolerance
- common allergens, allergic conditions and the relationship between food allergy, asthma and anaphylaxis
- recognising mild/moderate reactions, anaphylaxis and acute asthma
- calling emergency services and informing parents/carers
- locating and administering emergency medication, including the device types used at Selborne and school-held spare devices
- how to check the allergy register and use an IHP, Allergy Action Plan or Asthma Action Plan
- reducing exposure to known allergens and supporting inclusion/wellbeing
- reporting reactions, serious incidents and near misses

Training records will be maintained. Where a pupil requires individual healthcare activity beyond school-level allergy safety arrangements, appropriate clinical governance, competency and delegation arrangements will be followed.

11. Recognising and responding to allergic reactions and anaphylaxis

Anaphylaxis is a potentially fatal reaction affecting Airway, Breathing and/or Circulation (ABC). Skin symptoms may occur but are not required. Staff must act immediately if anaphylaxis is suspected.

Mild/moderate symptoms can include swollen lips/face/eyes, itchy or tingling mouth, hives/itchy rash, abdominal pain or vomiting, sudden behaviour change and mild throat symptoms. A reaction can worsen, so a pupil who has had an allergic reaction must be monitored closely in accordance with their Action Plan and current guidance.

For suspected anaphylaxis:

1. Call for help and bring the pupil's prescribed adrenaline and/or the school's spare devices to the pupil. Do not make the pupil walk to medication.

2. Keep the pupil lying flat with legs raised. If breathing is difficult, allow them to sit up; do not allow them to stand or walk.

3. Give adrenaline as soon as possible and within five minutes when anaphylaxis is suspected. Do not wait to call 999 before giving adrenaline.

4. Immediately call 999, request an ambulance and state 'ANAPHYLAXIS'.

5. Use the pupil's prescribed device first if immediately available. A lawful school-held spare device may be used where needed.

6. Stay with the pupil. Contact the parent/carer after emergency help has been summoned and arrange access for the ambulance.

7. If there is no improvement after 5 minutes, or the pupil deteriorates after initial improvement, give a second dose using a second device if available.

8. If there are no signs of life, commence CPR and follow emergency-service instructions.

9. Ensure transfer to hospital for medical assessment even if symptoms improve.

Other medication must never delay adrenaline or the emergency call when anaphylaxis is suspected. The time and type of adrenaline given will be recorded and communicated to ambulance staff.

12. Educational visits, residentials, sport and off-site activity

Allergy will not be used as a reason to exclude a pupil unnecessarily. A specific risk assessment will be completed for any pupil at risk of anaphylaxis taking part in an off-site visit.

- the pupil's IHP and Action Plan will be available to responsible staff
- the pupil's own adrenaline device(s) will accompany them and remain rapidly accessible
- there will be staff able to administer adrenaline in an emergency
- food, travel, accommodation, activity and emergency-service access risks will be considered
- reasonable adjustments will support participation
- taking spare school devices may be considered where appropriate, provided this does not leave the school site without adequate spare provision

13. Inclusion, wellbeing and bullying

Selborne will promote the wellbeing, dignity and inclusion of pupils with allergy. Staff will recognise that fear of exposure or anaphylaxis can cause significant anxiety and will listen to pupils and families when agreeing support.

Unnecessary isolation, separate seating or exclusion will be avoided where risk can reasonably be managed another way. Allergy-related teasing, bullying, deliberate exposure, threatened exposure or pretending to expose a pupil to a known allergen will be treated seriously under Selborne's Behaviour Policy.

Where allergy has a substantial and long-term adverse effect on normal day-to-day activities, Selborne will consider its duties under the Equality Act 2010. Medically related absence will be managed fairly and pupils will not be disadvantaged by attendance rewards where absence results from their allergy or medical care.

14. Transition and changes in provision

Allergy information, IHPs, action plans and medication arrangements will be reviewed when pupils change class, teacher, year group, provision or school. Handover will take place before transition wherever practicable. Relevant information will follow pupils into the ARP provision, clubs and after school club.

For new pupils, Selborne will seek existing IHPs/Action Plans from the previous setting and work with parents/carers so appropriate arrangements are in place as early as possible.

15. Serious incidents, near misses and learning

Selborne will record, report and respond to serious allergy incidents and near misses. Reporting routes will be open to pupils, parents/carers and healthcare professionals as well as staff because some effects may only become apparent after a pupil has gone home.

Serious incidents and near misses will be reported to parents/carers and to the Governing Body as appropriate, alongside any statutory external reporting. The review will consider what happened, the effectiveness of the IHP and controls, medication availability/use, communication, training, supervision, catering/environmental factors and whether other pupils could face the same risk.

Lessons learned will prompt changes to the policy, IHP, training or practice where required. Where relevant, Selborne will follow requirements for reporting food-safety incidents, HSE reporting, safeguarding referral, healthcare-professional notification and child-death procedures.

16. Data protection and confidentiality

Allergy information is special category health data. Selborne will hold, use and share it lawfully, proportionately and respectfully under UK GDPR and the Data Protection Act 2018. Information will be shared with those who need it to keep a pupil safe and included, while unnecessary disclosure will be avoided. Confidentiality will never be used to prevent essential emergency information being available to those who may need to act.

17. Monitoring, publication and review

The named senior Allergy Lead will monitor implementation through the allergy register, IHP/Action Plan reviews, medication and expiry checks, spare-device checks, training records, catering arrangements, educational-visit practice, incident/near-miss learning and feedback from pupils, parents and staff.

The Governing Body will review this policy at least annually and sooner where guidance changes, a serious incident or near miss indicates a weakness, or monitoring identifies a need for revision.

The current policy will be readily accessible to parents and staff and published on the Selborne website. Awareness will be reinforced through annual staff training and appropriate communication with pupils and families.

18. Key statutory and national guidance

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- Department for Education: Allergy safety in schools – statutory guidance (July 2026).
- Department for Education: Supporting pupils at school with medical conditions – statutory guidance.
- Statutory Framework for the Early Years Foundation Stage.
- Human Medicines Regulations 2012, as amended, including provisions on school-held spare adrenaline devices and emergency asthma inhalers.
- Food Information Regulations 2014 and Food Standards Agency allergen/PPDS guidance.
- Equality Act 2010.
- UK GDPR and Data Protection Act 2018.
- Keeping Children Safe in Education and relevant safeguarding duties.

Appendix 1 – Selborne's Anaphylaxis Emergency Card

RECOGNISE	ACT
AIRWAY	Throat/tongue swelling, hoarse voice, difficulty swallowing.
BREATHING	Sudden wheeze, difficult/noisy breathing, persistent cough, marked breathing difficulty.
CIRCULATION	Persistent dizziness, pale/floppy, sudden sleepiness, collapse or unconsciousness.

1. Bring adrenaline to the pupil. Do not make them walk.
2. Lie flat with legs raised; if breathing is difficult, allow sitting. Do not stand or walk.
3. Give adrenaline as soon as possible and within 5 minutes if anaphylaxis is suspected.
4. Call 999 immediately and say 'ANAPHYLAXIS'.
5. Use the pupil's prescribed device first if available; use a school-held spare where needed.
6. No improvement after 5 minutes: give a second dose if available.
7. No signs of life: start CPR. Ensure hospital assessment even if the pupil improves.

Appendix 2 – Selborne's Allergy Safety Annual Checklist

☐ Named senior Allergy Lead confirmed and responsibilities communicated.

☐ Governing Body oversight arrangements confirmed.

☐ Policy reviewed, approved, readily accessible and published on the school website.

☐ Allergy register checked: known allergens, medication, IHP and Action Plan status current.

☐ All pupils requiring an IHP have one; current photograph and emergency contacts checked.

☐ Healthcare-professional Allergy/Asthma Action Plans attached/referred to and latest versions obtained.

☐ Parental medication consent recorded where applicable.

☐ Emergency plans kept with or immediately alongside stored emergency medication.

☐ Prescribed adrenaline: location, access, strength and expiry checked; home/school arrangements confirmed.

☐ Spare adrenaline devices stocked, clearly labelled, unlocked/readily accessible and in date.

☐ Five-minute access to adrenaline tested across classrooms, dining area, playground/sports areas and other relevant parts of the site.

☐ Appropriate spare-device strengths and number/locations reviewed for the school site.

☐ Emergency asthma inhaler arrangements reviewed.

☐ Annual allergy-awareness/emergency-response training completed and recorded for all relevant staff groups.

☐ New/supply/temporary/peripatetic/agency/regular-volunteer induction and cover arrangements checked.

☐ Catering allergen information and cross-contact controls reviewed.

☐ EYFS safer-eating and allergy-information arrangements checked.

☐ After-school clubs, events and food brought into school arrangements reviewed.

☐ Trip/residential risk-assessment procedures checked for pupils at risk of anaphylaxis.

☐ Wellbeing, inclusion, attendance and allergy-related bullying arrangements reviewed.

☐ Serious incidents and near misses reviewed, reported and lessons/actions recorded.

☐ Transition/handover arrangements completed for pupils changing class, provision or setting.

☐ Pupil and parent feedback considered.

Appendix 3 – School Location ‘what three words’

Emergency services should enter via Thames Avenue.

Selborne Primary School, Thames Avenue, Perivale, Middlesex UB6 8JN

