ST.ANNE'S COPP CHURCH OF ENGLAND PRIMARY SCHOOL, GREAT ECCLESTON

ALLERGIES POLICY

"Let us love, not in word, but in truth and action." (1 John 3:18)

Approved by GB: September 2026
Next review due: September 2027

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In building solid foundations for every unique individual and putting God's love at the centre of all we do, our children learn to embrace our diverse world. We encourage our children to learn universally in order to understand our heritage and roots as a village, town, region and nation. Through strong community links, our children grow in compassion and understanding, promote justice and possess commitment and aspire to make a positive difference. We offer an ambitious curriculum that ignites curiosity along with high personal expectations that fosters resilience and which enables them to flourish. Our children are easily distinguished by the courage they show when making brave choices and understand the importance of becoming the very best versions of themselves.

Named Allergy Lead	**Mrs Anna Whittle**
Staff training arrangements	**Annual**
Staff responsible for organising spare AAI/ checking dates	**Mrs Sharon Cookson**
Spare AAI arrangements	**2 x AAI kept in school – age appropriate – school office**

1. Purpose and aims

At St. Anne's Copp CE Primary School, Great Eccleston we recognise that allergies can be life-threatening and that effective allergy management is an important part of safeguarding, inclusion, health and wellbeing.

We are committed to providing a safe, inclusive environment in which pupils with allergies can participate fully in school life without unnecessary restriction or discrimination.

The school will work closely with pupils, parents and carers, healthcare professionals, catering providers and staff to identify allergy risks, put appropriate control measures in place and ensure that pupils at risk of anaphylaxis have rapid access to their prescribed emergency medication.

This policy has been developed in accordance with the Department for Education's Allergy Safety in Schools statutory guidance, published in July 2026, and the allergy safety duties introduced through the Children's Wellbeing and Schools Act 2026 ("Benedict's Law").

The school will review this policy at least annually and following any significant allergy incident, near miss, change in legislation or relevant change in school practice. The policy will be made available to staff, pupils and parents/carers and published on the school website, in accordance with statutory requirements.

2. Our commitment

The school will:

- take all reasonable and proportionate steps to reduce the risk of allergic reactions;
- identify pupils with diagnosed allergies and ensure appropriate arrangements are in place;
- ensure pupils with allergies are not unnecessarily excluded from learning, trips, clubs, sporting activities or wider school experiences;
- maintain an Individual Healthcare Plan (IHP) for pupils where required;
- ensure an appropriate Allergy Action Plan is attached to the pupil's IHP;
- ensure staff have appropriate awareness and training to recognise allergic reactions and respond to anaphylaxis;
- ensure prescribed adrenaline devices are readily accessible;
- maintain a supply of spare emergency adrenaline auto-injectors (AAIs) in accordance with statutory guidance;
- work closely with families and healthcare professionals;
- maintain effective arrangements with catering providers;
- record and review allergy incidents and near misses;

- use incidents and near misses to identify lessons and improve practice;
- promote an inclusive culture in which pupils with allergies are supported to participate confidently in school life.

The DfE guidance specifically requires schools to have arrangements for staff training, IHPs, emergency adrenaline devices and learning from serious incidents and near misses.

3. Identification and notification of allergies

Parents and carers must inform the school as soon as possible if their child:

- has a diagnosed allergy;
- has previously experienced anaphylaxis;
- has been prescribed an adrenaline auto-injector or other emergency adrenaline device;
- develops a new allergy;
- has a change to their allergy diagnosis or treatment.

Parents/carers should provide the school with up-to-date information from the child's healthcare professional, including the child's Allergy Action Plan where available.

The school will record allergy information appropriately and ensure that relevant staff have access to the information they need to keep the child safe.

Where a child is newly diagnosed with an allergy, the school will work with the family to establish appropriate arrangements before the child participates in activities where there may be an identified risk.

4. Individual Healthcare Plans

Where appropriate, the school will develop an Individual Healthcare Plan (IHP) for a pupil with an allergy.

The IHP will be developed in partnership with:

- the pupil, where appropriate;
- parents/carers;
- relevant healthcare professionals;
- school staff who have responsibility for supporting the pupil.

The IHP will identify, where relevant:

- the pupil's allergy/allergies;
- known triggers;
- symptoms and signs of an allergic reaction;
- the pupil's individual emergency response;
- prescribed medication;
- location and accessibility of medication;
- arrangements for administration of adrenaline;
- arrangements for school trips, visits, PE, sport, clubs and other activities;
- arrangements for catering and eating;
- responsibilities of staff;
- emergency procedures;
- arrangements for communicating information to relevant staff.

The DfE guidance states that Allergy Action Plans should be attached to the child's IHP and that plans should be updated when new information or an updated Action Plan becomes available.

Annual review

The school will review each pupil's IHP and allergy arrangements at least annually, and sooner where:

- the pupil's allergy or treatment changes;
- a new Allergy Action Plan is provided;
- medication changes;
- there has been an allergic reaction or near miss;
- there is a significant change in the pupil's circumstances;
- the pupil changes year group or there is a significant change in the staff supporting them.

The school will seek to review allergy plans with families at least once every academic year and will encourage parents/carers to provide updated healthcare information.

5. Staff awareness and training

All staff, including teaching staff, support staff, lunchtime staff, office staff, catering staff and relevant temporary staff, will receive appropriate allergy awareness information.

Staff awareness will include:

- understanding what an allergy is;
- recognising the signs and symptoms of an allergic reaction;
- understanding the difference between a mild reaction and anaphylaxis;
- knowing how to respond to a suspected anaphylactic reaction;
- knowing where emergency medication is kept;
- understanding how to access and administer an adrenaline device where required;
- knowing which pupils have Individual Healthcare Plans;
- understanding the importance of avoiding allergen exposure;
- understanding arrangements for pupils during lunchtime, PE, trips and other activities;
- knowing how and when to report an allergy incident or near miss.

Staff with specific responsibility for supporting pupils with allergies will receive appropriate practical training in accordance with their role.

The DfE's statutory guidance requires schools to have allergy awareness training in place for staff, including recognition of symptoms, emergency response and use of adrenaline devices.

Training and awareness will be refreshed regularly and following significant incidents or changes to guidance.

6. Adrenaline auto-injectors

Where prescribed, pupils should have rapid access to their own adrenaline device(s) at all times.

This includes:

- classrooms;
- the playground;
- lunchtime;
- PE and sporting activities;
- school trips;
- residential visits;
- after-school activities;
- travelling to and from school where applicable.

The DfE guidance states that children at risk of anaphylaxis should have rapid access to their prescribed adrenaline devices and should generally have two devices available.

The school will maintain spare emergency adrenaline auto-injectors for use in accordance with the statutory guidance and the school's emergency arrangements.

Spare devices will be:

- stored in an appropriate, clearly identified location;
- readily accessible during the school day;
- available during relevant activities and educational visits;
- checked regularly for expiry dates and condition;
- replaced before expiry;
- recorded as part of the school's medication management arrangements.

The school may purchase emergency AAIs from a pharmacy without a prescription for emergency use in accordance with national guidance.

7. Responding to anaphylaxis

Anaphylaxis is a medical emergency. Where a pupil is suspected of experiencing anaphylaxis, staff will follow the pupil's Allergy Action Plan and the school's emergency procedures.

Staff will:

1. recognise the symptoms of a severe allergic reaction;
2. administer the pupil's prescribed adrenaline device without delay where indicated by their plan/emergency guidance;
3. call 999 and request an ambulance;
4. state that the pupil is experiencing anaphylaxis;
5. follow emergency medical advice;
6. use a second adrenaline device where clinically indicated and available;
7. ensure the pupil remains appropriately monitored until emergency medical assistance arrives;
8. contact parents/carers as soon as practicable;
9. record and report the incident in accordance with school procedures.

Staff will not delay administration of adrenaline while waiting for confirmation from parents/carers.

8. Emergency adrenaline devices and consent

The school will maintain appropriate records of:

- pupils prescribed adrenaline;
- the location of prescribed devices;
- spare emergency devices;
- staff training;
- medication checks;
- relevant parental consent;
- IHPs and Allergy Action Plans.

The DfE guidance provides that Allergy Action Plans attached to IHPs include appropriate medical and parental consent for staff to administer emergency medication.

9. Food and catering

The school recognises that food is a significant potential source of allergen exposure. The school will work closely with its catering provider to ensure that appropriate procedures are in place for pupils with diagnosed food allergies.

The school will ensure that:

- allergen information is available and communicated appropriately;
- known dietary requirements are communicated to relevant catering staff;
- menu changes and food substitutions are checked against known allergies;
- food provided at school events is appropriately managed;
- staff understand the importance of preventing cross-contact;
- pupils with allergies are not placed at unnecessary risk because of changes to menus or food provision.

Current DfE allergy guidance specifically requires schools and caterers to ensure that special dietary needs continue to be met when menus or food products change.

10. Classroom activities

Staff will consider allergy risks when planning:

- cooking and food technology;
- science experiments;
- art and craft activities;
- gardening;
- sensory activities;
- celebrations and parties;
- rewards involving food;
- practical activities involving potential allergens.

Where an allergen presents a known risk, appropriate alternatives or control measures will be considered. Pupils with allergies will not routinely be excluded from activities where reasonable adjustments can safely enable participation.

11. Lunchtime and unstructured times

Particular care will be taken during lunchtime, breaktime and other less structured periods. Relevant staff will be aware of pupils with significant allergies and the location of their emergency medication.
The school will take reasonable steps to reduce the risk of accidental exposure while avoiding unnecessary restrictions on pupils. The school will also ensure that pupils with allergies are supported to develop appropriate age-related understanding and independence in managing their condition.

12. Educational visits and off-site activities

Allergy arrangements will be considered as part of the planning and risk assessment for educational visits. Before a pupil with an allergy attends a visit, staff will ensure that:

- the pupil's IHP/Allergy Action Plan is available to relevant staff;
- prescribed medication accompanies the pupil;
- appropriate emergency adrenaline devices are accessible;
- staff responsible for the pupil understand the emergency procedure;
- catering arrangements have been checked where food is involved;
- emergency arrangements are understood.

Emergency medication must travel with the pupil and not be left behind at school.

13. Pupil education and inclusion

The school will support pupils to understand allergies in an age-appropriate way.
Where appropriate, pupils will be taught:

- that allergies are medical conditions;

- how to recognise when someone may need help;
- why prescribed medication must be accessible;
- how to seek adult help in an emergency;
- the importance of not sharing food;
- how to respect classmates' medical needs.

The school will promote a culture of understanding rather than fear, ensuring that pupils with allergies are included fully in school life.

14. Incidents and near misses

All suspected allergic reactions, significant allergy incidents and relevant near misses will be recorded in accordance with school procedures.

Following an incident, leaders will consider:

- what happened;
- whether the pupil's IHP was followed;
- whether medication was accessible;
- whether staff responded appropriately;
- whether there were environmental or catering factors;
- whether communication arrangements were effective;
- whether further training or changes to procedures are required.

The school will use incidents and near misses as opportunities for learning and improvement, as required by the DfE's statutory guidance.

15. Responsibilities

Governing Body

The governing body will:

- ensure that an allergy safety policy is in place;
- ensure the policy is reviewed at least annually;
- ensure the policy is published and communicated;
- provide appropriate oversight of allergy safety arrangements;
- ensure appropriate resources and training are available.

The new statutory requirements require the school's allergy safety policy to be reviewed at least annually and brought to the attention of staff, pupils and parents.

Headteacher

The Headteacher will:

- ensure this policy is implemented;
- ensure appropriate staff training is provided;
- ensure effective arrangements for IHPs;
- ensure emergency medication is appropriately managed;
- ensure incidents are investigated and lessons learned.

Allergy Lead / SENCo

The school's Allergy Lead is the SENCo, Mrs Anna Whittle. The SENCo will coordinate the implementation of this policy.

The Allergy Lead / SENCo will:

- maintain the school's allergy register;
- coordinate IHPs and Allergy Action Plans;
- liaise with families and healthcare professionals;
- monitor staff awareness and training;
- oversee emergency AAI arrangements;
- monitor medication expiry dates;
- support risk assessments;
- coordinate annual reviews;
- maintain appropriate records;
- support the review of incidents and near misses.

All staff

All staff have a responsibility to:

- understand the school's allergy procedures;
- know how to identify and respond to an allergic reaction;
- know where relevant emergency medication is located;
- follow individual pupil plans;
- maintain confidentiality appropriately;
- report concerns, incidents and near misses promptly.

16. Working with families

The school recognises parents and carers as important partners in managing a child's allergy safely.
Parents/carers are expected to:

- provide accurate and current medical information;
- provide prescribed medication within its expiry date;
- provide updated Allergy Action Plans;
- inform school promptly of changes to diagnosis or medication;
- participate in annual reviews of the child's IHP;
- inform school of any allergic reactions or changes in treatment that occur outside school where relevant.

The school will communicate with families at least annually to review allergy arrangements and will seek updated medical information whenever there is reason to believe the existing plan may no longer be accurate.

17. Confidentiality and information sharing

Information about pupils' allergies will be treated sensitively and shared only with those who need the information to keep the child safe and support their participation in school. However, allergy information is safeguarding and medical information, and appropriate information must be available to staff who may reasonably be expected to respond to an emergency. The school will balance confidentiality with the need to ensure effective emergency response.

18. Policy review and publication

This policy will be reviewed at least annually, and sooner where required.
It will also be reviewed following:

- a significant allergic reaction;
- a serious incident or near miss;
- a change in a pupil's needs;

- changes to national guidance or legislation;
- significant changes to school arrangements.

The policy will be published on the school website and communicated to staff, pupils and parents/carers in accordance with the statutory requirements introduced by the Children's Wellbeing and Schools Act 2026 ("Benedict's Law").

Related documents

- Medical Conditions Policy
- First Aid Policy
- Individual Healthcare Plans
- Allergy Action Plans
- Educational Visits Policy
- Food and Catering Policy
- SEND Policy
- Safeguarding and Child Protection Policy
- Risk Assessment Policy

Key statutory guidance

DfE – Allergy Safety in Schools statutory guidance
Children's Wellbeing and Schools Act 2026 – legislation
DfE – Allergy guidance for schools
DfE – Using emergency adrenaline auto-injectors in schools

APPENDIX 1

This Allergy Action Plan should be completed with the parent/carer and, where appropriate, the child's healthcare professional. It should be read alongside the pupil's Individual Healthcare Plan (IHP) and the school's Allergy Safety Policy.

Pupil Name :	**Date of Birth :**	**(photo)**
Year Group :	**Parent/Carer Name :**	**Parent/Carer Contact Number :**
Emergency Contact :	**Date Plan Completed :**	**Date of next review :**

My child is allergic to:

Food	**Medication**	**Insect Sting/Bite**	**Latex**
Other			

Specific allergen(s): _____

Known triggers/exposure risks: _____

_____

"Let us love, not in word, but in truth and action." (1 John 3:18)

Previous allergic reactions?

☐ No

☐ Yes – please provide details: _____

_____

Signs and symptoms

MILD / MODERATE REACTION SYMPTOMS MAY INCLUDE :	**Itchy / tingling mouth**	**Swelling of lips / face**
Rash / hives	**Itchy skin**	**Nausea / Vomiting**
Abdominal pain		
Other :		

SEVERE REACTION / ANAPHYLAXIS SYMPTOMS MAY INCLUDE :	**Difficulty breathing / wheezing**	**Swelling of tongue or throat**
Difficulty speaking or swallowing	**Persistent cough**	**Dizziness / collapse**
Pale, floppy or unconscious		
Other :		

My child's individual signs of anaphylaxis may include: _____

_____

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Emergency action

If anaphylaxis is suspected:

1. GIVE ADRENALINE IMMEDIATELY according to the child's Allergy Action Plan and prescribed medication instructions.

2. CALL 999 and state: "This is anaphylaxis."

3. Contact parent/carer.

4. Follow the emergency instructions below and the advice of the emergency services.

5. A second adrenaline auto-injector may be required where clinically indicated and available.

Do not delay administration of adrenaline while waiting for a parent/carer or further confirmation if anaphylaxis is suspected.

Individual emergency instructions : _____

_____

_____

Adrenaline auto-injectors

Does the pupil have a prescribed adrenaline auto-injector (AAI)?

☐ No **☐ Yes**

Device: _____ **Dose:** _____

Number of prescribed devices: _____ **Location of prescribed AAI(s):** _____

Location of spare emergency AAI : _____

Emergency medication must be readily accessible and accompany the pupil during relevant activities, including educational visits, PE, sporting activities and other off-site activities.

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Avoiding exposure
The following situations may present a risk to this pupil:

Eating / Lunchtime	Food technology / Cooking	School celebrations / Parties
Sharing Food	Art/ Craft materials	Science activities
Gardening / nature activities	Educational visits	Residential visits
Other :		

Control measures required: _____

_____

_____

Communication and staff awareness
Staff who regularly work with this pupil must be aware of:

- the pupil's allergy/allergies;
- the pupil's symptoms and individual presentation;
- where prescribed and emergency adrenaline is stored;
- how to access emergency medication;
- the emergency response procedure;
- relevant risk-reduction measures.

Key staff who need specific awareness/training: _____

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School activities
Additional arrangements required for:

PE / Sport	**Educational Visits**	**Clubs / Wraparound care**
Lunchtime	**Other**	

Medical and parental consent
I confirm that the information provided is accurate and that I will inform the school promptly of any changes to my child's allergy, medication, treatment or Allergy Action Plan.

Parent/carer name: _____ Signature: _____ Date: _____
Healthcare professional (where appropriate):
Name: _____ Role / organisation: _____
Contact details: _____ Signature: _____ Date: _____

School review
Date plan reviewed: _____ Reviewed with parent/carer: ☐ Yes ☐ No
Updated medical information received: ☐ Yes ☐ No Allergy Action Plan updated: ☐ Yes ☐ No ☐ Not required
Medication checked and in date: ☐ Yes ☐ No Staff awareness/training reviewed: ☐ Yes ☐ No
Changes required:

Next review date: _____ **School Allergy Lead: _____**

Signature: _____

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Important note

This plan should be reviewed at least annually with the pupil's parent/carer and sooner if there is a change in the pupil's allergy, treatment, medication, healthcare advice or following an allergic reaction or significant near miss.

For your school, I would recommend using this as the one-page/2-page operational plan that sits alongside the fuller IHP, rather than trying to put all allergy information into the IHP itself. It gives staff a much quicker emergency reference while keeping the detailed medical and educational arrangements in the IHP.