Allergy Safety Policy

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Contents

1. Purpose, scope and statutory framework
2. Core principles
3. Leadership, governance and responsibilities
4. Identification, records and information sharing
5. Individual Healthcare Plans and Allergy Action Plans
6. Training and awareness
7. Reducing exposure to allergens
8. Food, catering and safer eating
9. Medication and emergency equipment
10. Responding to an allergic reaction
11. Trips, sport, clubs, Forest School and off-site activity
12. Wellbeing, inclusion and pupil awareness
13. Incidents, near misses and learning
14. Unacceptable practice
15. Communication, monitoring and review

Appendix A - Flourish implementation arrangements and supporting documents

Appendix B - Emergency aide-memoire

Appendix C - Governor assurance checklist

Appendix D - Statutory and national references

1. Purpose, scope and statutory framework

The Flourish Federation, being Brookfield Infant School and Brookfield Junior School, recognises that allergy can affect a pupil's health, attendance, learning, confidence, participation and emotional wellbeing. Some allergic reactions are life-threatening and may occur unexpectedly. Allergy safety is therefore a whole-school responsibility.

This policy is intended to meet the Federation's duties under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and has been prepared with particular regard to the Department for Education statutory guidance 'Allergy safety in schools' (July 2026).

The policy applies across Brookfield Infant School and Brookfield Junior School, including breakfast and after-school provision, clubs, trips, residentials, sport, Forest School, curriculum activities involving food or other allergens, and relevant activities delivered by third parties on behalf of the schools.

It should be read alongside the Federation's policies and procedures on Supporting Pupils with Medical Conditions/Medical Needs, Health and Safety, Educational Visits, Safeguarding and Child Protection, Behaviour and Anti-Bullying, Data Protection, Equality and First Aid, together with the Early Years Foundation Stage statutory framework where applicable.

- Allergy is an abnormal immune response to a normally harmless substance. Triggers can include food, medicines, insect stings, latex, animals and other contact or airborne allergens.
- Anaphylaxis is a severe and potentially fatal allergic reaction affecting the airway, breathing or circulation. It requires immediate emergency treatment.
- Asthma can increase risk and may occur alongside allergy. Staff must be alert to breathing symptoms and follow the child's current clinical action plan.

- Coeliac disease and food intolerance are not anaphylaxis, but similarly careful controls may be required to avoid harmful exposure.

2. Core principles

- The safety, dignity, inclusion and voice of the pupil will be central to decisions.
- Support will be individual. The Federation will not assume that two pupils with the same named allergy require identical arrangements.
- A concern will not be dismissed merely because formal diagnosis or updated clinical information is pending. Proportionate interim controls will be considered.
- Emergency medication must be rapidly accessible. In an emergency, help and medication go to the pupil; the pupil must not be sent elsewhere or made to walk.
- Allergy should not create unnecessary barriers to school meals, attendance, learning, clubs, sport, trips or wider school life. Reasonable adjustments will be made where required.
- Parents will not be required to attend school or accompany trips simply because appropriate school support has not been arranged.
- Reactions, medication errors, serious incidents and near misses will be recorded, reviewed and used to improve systems.

3. Leadership, governance and responsibilities

3.1 Full Governing Body

- ensure that a dedicated allergy safety policy is in place, published, publicised and reviewed at least annually
- receive appropriate assurance on training, emergency medication, incidents and near misses
- ensure that sufficient resources and systems are available to implement this policy
- seek and consider relevant views from pupils, parents and staff when arrangements are reviewed.

3.2 Headteachers and nominated allergy safety leads

The Headteacher of each school is responsible for implementation at site level and may nominate a senior allergy safety lead. The Federation Business Director supports policy administration, record systems and cross-Federation assurance where appropriate.

- maintain oversight of the allergy register, Individual Healthcare Plans (IHPs), Allergy Action Plans (AAPs), training and local risk controls
- ensure prescribed medication and school spare emergency medication are obtained, stored, checked, replaced and accessible
- coordinate arrangements across office, teaching, midday, wraparound, premises and catering teams
- ensure relevant information is available to supply, agency, peripatetic, volunteer, club and trip staff on a need-to-know basis
- lead reviews after reactions, near misses, drills, medication problems or changes in a pupil's needs
- report significant themes and actions to governors without unnecessary disclosure of personal health information.

3.3 All staff, volunteers, caterers and activity leaders

- complete required allergy awareness training and understand local emergency arrangements
- check relevant allergy information and plans before food, medication, lessons, clubs, trips or activities are provided
- never provide food, ingredients or materials where allergen safety is uncertain

- know how to summon help and where prescribed and spare emergency medication is kept
- respond immediately to suspected reactions and remain with the pupil
- report reactions, errors, concerns and near misses promptly.

3.4 Parents and pupils

Parents/carers are expected to provide accurate and current information, prescribed medication, consent and relevant clinician-issued plans, and to notify the school promptly of any change. Pupils will be supported to take age-appropriate responsibility, but responsibility for safe school systems is not transferred to the child.

4. Identification, records and information sharing

- Allergy, asthma, dietary and medication information will be requested on admission, transition and at least annually, with families reminded to report changes at any time.
- Each school will maintain an up-to-date allergy register showing known allergens, prescribed medication, whether an IHP/AAP exists and essential emergency arrangements.
- Relevant information will be shared with class, office, midday, wraparound, catering, supply and trip staff where needed for safety.
- Current photographs or other proportionate identification methods may be used where necessary for safe identification.
- At mealtimes, the school will use more than one proportionate safeguard for pupils with food allergy, for example a catering list plus confirmation by familiar staff or another agreed identification method.
- Health information is special-category personal data and will be handled lawfully, securely and only to the extent necessary to keep the pupil safe and included.

5. Individual Healthcare Plans and Allergy Action Plans

A pupil will have an Individual Healthcare Plan where their allergy has a functional impact in school, creates a risk of harm, or requires support beyond the arrangements made generally. The IHP will be developed with the pupil and parent/carer and will refer to, rather than replace or rewrite, current clinical instructions.

- The IHP will identify allergens, likely signs and symptoms, reasonable adjustments, exposure controls, food arrangements, supervision, medication, consent, storage, emergency response, trips and review dates.
- A current photograph, emergency contacts, relevant clinical plan and prescribed medication details will be attached or clearly signposted.
- The Federation's Allergy Action Plan may be used as an operational school plan for a pupil at risk of anaphylaxis and must be used alongside the child's clinician-issued BSACI/device-specific plan where one is provided.
- Plans will be reviewed at least annually and sooner after any reaction, serious incident, near miss, change in circumstances, medication change or new clinical advice.
- At transition between the Infant and Junior schools, allergy arrangements will be reviewed and transferred in advance wherever possible.

6. Training and awareness

All staff will receive allergy awareness training appropriate to their role. Training will be refreshed at least annually. First-aid training alone will not be treated as sufficient allergy training.

- Training will cover recognition of mild-to-moderate allergic reactions and anaphylaxis.
- The importance of early administration of adrenaline when anaphylaxis is suspected.
- Training will cover how to call 999 and clearly state 'anaphylaxis'.

- Training will cover location and safe use of prescribed and spare adrenaline auto-injectors (AAIs), including differences between devices used on site.
- Training will cover allergen exposure reduction, cross-contact controls and safe food practice.
- The effect of allergy on wellbeing, inclusion and attendance.
- Training will cover reporting and learning from reactions, errors and near misses..

New staff will receive allergy safety information during induction. Supply, temporary, agency, peripatetic, regular volunteer, catering and wraparound staff will receive an appropriate local briefing and training or verified equivalent before undertaking relevant unsupervised responsibility.

Training records will be retained by the Federation.

7. Reducing exposure to allergens

- Planning for lessons, celebrations, rewards, fundraising, clubs and events will consider food, contact and airborne allergens, including latex, medicines, plants, animals, art/craft materials, science materials and cooking ingredients.
- Hands should be washed with soap and water before and after eating. Hand sanitiser alone is not relied upon to remove food proteins.
- Food sharing and swapping will be discouraged. Surfaces, equipment and utensils will be cleaned and handled to reduce cross-contact.
- The classroom practice flowchart will be used as an everyday prompt: know the child; plan and check; reduce avoidable exposure; notice and respond; record, report and review.
- The Federation will not describe either school as completely 'nut-free' or 'allergen-free', because absolute freedom from an allergen cannot be guaranteed. Specific products may be restricted where an individual risk assessment supports this.
- Where information about a food, ingredient or material is incomplete or uncertain, staff will stop and seek advice rather than proceed.

Everyday rule
Never give a child food, ingredients or materials where their safety is uncertain. Stop, check the current plan and seek advice. In an emergency, act first and do not delay.

8. Food, catering and safer eating

- Caterers must comply with applicable food-information law, provide accurate information on the 14 regulated allergens, meet prepacked-for-direct-sale labelling requirements and operate robust controls to prevent cross-contact.
- Catering staff will receive current pupil allergy information. Any menu substitution, supplier change or recipe change must preserve allergen safety and be communicated before food is served.
- Packed lunches and agreed food brought into school should be clearly labelled where this is needed for an individual pupil's arrangements.
- Homemade or shared food will not be given to a pupil with allergy unless ingredients and preparation risks are known and accepted within the pupil's agreed arrangements.
- Where food is used in cooking, tasting, rewards, celebrations, fundraising or curriculum work, the responsible adult must check the allergy register/IHP/AAP and ingredient information in advance and arrange a safe inclusive alternative where needed.
- Pupils with allergy will eat alongside peers wherever reasonably possible and will not be routinely segregated.

- For EYFS pupils, allergy and dietary information will be obtained before admission, kept current and shared with relevant food handlers; meal and snack arrangements will also reflect current EYFS requirements.

9. Medication and emergency equipment

9.1 Prescribed medication

- Pupils prescribed adrenaline should have two in-date devices available in accordance with current clinical advice. Where age-appropriate, self-carry may be agreed; otherwise medication will be held in a clearly identified, unlocked and immediately accessible location.
- Prescribed AAIs, inhalers and other emergency medication must remain rapidly accessible in classrooms, dining areas, playgrounds, sports areas, wraparound provision and on visits.
- The current action plan will be kept with or readily accessible alongside medication.
- Parents/carers are responsible for supplying prescribed medication in its original packaging and notifying changes. School staff will operate checks and reminders and will act on any identified expiry or supply problem.

9.2 School spare adrenaline auto-injectors

- Each school will maintain a clearly labelled emergency anaphylaxis kit containing spare AAIs in age/weight-appropriate doses, in line with current national guidance and site risk assessment.
- Spare AAIs will be stored at room temperature, protected from extremes of heat and direct sunlight, not refrigerated, not locked away and located so they can be brought promptly to the pupil.
- A documented check will take place at least monthly and after any use to confirm stock, condition and expiry dates. Devices will be replaced promptly after use or before expiry.
- The school's spare AAI is a back-up and does not replace a pupil's own prescribed devices.
- Use of a spare AAI for a pupil known to be at risk will follow current legal requirements, clinical authorisation/consent arrangements and the pupil's plan. In an unforeseen life-threatening emergency, staff will call 999 and follow emergency-service advice; reasonable life-saving action must not be delayed.

10. Responding to an allergic reaction

Emergency rule
Any reaction involving Airway, Breathing or Circulation may be anaphylaxis. Give adrenaline immediately if anaphylaxis is suspected, call 999 and say 'anaphylaxis'. If in doubt, treat as anaphylaxis. Do not allow the pupil to stand or walk.

10.1 Mild to moderate reaction

Follow the pupil's current Allergy Action Plan. Stay with the pupil, seek assistance, monitor closely and give any prescribed treatment exactly as directed. Be alert for progression. If severe symptoms develop or there is any doubt, treat as anaphylaxis.

10.2 Suspected anaphylaxis

1. Stay with the pupil and send for help. Bring the medication to the pupil.
2. Administer the pupil's prescribed AAI immediately if anaphylaxis is suspected, following the instructions on that device.
3. Call 999 immediately and state 'anaphylaxis'. Give the school address/postcode and arrange for someone to meet the ambulance.

4. Keep the pupil lying down with legs raised where possible. If breathing is difficult, allow them to sit with legs extended. Do not let the pupil stand or walk.
5. If symptoms do not improve, or worsen/return, give a second AAI after 5 minutes using the second device, in accordance with the pupil's plan and emergency guidance.
6. Remain with the pupil, monitor them and start CPR if required. Send used devices and relevant plans with ambulance staff.
7. Contact parents/carers as soon as possible without delaying emergency treatment.
8. Record the incident and commence an immediate post-incident review.

The Federation's Allergy Lanyard Prompt Cards provide the same immediate emergency sequence and may be carried by relevant staff as an aide-memoire.

11. Trips, sport, clubs, Forest School and off-site activity

- Pupils with allergy will be included in trips, sport, clubs and off-site activities through appropriate planning and reasonable adjustments.
- The visit leader will identify pupils with known allergies on the risk assessment and consider specific allergens, likely routes of exposure, food, travel, activities, emergency access and communications.
- The child's current plan and prescribed medication, including two AAIs where prescribed, must travel with the child and remain immediately accessible.
- A trained/briefed adult will be identified to maintain access to medication and respond in an emergency.
- Where food is provided for a trip, the school office, class teacher and kitchen will follow the Federation's Trips and Food Staff Flowchart: check current plans; record allergy arrangements in the risk assessment; senior leadership assures the arrangements; kitchen staff prepare and label food safely; the responsible staff member checks the food again before it is given.
- No pupil with a known allergy will leave school for a trip unless the agreed medication, current plan and required responsible-adult arrangements are in place.
- The same expectations apply to wraparound care, external clubs and other providers to whom responsibility for pupils is transferred.

12. Wellbeing, inclusion and pupil awareness

- Staff will listen to pupils and parents and provide reassurance about agreed controls and emergency readiness.
- Allergy-related anxiety will be addressed through pastoral support and, where appropriate, SEND arrangements.
- Allergy-related teasing, exclusion, deliberate exposure, threats or force-feeding are serious matters and will be addressed under Behaviour, Anti-Bullying and Safeguarding procedures.
- Pupils will receive age-appropriate allergy awareness. Any identification or peer-awareness arrangement linked to an individual pupil will be handled sensitively.
- Pupil awareness never replaces staff responsibility.
- Allergy-related absence and medical appointments will be considered fairly; pupils will not be disadvantaged because of absence arising from a medical condition.

13. Incidents, near misses and learning

A serious allergy incident includes an event in which a pupil is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required. A near miss is an error, omission or system failure with clear potential to cause harm even though harm did not occur.

- Any allergic reaction, medication/procedural problem, unexpected allergen presence, serious incident or near miss will be recorded as soon as practicable.
- The Federation Allergy Incident and Learning Record will be used to capture what happened, symptoms, action taken, medication, communication, likely contributing factors and learning actions.
- Parents/carers will be informed as soon as possible and invited to provide relevant information, including effects first noticed at home.
- The Headteacher/nominated allergy safety lead will review the event with relevant staff and, where appropriate, the pupil, parents, caterer and healthcare professionals.
- Learning may lead to changes to the IHP/AAP, risk assessment, catering controls, training, supervision, equipment, communication or this policy.
- Governors will receive appropriate information about serious incidents and near misses for oversight, with confidentiality protected.
- Where applicable, external reporting will be made to the local authority, food-safety team, healthcare professionals, HSE under RIDDOR, safeguarding partners or another relevant statutory body.

14. Unacceptable practice

The Federation will not:

- lock away emergency medication or create avoidable delay in reaching it
- ignore pupil/parent views, clinical evidence or healthcare advice
- assume identical support is appropriate for every pupil or that an older/self-managing pupil needs no support
- dismiss risk solely because a diagnosis is pending
- send an unwell pupil to the office or medical area without suitable supervision
- routinely send a pupil home, deny school meals or normal activities, or create unnecessary barriers because of allergy
- require parents to administer medication at school or accompany trips because suitable provision has not been arranged
- rely on a 'nut-free' label, one identification method or informal goodwill instead of robust systems
- allow staff to improvise food or treatment where allergen information or medical instructions are unclear.

15. Communication, monitoring and review

- This policy will be published on both school websites and made available in hard copy on request.
- At least once each year the Federation will bring the policy to the attention of pupils, parents/carers and all persons who work at the schools, whether paid or unpaid, in an age- and role-appropriate way.
- Staff understanding will be reinforced through annual training, induction and local briefings.
- The named leads will audit the allergy register, IHPs/AAPs, training, medication checks, catering controls and incident learning at least annually.
- The Full Governing Body will review this policy at least annually and sooner following significant legislative or guidance change, a serious incident or near miss, significant operational change, or evidence that arrangements need improvement.
- Immediate safety concerns should be raised directly with a Headteacher or senior leader so protective action is not delayed. Formal complaints will be considered under the Federation's Complaints Policy.

Appendix A - Flourish Federation implementation arrangements and supporting documents

The following operational documents form part of the Federation's allergy safety arrangements. Site-specific copies may be branded for either Brookfield Infant School or Brookfield Junior School as appropriate.

Supporting document	Purpose
Federation Allergy Action Plan - Master	Individual operational plan for a child at risk of anaphylaxis; includes allergens, symptoms, medication, AAI dose/location, emergency action, trips, meals, wraparound and parental consent.
Allergy Awareness Classroom Practice Flowchart	Everyday classroom sequence covering identification, planning, exposure reduction, emergency response and reporting.
Allergy Awareness Trips and Food Staff Flowchart	Pre-trip and food handover controls involving the school office, class teacher, senior leadership and kitchen.
Allergy Lanyard Prompt Cards	Pocket emergency reminder for suspected anaphylaxis and key signs.
Allergy Incident and Learning Record	Record and review form for reactions, exposure concerns, medication/procedural problems and near misses.

Site implementation record

Item	Brookfield Infant School	Brookfield Junior School
Named allergy safety lead	L Holtby-Smith	N South
Location of pupil medication	Medical Room	Medical Room
Location of spare AAI kit	Office	Office
Person responsible for monthly medication/spare AAI check	D Pisani	H Prince
Location of allergy register	Medical Room	Medical Room
Catering allergy information process	School office – Kitchen	School office – Kitchen
Wraparound briefing arrangements	At handover	At handover

Appendix B - Emergency aide-memoire

SUSPECTED ANAPHYLAXIS - ACT FAST, DO NOT DELAY

1. Stay with the pupil. Send for help.
2. Give the pupil's AAI immediately if anaphylaxis is suspected.
3. Call 999 and say 'anaphylaxis'.
4. Keep the pupil lying down with legs raised where possible; if breathing is difficult, allow them to sit with legs extended.
5. Do not let the pupil stand or walk.
6. Give a second AAI after 5 minutes if there is no improvement or symptoms worsen/return.
7. Contact parents/carers as soon as possible without delaying treatment; meet the ambulance; record and review the incident.

Anaphylaxis may include:

- swelling of lips, tongue, throat or face
- breathing difficulty, wheeze or persistent cough
- dizziness, collapse, or a pale/floppy child
- sudden widespread rash/hives or severe itching
- vomiting or severe abdominal pain after allergen exposure
- rapid deterioration, particularly with airway, breathing or circulation symptoms.

If in doubt, treat as anaphylaxis. Follow the instructions on the specific AAI device being used.

Appendix C - Governor assurance checklist

- ☐ Is the Allergy Safety Policy published on school website and reviewed within the last 12 months?
- ☐ Has the policy been brought to the attention of staff, volunteers, pupils and parents/carers during the year?
- ☐ Are all staff training records current, including induction arrangements for new and temporary staff?
- ☐ Does each school have an up-to-date allergy register and appropriate IHPs/AAPs?
- ☐ Are prescribed emergency medicines and spare AAIs immediately accessible and checked at least monthly?
- ☐ Are catering and food-activity controls documented and operating effectively?
- ☐ Are arrangements for trips, clubs, wraparound care and external providers clear?
- ☐ Have all reactions, serious incidents and near misses been recorded, reviewed and acted upon?
- ☐ Have themes, lessons and outstanding actions been reported to governors while preserving confidentiality?

Appendix D - Statutory and national references

- Children and Families Act 2014, section 100 and sections 100A-100B as inserted by the Children's Wellbeing and Schools Act 2026.
- Children's Wellbeing and Schools Act 2026, section 34 (allergy safety), effective for the relevant school duties from September 2026.
- Department for Education: Allergy safety in schools - statutory guidance, published 6 July 2026.
- Department for Education: Allergy safety policy template and Individual Healthcare Plan template.
- Department for Education: Supporting pupils with medical conditions at school - statutory guidance.

- Department for Education / Department of Health and Social Care: guidance on emergency adrenaline auto-injectors in schools.
- Food Information Regulations 2014 and current guidance on school food allergen information, including prepacked-for-direct-sale labelling requirements.
- Early Years Foundation Stage statutory framework, where applicable.