BLUEBELL FEDERATION

Allergy Safety Policy

Policy owner	Bluebell Federation
Designated Allergy Leads	Hayley Glassock- Deputy Head of School
Review cycle	At least annually, and sooner following significant incidents, near misses or changes in guidance
Publication	School websites; hard copy available on request
Statutory basis	Children's Wellbeing and Schools Act 2026 and DfE statutory guidance: Allergy safety in schools (published 6 July 2026)
Named governing-body member	Dominie Wood - responsible for governing-body oversight of the Allergy Safety Policy
Version	DRAFT- August 2026

1. Purpose and scope

Bluebell Federation is committed to providing a safe, inclusive and allergy-aware environment. This policy sets out the arrangements used across Forest Row CE Primary School, Fletching CE Primary School, Wivelsfield Primary School and Chailey St Peter's CE Primary School to identify and manage allergy risks, respond to allergic reactions and anaphylaxis, support individual children and staff, and learn from incidents and near misses.

The Federation recognises that it is not possible to guarantee that a school environment will be completely free from allergens. Our approach therefore focuses on understanding known allergies, appropriate risk assessment, staff awareness, effective communication, reasonable control measures and rapid emergency response.

This policy has been developed using the Department for Education's Allergy Safety Policy template and current statutory guidance for schools in England.

2. Leadership and responsibilities

The Head of School at each school is the designated Allergy Lead and has overall responsibility for allergy safety and implementation of this policy.

- Forest Row CE Primary School: Laura Parker, Head of School
- Fletching CE Primary School: Jenni Orwin, Head of School
- Chailey St Peter's CE Primary School: Debby Livings, Head of School
- Wivelsfield Primary School: Hayley Glassock, Deputy Head of School

The Allergy Lead oversees allergy safety arrangements, including Individual Healthcare Plans (IHPs), six-monthly reviews with parents or carers, incident and near-miss reviews, and promotion of an allergy-aware culture. Named postholders may change; responsibility remains with the Head of School unless alternative arrangements are formally agreed.

The school's First Aid Lead is responsible for overseeing medication held by the school, monitoring expiry dates and ensuring emergency kits remain appropriately stocked.

2.1 Governing-body oversight

Dominic Wood is the named member of the governing body responsible for oversight of the Allergy Safety Policy. This role works in partnership with the Designated Allergy Leads and provides governing-body assurance rather than replacing the operational responsibilities of school leaders.

- providing strategic oversight of the Allergy Safety Policy and ensuring it is reviewed at least annually and published on the school websites;
- acting as the governing body's named point of contact for allergy-safety matters;
- satisfying the governing body that allergy-management arrangements reflect statutory requirements and appropriate best practice;
- receiving appropriate updates from the Designated Allergy Leads on implementation, compliance, significant allergic reactions and near misses;
- ensuring allergy-related risks are considered through the governing body's risk-management arrangements; and
- ensuring lessons from incidents and near misses are considered and acted upon where policy or procedural changes are required.

3. Staff training and awareness

All staff must complete online allergy awareness and emergency response training provided by The Allergy Team annually and when they join the school.

All staff complete KENT NHS Asthma and Allergy general health awareness. This includes staff whose responsibilities involve managing off-site activities.

Training supports staff to recognise allergic reactions and anaphylaxis, locate and administer emergency medication, understand Allergy Action Plans and IHPs, reduce exposure risks, and report incidents and near misses.

Third-party providers working with pupils must provide evidence that relevant staff have completed suitable allergy and emergency-response training. The school will provide relevant information about children in their care and show providers where emergency Allergy Response Kits are located.

Supply, temporary and cover staff will be made aware of relevant medical needs through the classroom medical information book and will be shown the location of individual emergency medication and school emergency kits.

3.1 Annual anaphylaxis drill

Each school will carry out an anaphylaxis drill at least once each year. The drill will test the practical whole-school response to a simulated allergic emergency, including raising the alarm, locating and bringing emergency medication to the person, administering a training device, contacting emergency services and coordinating the wider response. Lessons identified will be recorded and used to improve procedures, training and this policy where appropriate.

4. Wellbeing, dignity and inclusion

The school takes the wellbeing of children with allergies seriously and recognises that the possibility of an allergic reaction can cause anxiety for children and their families.

Children and parents are reassured through trained staff, clear procedures, accessible emergency medication and up-to-date medical information.

The school protects children's dignity and confidentiality. Children are not identified publicly through allergy-specific lanyards, wristbands or similar visible identifiers. Appropriate information is instead shared with relevant staff.

Up-to-date photographs of children with known allergies may be displayed in designated staff-only areas, including the staff room and school kitchen, to support rapid identification. Such information must not be accessible to pupils, parents or unauthorised individuals.

Bullying, teasing, threatening behaviour or discrimination relating to allergy will not be tolerated and will be addressed through the school's behaviour and anti-bullying procedures.

4.1 Whole-school responsibilities

All staff are responsible for reading and applying this policy, being aware of relevant allergies, considering allergy risks when planning activities, ensuring pupils can access their medication, responding to reactions in accordance with training, forwarding medical updates from parents to the appropriate school contact, and ensuring medication and plans accompany pupils when they leave the site.

All parents and carers are expected to support the Federation's allergy-aware approach, provide accurate medical and dietary information, follow school guidance on food brought into school, and encourage their children to be allergy aware.

Parents and carers of children with allergies must work with the school to complete and update the IHP and Allergy Action Plan, provide two labelled prescribed adrenaline devices where these are prescribed, keep medication in date, provide an up-to-date photograph, and ensure their child has access to prescribed emergency medication on the journey to and from school.

Pupils will be supported to take increasing age-appropriate responsibility for understanding their allergies, avoiding known allergens, telling an adult immediately if they feel unwell, and respecting the allergy-safety arrangements in place for themselves and others.

5. Allergy-aware approach and minimising risk

Historically, the schools operated a nut-free approach. Through this policy, the Federation adopts a broader allergy-aware approach, recognising that allergies are not limited to nuts and that no school can guarantee a completely allergen-free environment.

Parents and carers are expected to support the allergy-aware approach and consider the risks associated with food brought onto the school site. Children must not bring sweets or other food items into school to share for birthdays or other celebrations.

A risk assessment must be completed before food-related activities. Where a school event involves food, a full list of ingredients must be provided so potential allergens can be identified and appropriate arrangements made.

5.1 Airborne and contact allergens

Where a child has a known airborne or contact allergy, their individual needs will be addressed through their IHP and, where appropriate, an individual risk assessment. Reasonable control measures will reflect the allergen, the nature and severity of the allergy, the environment or activity, and available medical advice.

5.2 Inclusive activities

Staff must consider known allergies when planning activities where exposure could occur, including cooking, art and craft, science, music, outdoor learning and activities involving animals.

An activity should not be cancelled simply because a child has an allergy. The school's approach is to manage risk and make activities safe and inclusive wherever reasonably possible. Appropriate control measures, alternative materials or reasonable adjustments should be considered so children with allergies can participate alongside their peers.

5.3 Insect stings

Where a pupil or member of staff has a known insect-venom allergy, this will be addressed through their IHP and relevant risk assessments. Appropriate precautions may include keeping food and drink covered outdoors, avoiding known nests and considering clothing or other practical controls. Staff and pupils should report wasp or bee nests on the school site and avoid disturbing them. Site staff will arrange appropriate action where a nest presents a risk.

5.4 Animals

Animals brought onto the school site, and visits involving animals, will be considered through the risk-assessment process. Where a known animal allergy exists, reasonable controls will be put in place. These may include avoiding direct contact with the relevant animal, thorough cleaning of areas used by animals and handwashing after contact. Activities should be adapted wherever reasonably possible to support safe inclusion.

5.5 Allergic rhinitis and hay fever

Known seasonal or persistent allergic rhinitis, including hay fever, will be recorded within the child's medical information and IHP where active management by the school is required. Parents and carers should provide relevant medication and instructions. Staff will consider known triggers such as pollen, dust mites, mould spores or animal dander when planning activities and will make reasonable adjustments where required.

6. Food allergy and catering

The school works with its catering provider, Chartwells, to ensure children with known food allergies can access suitable school meals safely. The school informs Chartwells of known allergies affecting children requiring school meals.

Where a child has a food allergy, Chartwells provides an individual allergy menu reviewed and approved through its medical and allergy processes. The child will only be served food items approved on that menu.

Kitchen staff are provided with an up-to-date photograph of each relevant child, displayed in an appropriate staff-only area, to support safe identification. The school and Chartwells will communicate relevant changes to allergy or dietary information.

6.1 Food hygiene and food brought into school

- Pupils will be encouraged to wash their hands with soap and water before and after eating.
- Food must not be shared or swapped between pupils.
- Packed lunches and water bottles should be clearly labelled.
- Throwing food is not permitted.
- Food supplied for breakfast club, after-school club, school events and off-site activities must follow the same allergy-aware principles and relevant individual arrangements.

6.2 Food brought into school and precautionary allergen labelling

As part of the Federation's allergy-aware approach, food brought onto the school site must be suitable for the allergy needs of the school community. Where the school has identified a known allergen that presents a risk to a child or member of staff, food containing that allergen must not be brought into school. This restriction also applies to products carrying precautionary allergen labelling such as 'may contain', 'may contain traces of' or similar warnings relating to that identified allergen.

Parents, carers, staff and other members of the school community are expected to check ingredient and allergen information carefully before bringing food onto the school site. The requirements apply to packed lunches and snacks, breakfast and after-school provision, school events and celebrations, curriculum and cooking activities, PTA or fundraising events on the school site, and other activities where food is brought into or provided within school.

Children must not bring sweets, cakes or other food into school to distribute to other pupils for birthdays or other celebrations. Where the school organises an event involving food, ingredient and allergen information must be available in advance so known allergy risks can be assessed and appropriate arrangements made.

The school will communicate relevant restrictions to parents and carers. As the allergy profile of the school community may change, specific restrictions may also change. Parents and carers are expected to follow the most recent allergy information and instructions issued by the school.

6.3 Cleaning and prevention of allergen cross-contact

Following school meal service, Chartwells is responsible for cleaning the school hall and associated eating areas in accordance with its catering and food-hygiene procedures.

Where food is used or consumed as part of a curriculum activity, cooking activity, club, celebration, event or other school activity, the member of staff responsible for the activity must consider cleaning and allergen cross-contact within the activity risk assessment. This should include, where relevant, cleaning tables, equipment and surfaces before and after the activity, handwashing with soap and water, preventing food sharing, avoiding cross-contact between foods and equipment, appropriate disposal of food and packaging, and any additional controls required by known allergies.

6.4 PTA, fundraising and parent-led events

The Federation's allergy-aware approach applies to PTA, fundraising and other parent-led events held on the school site. Where food or drink will be provided, sold or distributed, the PTA or event organiser must inform the school in advance, follow this policy and work with the school's Allergy Lead.

- provide details of the food and drink that will be available and ensure appropriate ingredient and allergen information is available;
- follow current school restrictions relating to known allergens and relevant precautionary allergen labelling;
- consider allergen cross-contact during preparation, display, service and sale;
- ensure appropriate arrangements for cleaning, handwashing and food-waste disposal; and
- follow additional controls identified by the school or Allergy Lead.

Food must not be offered at a PTA, fundraising or parent-led event on the school site without the school being informed in advance. Where proposed arrangements would create an unacceptable allergy risk, the Allergy Lead will work with the organiser to identify safer alternatives so the event remains as inclusive as reasonably possible.

6.5 External providers and activities involving food

Where an external provider, contractor or organisation delivers an activity involving food or drink, the school's allergy-safety arrangements continue to apply. The member of staff organising or commissioning the activity is responsible for informing the provider of this policy and identifying relevant allergy requirements in advance.

- inform the school in advance of food or drink they intend to bring onto, prepare or provide on the school site;
- provide full ingredient and allergen information where requested;
- comply with current school requirements relating to known allergens and relevant precautionary allergen labelling;
- follow individual control measures for children or staff with known allergies; and
- take appropriate steps to minimise allergen cross-contact and follow the activity risk assessment.

Where an external provider is responsible for the care or supervision of children, the school will share relevant medical information and emergency-medication locations and will require evidence of suitable allergy and emergency-response training where appropriate.

7. Identification, records and Individual Healthcare Plans

Parents and carers provide information about known allergies and other medical needs through admission and medical-information forms. They must inform the school promptly of any new diagnosis or change to allergy, treatment or medication.

Within the Federation, all children and members of staff with a known allergy will have an Individual Healthcare Plan (IHP) and an Allergy Action Plan in place. These plans record known allergens, signs and symptoms, medication requirements and emergency actions.

IHPs relating to allergy are formally reviewed by the school's Allergy Lead every six months with parents or carers. They will be reviewed earlier where information changes, an updated Allergy Action Plan is provided, or an incident or near miss indicates that arrangements should be reconsidered.

Relevant information about prescribed medication is recorded and shared with staff who need it to keep the individual safe.

IHPs should include, as applicable, known allergens and risk factors, reaction history, related medical conditions such as asthma, prescribed medication and dose, consent arrangements, the impact on learning or wellbeing, the child's level of independence, emergency contact details, a photograph and the current Allergy Action Plan or Asthma Action Plan.

7.1 Admissions and transition into school

The school will identify allergies and significant medical needs as early as possible through its admissions and transition arrangements. Parents and carers must provide accurate and up-to-date medical information. Where a child has a known allergy, the school will work proactively with the family before the child's first day to ensure the necessary arrangements are in place.

- a completed Individual Healthcare Plan (IHP) and up-to-date Allergy Action Plan;
- details of known allergens, previous reactions, prescribed medication and emergency treatment;
- the required prescribed medication, including two adrenaline auto-injectors where prescribed;
- an up-to-date photograph and relevant consent arrangements;
- information shared with staff who will be responsible for the child;
- information recorded on Medical Tracker and in the relevant classroom medical information book; and
- any necessary individual risk assessments or reasonable adjustments.

The school is responsible for organising these arrangements in sufficient time and will work to ensure that a child's allergy does not unnecessarily delay their agreed first day.

7.2 Transfers between schools

A pupil transferring to any Bluebell Federation school will be treated as a new admission for allergy and medical arrangements, including where the transfer is from another Federation school. Existing medical records and paperwork will be sent to the receiving school, but this does not replace the receiving school's own checks.

The receiving school's Allergy Lead will review the information with the parent or carer, ensure current IHP and Allergy Action Plan arrangements are in place, confirm medication, update Medical Tracker and the classroom medical information book, inform relevant staff and review site-specific risks or reasonable adjustments before the child starts.

7.3 Allergy and medical register

Medical Tracker acts as each school's central allergy and medical register. A separate allergy register will not be maintained where this would duplicate the information held on Medical Tracker. Medical Tracker is used to record relevant allergies and medical needs, medication and expiry dates, IHP and Allergy Action Plan arrangements, and records of reactions, medication administered, incidents and near misses.

Classroom medical information books provide practical information for staff responsible for that class and support, rather than replace, the central information held through Medical Tracker. Access to all medical information is restricted to those who require it as part of their role.

7.4 Emergency contact information

The school maintains a minimum of two emergency contacts for every child through its existing pupil information and safeguarding arrangements. Allergy and IHP arrangements will use this centrally maintained contact information. Parents and carers must notify the school promptly of any changes.

7.5 Staff medical information

All new staff must complete a Staff Information and Emergency Contact Form as part of induction. The form records emergency contacts, relevant medical conditions, known allergies, prescribed emergency medication, medical needs that the school should know about for safety, and any reasonable adjustments or emergency arrangements that may need consideration.

The Federation Business Manager is responsible for overseeing the collection and secure management of these forms. Staff must provide accurate information and notify the Federation Business Manager promptly of changes.

Where a member of staff has a known allergy, appropriate arrangements, including an IHP and Allergy Action Plan, will be put in place. Staff are responsible for providing their own prescribed medication and keeping it available and in date.

Where a member of staff works across more than one Federation school, the Federation Business Manager will ensure that relevant Allergy Leads at each school have access to the information required to support the member of staff safely. Medical information will be handled confidentially and shared only where there is a legitimate need to know.

8. Prescribed adrenaline auto-injectors

Children known to be at risk of anaphylaxis who have been prescribed adrenaline auto-injectors (AAIs) will have their own prescribed devices available to them at all times while in the school's care. The devices are supplied by parents or carers and remain in school during the term.

Each child's prescribed AAIs and relevant emergency medication are stored in individual bum bags, either carried by the child in KS2 or by the supervising adult in KS1. It should be readily accessible and accompany the child when they move around the school.

Prescribed and spare adrenaline devices must not be locked away or stored in areas with restricted staff access. They must be protected from direct sunlight, heat sources and extreme temperatures and stored in accordance with the manufacturer's instructions.

Children in Years 5 and 6 will be encouraged to develop independence by remembering that their medical box needs to accompany them. Overall responsibility for ensuring that medication is accessible remains with the staff responsible for the child.

The child's medical box must accompany them for PE, sporting activities, competitions, educational visits, school trips and other off-site activities.

The First Aid Lead monitors medication and expiry dates using Medical Tracker. At the end of each term, medication held by the school is sent home. Parents and carers are responsible for ensuring appropriate, in-date medication is returned to school.

8.1 Receipt and checking of medication

Medication brought into school for a child must only be accepted by a member of staff who has completed appropriate Administration of Medication training. The First Aid Lead must hold current Administration of Medication training; other staff may accept medication only if they have also completed the required training.

- the medication is prescribed for the individual child where prescription medication is required and the child's name is clearly shown;
- the medication/device is consistent with the IHP, Allergy Action Plan or other medical instructions;
- the correct medication and dosage have been supplied;

- the medication is within its expiry date and the packaging/device is in appropriate condition;
- required instructions and pharmacy labels are present and legible; and
- the required quantity has been provided, including two AAIs where prescribed.

Accepted medication will be recorded in accordance with school procedures and Medical Tracker, including expiry information, and placed promptly in the agreed accessible storage location. If medication is out of date, incorrectly labelled, damaged or inconsistent with the medical plan, the parent or carer will be asked to provide a suitable replacement promptly.

8.2 Monitoring and replacement of medication

Medical Tracker will be used to monitor expiry dates. The First Aid Lead will notify parents and carers at least one month before a child's medication is due to expire and request replacement medication before the existing supply expires. Where replacement medication has not been received, the school will follow this up to minimise the risk of a gap in provision.

The same monitoring arrangements apply to school emergency medication, including spare AAIs and emergency salbutamol inhalers. Expired medication will be removed from use and returned or disposed of safely in accordance with school procedures.

8.3 Medication when a child leaves the school

When a child leaves the school, all individually prescribed medication held by the school will be returned to the child or their parent or carer on the child's last day of attendance and the return recorded. Medication will not routinely be transferred directly between schools, including between Bluebell Federation schools. Medical records and plans will transfer through the normal school-record process; the receiving school will formally receive and check medication through its own admissions arrangements.

8.4 Outside the school day

The school is responsible for ensuring that prescribed emergency medication held by the school is accessible while the child is in the school's care. Parents and carers remain responsible for ensuring their child has appropriate prescribed medication available outside the school day, including travel to and from school.

Where a child's prescribed devices are intended to remain in school, parents and carers should ensure that appropriate prescribed medication is separately available outside school. This arrangement will be confirmed through the child's IHP and review process.

9. School spare adrenaline and emergency medication

Each school maintains spare AAIs as an additional emergency safeguard. Spare devices are clearly identified as school emergency devices, stored in pairs, readily accessible and not locked away.

Each yellow Allergy Response Kit contains two AAIs suitable for children under 6, two AAIs suitable for children aged 6 and over, and a spare emergency salbutamol inhaler. On-site bags are labelled 'Allergy Response Kit' and hang on the wall at their designated locations.

The number and location of kits reflect the size and layout of each site and the requirement for adrenaline to be capable of reaching a person experiencing anaphylaxis within five minutes.

9.1 Chailey St Peter's CE Primary School

- Main school office: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.
- Outdoor classroom on the school field: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.
- School Trips Medication bag: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.

A spare emergency salbutamol inhaler is included in each emergency bag.

9.2 Forest Row CE Primary School

- Main school office: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.
- KS2 First Aid Area: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.
- School Trips Medication bag: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.

A spare emergency salbutamol inhaler is included in each emergency bag.

9.3 Fletching CE Primary School

- Main school office: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.

- School Trips Medication bag: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over

9.4 Wivelsfield Primary School

- Main school office x 1: 4 AAIs - 2 suitable for children under 6 and 2 suitable for children aged 6 and over.
- School Trips Medication bag x 2: 4 AAIs in each bag - 2 suitable for children under 6 and 2 suitable for children aged 6 and over

A spare emergency salbutamol inhaler is included in each emergency bag.

Fletching has a smaller, compact site. The school has assessed that the main office can be reached and emergency devices returned to an individual requiring them within five minutes from all areas of the site.

9.4 Mild to moderate allergic reactions

Allergic reactions can be unpredictable and may progress to anaphylaxis. Possible mild to moderate signs include swelling of the lips, face or eyes; an itchy or tingling mouth; hives or an itchy rash; abdominal pain; vomiting; or a change in behaviour. Staff must take all suspected reactions seriously and follow the child's Allergy Action Plan and IHP.

1. Stay with the child and call for assistance.
2. Locate the child's AAIs and have them immediately available in case the condition deteriorates.
3. Administer antihistamine where this is specified in the Allergy Action Plan/IHP and the school has the necessary consent.
4. Record the time symptoms began and the time any medication was administered.
5. Contact the child's parent or carer.
6. Continue to monitor the child closely for at least 60 minutes.
7. Record the reaction on Medical Tracker and inform the Allergy Lead.

If signs of anaphylaxis develop at any point, staff must administer adrenaline immediately and follow the anaphylaxis procedure. Adrenaline must not be delayed while waiting to see whether antihistamine works. Following the reaction, the Allergy Lead will review the incident, IHP and Allergy Action Plan with the child and parent/carer, including the child's wellbeing and confidence in returning to normal school activities.

9.5 Emergency administration of adrenaline

Anaphylaxis is a medical emergency. All staff receive allergy awareness and emergency response training and are expected to act promptly where anaphylaxis is suspected.

- The person's own prescribed AAI should be used first where available.
- Adrenaline should be administered as soon as possible; staff must not delay administration while waiting to contact emergency services.
- 999 must be called immediately and an ambulance requested, stating that the person is experiencing suspected anaphylaxis.
- Where the individual's prescribed device is unavailable, fails or misfires, a school spare AAI may be used in accordance with current guidance.
- Where an individual without a prescribed AAI experiences suspected anaphylaxis, including a first reaction caused by a previously unrecognised allergy, a school spare AAI may be used in accordance with current statutory guidance.
- Where there is doubt as to whether a reaction is anaphylaxis, staff must follow their emergency training and any applicable Allergy Action Plan.

The school's spare AAIs do not replace the requirement for a child known to be at risk of anaphylaxis to have access to their own prescribed devices. The administration of adrenaline must be recorded on Medical Tracker and parents or carers informed as soon as possible.

Anyone who has received adrenaline for suspected anaphylaxis must be assessed in hospital, even if they appear to have recovered. A member of staff will accompany a pupil in the ambulance until a parent or carer arrives.

If symptoms have not improved or have worsened, a second dose of adrenaline should be given after five minutes using a second device, in accordance with current emergency guidance and training. Staff should note the time of each dose and hand used devices to ambulance clinicians.

If the person becomes unresponsive and is not breathing normally, staff must start CPR and follow the instructions of the emergency call handler until further help arrives.

The person should be treated where they are rather than being made to walk. They should normally lie flat with legs raised; if breathing is difficult they may sit with legs outstretched. They should not be allowed to stand or walk, even if they appear to feel better.

The school will seek advance parental consent for use of a school spare AAI as part of its medical information and IHP arrangements wherever possible; emergency action will follow current statutory and clinical guidance.

9.6 Spare salbutamol inhalers

Spare emergency salbutamol inhalers are held within the yellow emergency kits. They are managed separately from spare AAIs and may only be used in accordance with the applicable statutory guidance, including the required eligibility and consent arrangements. They are not a substitute for a child's own prescribed reliever inhaler.

9.7 Monitoring, replacement and disposal

The First Aid Lead is responsible for ensuring that spare AAIs, emergency salbutamol inhalers and associated emergency devices remain in date and available for use. Medical Tracker is used to record and monitor expiry dates.

Any used device must be replaced promptly. Used or expired AAIs will be placed in an appropriate sharps container and disposed of through the school's arrangements for clinical and sharps waste.

In addition to Medical Tracker monitoring, the First Aid Lead will carry out periodic physical spot checks to confirm that emergency devices and individual medication are in their designated locations, accessible, appropriately stored and in date.

9.8 Emergency instructions and signage

Each Allergy Response Kit is a clearly identifiable yellow emergency bag. A green emergency sign is displayed above the bag, and a hanging clipboard containing the anaphylaxis emergency instructions is kept with the kit. Emergency instructions are also contained within each child's Allergy Action Plan.

All staff are shown the location of the kits and instructions through training and the annual anaphylaxis drill. The Allergy Lead and First Aid Lead will ensure signage and instructions remain visible, accessible and up to date.

10. Visits, trips and off-site activities

Children with allergies should be able to participate fully and safely in educational visits, school trips, sporting competitions and other off-site activities.

A risk assessment is required for all trips and off-site activities. Where a child with a known allergy is participating, an individual risk assessment must consider the child's allergy, known allergens, medication and required arrangements.

The trip leader will have details of participating pupils with allergies and their medication arrangements. Staff accompanying or leading the activity must inform the trip leader of any relevant allergy or emergency medical needs they have themselves.

The trip leader must inform the venue or external provider that a child with a known allergy will attend, consider potential allergen exposure, agree necessary reasonable adjustments, ensure the child's own prescribed medication is taken, and ensure the school's yellow School Trips Medication bag is taken.

For a child prescribed adrenaline devices, the trip leader must check before departure that both prescribed devices are present. Medication must remain close to the child throughout the activity and journey and must not be placed in inaccessible luggage, such as a coach hold or left in changing rooms.

Each School Trips Medication bag contains four spare AAIs - two suitable for children under 6 and two suitable for children aged 6 and over - together with a spare emergency salbutamol inhaler.

A child at risk of anaphylaxis must not leave the school site for an activity without their required emergency medication being available. Staff accompanying the visit must know which children have allergies and where individual and spare emergency medication is located.

The dedicated trip kit must be used for off-site activities so that the school's required on-site emergency provision remains in place.

11. Serious incidents and near misses

All allergic reactions, serious incidents and allergy-related near misses will be recorded, reported and reviewed so lessons can be learned and risks reduced.

Any known reaction or near miss occurring while a child is in the school's care will be recorded on Medical Tracker. Parents or carers will be informed as soon as possible by telephone. Emergency treatment will follow the child's Allergy Action Plan and the school's emergency procedures.

The Allergy Lead must be informed of all known allergic reactions and near misses and will review the child's IHP with parents or carers. The review will consider what happened, whether arrangements were followed, whether new risks were identified, and whether changes are required to the IHP, Allergy Action Plan, risk assessments, training or wider procedures.

Following an allergic reaction or significant near miss, the review with the child and parent or carer will also consider whether they remain confident that the school setting and agreed arrangements are safe, and whether additional pastoral support or control measures are required.

Relevant staff will be informed of incidents and near misses in a proportionate and confidential manner so that learning can be shared and improvements implemented.

11.1 Incidents identified outside school

The school recognises that the effects of allergen exposure may not become apparent until a child has returned home. Parents and carers should report any suspected reaction or allergy-related incident believed to be connected with the school day by emailing the school office.

School email accounts are not a 24-hour medical or emergency response service and staff are not expected to monitor them continuously outside normal working arrangements. If a child experiences an allergic reaction outside school, parents and carers should seek appropriate medical assistance rather than waiting for a school response.

When the report is received, the Allergy Lead will review the circumstances and, where appropriate, review the child's IHP and school procedures.

Incident records should include who was affected, what happened, when and where it occurred, the known or suspected cause, how the individual and staff responded, treatment and support provided, whether emergency services were called and how the incident concluded.

Significant allergic reactions and relevant near-miss learning will be reported to Dominie Wood, as the named governing-body member, and to the governing body as appropriate. Where required by law or the circumstances of the incident, the school will also consider reporting to the relevant external authority.

Following a significant incident or near miss, the school will consider the wellbeing of the affected child and family, staff who responded and children who witnessed the event, and will provide or signpost appropriate support.

12. Information sharing and confidentiality

Health information is handled sensitively and confidentially. Relevant information will be shared on a need-to-know basis with people who require it to keep the individual safe.

12.1 Medical Tracker and classroom medical books

Medical Tracker is used to maintain and manage information relating to children's medical needs and medication held in school.

Each classroom has a medical information book containing relevant medical information for children in the class, including copies of IHPs, Allergy Action Plans and other relevant medical information. Where appropriate, it also contains relevant information about staff working in that classroom.

The medical book is available to permanent, temporary and supply staff working with the class. It contains confidential health information and must be stored securely and must not be accessible to pupils, parents, visitors or unauthorised individuals.

12.2 Photographic identification

Up-to-date photographs and relevant allergy information may be displayed in designated staff-only areas, including the staff room and school kitchen, to enable safe identification. The school does not use allergy-specific lanyards, wristbands or other public identifiers.

12.3 Third parties

Where a third-party provider has responsibility for children, the school will share relevant medical and allergy information necessary to keep those children safe and will explain how emergency medication can be accessed.

12.4 Visitors

Visitors with a known serious allergy or other significant medical need should inform the school office when they arrive. Relevant information may be shared with appropriate staff where necessary for safety. Visitors remain responsible for bringing, carrying and managing their own prescribed medication.

13. Pupil allergy awareness

As part of the Federation's allergy-aware approach, pupils will receive age-appropriate information about allergies. This will promote understanding, inclusion and safe behaviour.

- Some people can become seriously unwell if exposed to particular allergens.
- Allergies can affect people in different ways.
- Food should not be shared or swapped with other children.
- School food and allergy-safety rules must be followed.
- Another person's medication must never be touched, moved or interfered with.
- Allergies must never be used as a reason to tease, bully, threaten or deliberately frighten another child.
- Children should seek adult help immediately if they believe someone is having an allergic reaction.

Where more specific information for a child's friends or classmates would be helpful, this will be considered sensitively and discussed with the child and their parents or carers. Pupil awareness does not replace trained adult emergency-response arrangements.

13.1 Asthma and allergy

The Federation recognises that asthma can increase the severity of allergic reactions and that good asthma control is important for pupils with both conditions. Pupils with asthma should have their own prescribed reliever inhaler available in accordance with their medical arrangements and, where active management is required, an Asthma Action Plan. Spare salbutamol inhalers will only be used for eligible pupils with the required written parental consent and in accordance with current guidance.

14. Policy awareness, publication and review

This policy will be reviewed at least annually and sooner where a significant allergic reaction, near miss, change in guidance or identified area for improvement makes an earlier review appropriate.

The policy will be published on each school's website and a hard copy will be available on request.

The policy is included on the staff induction checklist and all new staff must read it. A copy will also be kept in each staff room and in each classroom medical information book.

Significant changes to this policy or related procedures will be communicated to relevant staff. Learning from incidents and near misses will inform policy review and practice.

15. Related records and procedures

- Individual Healthcare Plans (IHPs)
- Allergy Action Plans
- Medical Tracker records
- Classroom medical information books
- Educational visit and individual risk assessments
- School behaviour and anti-bullying procedures
- Data protection and confidentiality arrangements
- Supporting pupils with medical conditions arrangements
- Emergency Response / Critical Incident Plan
- Asthma arrangements / Asthma Action Plans

16. Reference guidance

This policy is informed by the Department for Education's statutory guidance 'Allergy safety in schools', published 6 July 2026, and the accompanying Allergy Safety Policy template. The Federation will review this policy when relevant statutory or clinical guidance changes.

Official guidance: https://www.gov.uk/government/publications/allergy-safety-in-schools