

NORMAN STREET PRIMARY SCHOOL

Every Normie Matters

ALLERGY SAFETY POLICY

Incorporating arrangements for anaphylaxis, asthma and food allergy safety

Produced with regard to Allergy Safety in Schools: Statutory Guidance for Governing Bodies of Maintained Schools and Proprietors of Academies (Department for Education, July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026.

Version	Date	Author / Reviewer	Approved by	Next Review Due
1.0	September 2026	Headteacher	Governing Body / Local Governing Committee	September 2027 (or earlier following a serious incident or near miss)

Named Senior Leader for Allergy Safety

The Headteacher is the named member of the senior leadership team responsible for allergy safety at Norman Street Primary School. This includes driving implementation of this policy, leading its annual review, and acting as the school's main point of contact for allergy safety matters. Responsibility for allergy safety does not sit with the catering team alone.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, Relationships Policy and Procedures, Child Protection Policy, SEND and Inclusion Policy, and Health and Safety Policy.

1. Introduction and Legal Status

Allergy is a medical condition in which the immune system reacts abnormally to substances that are normally harmless — such as particular foods, insect stings, or airborne or contact substances. Some allergic reactions can develop into anaphylaxis, a severe, potentially life-threatening reaction affecting the airway, breathing and/or circulation. Asthma is frequently linked to allergy, since exposure to an allergen can trigger an asthma attack.

Around one in five children experience their first allergic reaction while at school. Because of this, allergy safety at Norman Street Primary School is not limited to pupils with a known diagnosis: all staff are trained to recognise and respond to an allergic reaction or anaphylaxis in any child, member of staff or visitor.

1.1 Legal Basis

Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, places a duty on the governing bodies of maintained schools to have an allergy safety policy in place, to publish it, and to keep it under review. In meeting this duty, the school has had regard to the statutory guidance Allergy Safety in Schools (DfE, July 2026).

This policy also has regard to, and sits alongside:

- the statutory guidance Supporting Pupils with Medical Conditions at School;
- the Human Medicines (Amendment) Regulations 2017, which permit schools to purchase and hold “spare” adrenaline auto-injectors (AAIs) without a prescription;
- the Human Medicines Regulations 2012 (as amended in 2014), which permit schools to hold an emergency salbutamol reliever inhaler and spacer;
- the Food Information Regulations 2014 and “Natasha's Law” (2021 amendment) on allergen labelling;
- the Requirements for School Food Regulations 2014 (the School Food Standards);
- the Equality Act 2010, under which severe allergy can, in some circumstances, meet the definition of disability;
- Keeping Children Safe in Education, the school's Child Protection Policy, and UK GDPR / data protection law where allergy information is shared or recorded.

A note on scope:

Coeliac disease and food intolerances (for example lactose intolerance) are managed through the school's Supporting Pupils with Medical Conditions Policy rather than this Allergy Safety Policy, as they are not allergic conditions and cannot cause anaphylaxis. Where a child has both an allergy and an intolerance, both will be captured through a single Individual Healthcare Plan (IHP).

2. Definitions

Term	Meaning at Norman Street Primary School
Allergy	A condition in which the body's immune system reacts abnormally to a normally harmless substance (an "allergen"), such as a food, insect sting, or an airborne or contact substance.
Anaphylaxis	A severe, rapid-onset allergic reaction affecting the Airway, Breathing and/or Circulation ("ABC"). It is potentially life-threatening and always requires an emergency response.
Asthma	A lung condition caused by inflammation and narrowing of the airways, often linked to allergy. An asthma attack can be triggered by allergens, infection, exercise or cold air.
Food intolerance	A non-immune reaction to a food that causes symptoms such as bloating or discomfort. Unlike allergy, intolerance cannot cause anaphylaxis.
Coeliac disease	An autoimmune condition in which the gut reacts to gluten. It is not an allergy and cannot cause anaphylaxis, though it requires strict dietary avoidance.
Individual Healthcare Plan (IHP)	A non-clinical document, written by the school with the child and their parents, setting out the arrangements the school will put in place to support a child with allergy, including in an emergency.
Allergy / Asthma Action Plan	A clinical document issued by a healthcare professional (e.g. GP, paediatrician, allergy specialist or school nursing team) that sets out how to recognise and respond to a reaction. It is attached to the child's IHP.
"Spare" adrenaline device	An adrenaline auto-injector (AAI) purchased by the school, without a prescription, for emergency use — not a replacement for a child's own prescribed device.

3. Roles and Responsibilities

3.1 The Governing Body / Local Governing Committee

- Ensures the school has an allergy safety policy which has regard to statutory guidance, is reviewed at least annually, and is published on the school website.
- Ensures allergy-related risks are recorded on the school's risk register and actively managed.
- Receives an annual report on allergy safety, including any serious incidents or near misses.

3.2 The Headteacher

- Appoints a named senior leader with day-to-day responsibility for allergy safety.
- Authorises the purchase of "spare" adrenaline devices and emergency asthma inhalers.

- Ensures sufficient staff are trained in allergy awareness and emergency response at all times the school is open, including before and after-school provision.

3.3 Named Senior Leader for Allergy Safety

- Leads implementation and annual review of this policy, involving pupils, parents and staff with allergy.
- Oversees the school's record of children, staff and visitors with known allergy.
- Ensures Individual Healthcare Plans are drawn up, reviewed and shared appropriately.
- Coordinates whole-school allergy awareness training, including for supply and new staff.
- Leads the recording, reporting and lesson-learning process following any serious incident or near miss.

3.4 SENDCO

- Supports identification of any interaction between allergy and a child's SEND, and ensures this is reflected in the child's IHP and, where relevant, SEND support plans.

3.5 Class Teachers and Teaching Assistants

- Are aware of which children in their class have a known allergy, and their known allergens.
- Follow each child's Individual Healthcare Plan, including in relation to curriculum activities involving food, craft materials, science or animals.
- Know the location of "spare" adrenaline devices and emergency inhalers, and how to respond to a reaction.

3.6 Catering Staff

- Provide clear allergen information for all food served, in line with the Food Information Regulations 2014.
- Follow safe preparation practices to minimise cross-contamination.
- Meet with parents/carers of children with food allergy to discuss safe meal provision, on request.

3.7 All Staff, Volunteers and Regular Visitors

- Complete allergy awareness training at least annually, including as part of induction.
- Are able to recognise the signs of an allergic reaction and anaphylaxis in any child, regardless of known diagnosis, and know how to summon help.

4. Allergy Awareness Training

All staff present when pupils are on site — including permanent, temporary, supply and agency staff, and regular volunteers — receive allergy awareness training at least annually. This applies to catering

staff and staff running breakfast or after-school clubs. It does not apply to contractors with no pupil-facing role (for example tradespeople carrying out maintenance work).

First aid training alone is not treated as sufficient. Training at Norman Street Primary School ensures staff:

- understand allergy as a spectrum of conditions (food allergy, asthma, eczema, hay fever) which can co-exist, and the difference between allergy, coeliac disease and intolerance;
- can recognise the signs and symptoms of a mild-to-moderate allergic reaction, and of anaphylaxis (Airway, Breathing, Circulation);
- know how to respond in an emergency, including calling 999, contacting parents, and locating and administering adrenaline or an emergency inhaler;
- understand how to check whether a child is on the school's record of known allergy and how to use an Allergy or Asthma Action Plan;
- understand this policy and their own responsibilities in reducing the risk of exposure to known allergens;
- know how to report a reaction, incident or near miss.

New staff receive allergy awareness training as part of induction. Supply and cover staff are briefed on key allergy information for their class before taking a session, and are shown the location of "spare" adrenaline devices and emergency inhalers.

5. Wellbeing and Inclusion

Living with allergy can cause real anxiety for children and their families — particularly where there is a risk of anaphylaxis, or where allergy is linked to asthma or eczema. Norman Street Primary School is proactive in reassuring children and families that risks are being actively managed and that robust arrangements are in place in an emergency.

5.1 Preventing and Responding to Allergy-Related Bullying

Bullying related to allergy can range from excluding a child from an activity, to mocking their need to avoid certain foods, to threatening to expose them to a known allergen. This is treated as seriously as any other form of bullying under the school's Relationships Policy and Procedures, and is addressed through the BOGSTAR restorative framework.

5.2 Good Practice

- Regular, age-appropriate communication with children, young people, parents and staff about allergy and its severity.
- Proactive engagement with new joiners who have a known allergy, including a tour of the kitchen and dining hall where helpful.

- “Allergy champion” roles for staff (and, where appropriate, pupils) as a point of contact for children with allergy.
- Involving children and young people with allergy, and their parents, in developing and reviewing the arrangements that affect them.

6. Minimising the Risk of Exposure to Known Allergens

Norman Street Primary School takes reasonable steps to reduce the risk of any individual — child, staff member or visitor — coming into contact with their known allergens. This includes:

- managing the risk of exposure to food allergens through food provided by the school;
- managing the risk of exposure to food allergens brought in by parents, children or staff (for example for birthdays, cultural celebrations or packed lunches);
- putting reasonable measures in place where a child has a known airborne or contact allergen (for example animal fur, pollen, or specific materials);
- staff considering allergen risk when planning cooking, science, craft, musical or animal-related activities;
- completing specific risk assessments for allergen exposure when planning trips and visits.

6.1 “Allergy-Aware” Rather Than “Nut-Free”

Norman Street Primary School operates an “allergy-aware” (rather than a “nut-free”) approach. A “nut-free” label can create a false sense of security, since nuts are only one of many food allergens and precautionary “may contain” labelling makes strict enforcement unreliable. The school actively discourages children from sharing food and asks parents not to send products containing nuts where a child in the class has a nut allergy, while continuing to treat all known allergens with equal seriousness and maintaining robust emergency response arrangements.

6.2 Practical Precautions in the Classroom

- Bottles, drinks and lunch boxes for children with food allergy are clearly labelled with the child's name.
- Empty food packaging, egg boxes, yoghurt pots and similar containers are avoided in craft activities where a child in the group has a relevant food allergy; non-food alternatives are used instead.
- Wheat-free flour or an alternative is used for play dough and cooking activities where needed; ingredients such as glue are checked for milk, wheat or soya content.
- Where a curriculum activity would normally use a material containing an allergen known to affect a member of the class, an inclusive alternative is found for the whole group.
- Trading or sharing of food, utensils or food containers between children is not permitted.
- Where food is brought in by parents for a celebration or event, advance notice is sought so that risks can be managed and no child is excluded.

7. Food Provision and Allergen Information

As a provider of school food, Norman Street Primary School is a “food business” under the Food Information Regulations 2014 and must provide clear information about the 14 legally regulated allergens present in food it serves, including through breakfast and after-school clubs. Any food prepacked for direct sale on site is labelled with a full ingredients list, with regulated allergens clearly emphasised, in line with “Natasha’s Law”.

- The school's caterer provides allergen information for every meal, accessible to pupils and parents/carers.
- Catering staff are available to meet with parents/carers of children with food allergy to agree safe meal provision.
- The school uses at least two methods to identify children with known food allergy at mealtimes (for example, a designated member of staff checking the register of known allergies, alongside a visual identifier such as a lanyard or photograph in the kitchen/serving area), balancing safety with the child's right not to be singled out.
- Children with food allergy are not seated separately from their peers; they eat alongside their classmates with risks managed through the arrangements above.
- Pupils eligible for free school meals who have an allergy are supported to access their entitlement safely, through reasonable adjustments agreed with the caterer and recorded in the child's IHP.
- Where menus must be changed at short notice, the safety needs of children with food allergy continue to be met and any changes are clearly communicated.

The School Food Standards:

The school complies with the Requirements for School Food Regulations 2014 while making reasonable adjustments for pupils with food allergy, working with the caterer, pupils and families to keep everyone safely included at mealtimes.

8. Identifying Children, Staff and Visitors with Allergy

The school gathers information about known allergy from parents/carers, and from a child's previous school or setting where relevant, including any existing Individual Healthcare Plan or Action Plan. The child and their parents are always involved in decisions about how this information is recorded and shared.

- For children starting at Norman Street Primary School, arrangements are in place before the start of the relevant term.
- For children joining mid-term, arrangements are put in place within two weeks wherever possible.
- For staff, arrangements are in place from their first day of employment.
- For visitors likely to be served food, allergy information is sought in advance wherever practicable.

The school keeps an accessible, staff-only record of children, staff and visitors with known allergy, including current photographs and known allergens, in areas where food is served or handled — including the kitchen, dining hall, and food technology, science and art/craft classrooms.

9. Individual Healthcare Plans (IHPs)

A child will have an Individual Healthcare Plan where their allergy has a functional impact on them at school, puts them at risk of harm, and requires arrangements additional to or different from those made generally. An IHP is not a clinical document — it describes how the school will respond to clinical advice it has received, and “holds the pen” on the practical arrangements the school will put in place. A child has a single IHP covering all of their medical needs, not separate plans for each condition.

A child is unlikely to need an IHP where the support they need is already covered by the school's general arrangements, or where their allergy can be safely managed with non-prescription medication they are able to self-administer under the school's medical conditions policy.

9.1 What an IHP Contains

Section	Content
Key information	Child's name, date of birth, class, current photo, emergency contacts, and who in school needs to know.
The allergy	Known allergens; whether the child is likely to recognise a reaction themselves and alert an adult.
Managing the allergy	Any care/action plan or prescribed medication; practical adjustments; extent of self-management.
Impact on education	Potential impact on health, learning and wellbeing; any interaction with SEND.
Arrangements for support	Adjustments in place; how food allergy is managed at meal/snack times; support with missed learning.
Visits and trips	Adjustments needed for the child to participate safely in activities away from the classroom.
Emergency response	Signs of an emergency; who to contact; location of “spare” adrenaline / inhalers; attached Action Plan.
Review	Date issued, date last discussed with child/parents, and date of next review.

9.2 Drawing Up and Reviewing IHPs

- IHPs are developed in collaboration with the child and their parents, drawing on advice from healthcare professionals where available.
- Where no clinical advice is yet available (for example while a diagnosis is being investigated), the school does not dismiss the family's concerns and instead makes a best assessment of risk in discussion with them, seeking advice from the school nursing team or the local authority's Designated Medical/Clinical Officer where needed.
- IHPs are reviewed at least annually, whenever new clinical advice is received, and following any serious incident or near miss.
- When a child with an IHP moves to or from Norman Street Primary School, a new IHP is drawn up by the receiving school, informed by (but not simply copied from) the previous one.

10. Allergy and Asthma Action Plans

Children with a known allergy to food or insect stings are encouraged to have an Allergy Action Plan issued by their healthcare professional, and children with asthma an Asthma Action Plan. These clinical documents set out how a member of staff, without medical training, should respond to a reaction, including when and how to give adrenaline or reliever medication. Action Plans are attached to the child's IHP and reviewed whenever an updated version is issued.

11. Prescribed Adrenaline Devices

Children at risk of anaphylaxis are usually prescribed two adrenaline devices (an adrenaline auto-injector, AAI, or a nasal adrenaline device), as a second dose may be needed.

- Children are encouraged to keep their prescribed devices with them, including in their school bag, so they are available on the journey to and from school.
- Where a child cannot keep their devices with them in class, they are stored in an unlocked, central location that is accessible to staff at all times.
- In the event of anaphylaxis, adrenaline is given within five minutes. Where a child's prescribed device is not immediately to hand, or is not available, a "spare" device is used instead.
- A copy of the child's Allergy Action Plan is kept together with their medication wherever practicable.
- Devices normally go home with the child at the end of the day (or as agreed with parents) and staff check that replacement devices are provided before they expire.

12. "Spare" Adrenaline Devices

As a primary school, Norman Street Primary School stocks "spare" adrenaline auto-injectors (AAIs) for emergency use, purchased without a prescription under the Human Medicines (Amendment) Regulations 2017. Up to one in five anaphylaxis reactions in schools occur in children with no prior

diagnosis, so “spare” devices may be used for any individual experiencing anaphylaxis, not only children with a known allergy.

School Type	AAIs for under-6s (150 micrograms)	AAIs for over-6s (300 micrograms)
Norman Street Primary School	One pair of “spare” AAIs	One pair of “spare” AAIs

12.1 Storage

- “Spare” AAIs are stored at room temperature, away from direct sunlight, and are never refrigerated.
- They are kept in a safe, central, unlocked location accessible to staff at all times (e.g. school office/reception), never locked away, so that they can be brought to a child anywhere on site within five minutes.
- They are stored in pairs and clearly labelled as “spare” to avoid confusion with any device prescribed to a named child, ideally as part of a labelled emergency anaphylaxis kit alongside the emergency asthma inhaler and spacer.

12.2 Management

- The named senior leader for allergy safety maintains a record of “spare” AAIs held, their expiry dates, and arrangements for timely replacement.
- Used or expired AAIs are disposed of safely in a sharps bin or returned to a pharmacy, never placed in general waste, given the needle they contain.
- It is good practice to seek advance parental consent for “spare” AAIs to be used, but the law does not require consent to be confirmed before use in a genuine emergency — no member of staff should hesitate to act to save a life.

13. “Spare” Emergency Asthma Inhalers

The school holds an emergency salbutamol reliever inhaler and spacer, which may be used for a child known to be prescribed a reliever inhaler where their own device is not available (for example, broken or empty). This can only be used where written parental consent has been given, and is kept alongside the “spare” adrenaline devices.

Important:

An emergency inhaler is never given instead of adrenaline to treat anaphylaxis.

14. Responding to an Allergic Reaction and Anaphylaxis

14.1 Recognising a Reaction

Mild-to-moderate reaction	Signs of anaphylaxis (Airway / Breathing / Circulation)
Swollen lips, face or eyes; itchy/tingling mouth; mild throat tightness; hives or itchy rash; abdominal pain or vomiting; sudden change in behaviour.	A — throat/tongue swelling, hoarse voice, difficulty swallowing. B — sudden wheeze, breathing difficulty, persistent cough, noisy breathing. C — dizziness, faintness, sudden sleepiness, confusion, pale clammy skin, loss of consciousness.

A mild reaction can develop into anaphylaxis, so a child having any allergic reaction is monitored for at least 60 minutes afterwards and never left unattended. If in doubt about whether a reaction is anaphylaxis, staff always treat it as anaphylaxis and give adrenaline — giving adrenaline in this context is very safe.

14.2 Emergency Procedure

1. Stay with the child. Do not leave them alone and never let them stand, walk, or be moved to a first aid room or office — bring help and medication to them.
2. If Airway, Breathing or Circulation is affected (or you are in any doubt), give adrenaline immediately using the child's own prescribed device, or the school's "spare" AAI if theirs is unavailable or has misfired.
3. Call 999 immediately and state "anaphylaxis." Do not wait for the ambulance before giving adrenaline.
4. Contact the child's parents/carers.
5. Give a second dose of adrenaline after five minutes if there is no improvement.
6. Record the incident (see Section 16) and observe the child for at least 60 minutes even if they appear to recover.

Staff reassurance:

Anyone may take reasonable action to save a life in a genuine emergency. Staff who act in good faith — including giving adrenaline — are protected in law, even if a mistake is made or the technique is imperfect. Hesitation is the greater risk.

15. School Trips and External Visits

- A specific risk assessment is completed for any child at risk of anaphylaxis taking part in an off-site visit.
- The child takes their own prescribed adrenaline device(s) with them, and at least one member of staff trained in administering adrenaline attends.

- Where appropriate, the school considers taking "spare" AAIs on a trip, provided this does not leave the school site without adequate "spare" cover.
- Catering arrangements on trips (including residentials, restaurants and food-related visits) are planned in advance with the child's allergy in mind.
- No child is prevented from taking part in a visit, or required to have a parent attend, because of their allergy.

16. Serious Incidents and "Near Misses"

A serious incident includes any anaphylaxis reaction, any occasion where adrenaline is administered, and any near miss where a child was at risk of exposure to a known allergen but harm was avoided. Reports may come from staff, parents, the child themselves, or a healthcare professional, since the effects of an allergen may not be visible until after the child has left the school.

- All serious incidents and near misses are recorded on CPOMS, including what happened, the response given, and the outcome.
- Parents/carers are informed as soon as possible, and the governing body is notified.
- Where the incident involves food provided by the school, it is reported in line with the school's food safety procedures, and to the local authority environmental health team where required under food safety law.
- Every serious incident or near miss prompts a review of whether the child's IHP or this policy needs to change, so that lessons are learned and risk is reduced going forward.
- It is good practice to conduct occasional allergy safety drills, similar to fire drills, to test staff response; the outcome is recorded and used to inform this policy.

17. Information Sharing and Data Protection

Information about a child's allergy is special category health data under UK GDPR. The school has a lawful basis to hold, use and share this information where necessary to keep the child safe and included, and does so in a controlled, proportionate way, in line with the school's Data Protection Policy. Information is shared with staff who need to know it to keep the child safe, and with a new school or setting when a child transfers, with the involvement of the child and their parents wherever possible.

18. Publication and Awareness of this Policy

- This policy is published on the Norman Street Primary School website and is available in hard copy from the school office on request.
- All staff are made aware of this policy as part of annual allergy awareness training and staff induction.

- Parents and pupils are made aware of the policy and how it supports children with allergy, including how to raise a concern.
- Where appropriate, and always in discussion with the child and their parents, close friends of a child at risk of anaphylaxis may be shown how to seek help in an emergency — this never replaces staff emergency response arrangements.

19. Monitoring, Review and Related Policies

This policy is reviewed at least annually by the named senior leader for allergy safety, and reported to the governing body. It is reviewed sooner following any serious incident or near miss, a change in statutory guidance, or feedback from staff, pupils or parents with allergy, who are involved in the review process.

This policy should be read alongside:

- Supporting Pupils with Medical Conditions Policy
- Relationships Policy and Procedures
- Child Protection Policy
- SEND and Inclusion Policy
- Health and Safety Policy
- Educational Visits Policy
- Data Protection Policy

Appendix A: Quick Reference — Signs of Anaphylaxis

What to look for	
Airway	Swelling of the throat or tongue, hoarse voice, difficulty swallowing
Breathing	Sudden wheeze, persistent cough, noisy or difficult breathing
Circulation	Dizziness, faintness, sudden sleepiness, confusion, pale clammy skin, loss of consciousness

If in doubt — give adrenaline. Then call 999.

Appendix B: Emergency Response Flowchart

1. Recognise a possible reaction — mild symptoms can progress quickly to anaphylaxis.
2. Stay with the child. Never leave them, and never let them walk to help — bring help to them.
3. If ABC is affected, or you are unsure, give adrenaline immediately (child's own device, or a "spare" AAI).
4. Call 999 and say "anaphylaxis". Do not delay adrenaline to wait for the ambulance.
5. Contact parents/carers.
6. Give a second dose of adrenaline after 5 minutes if there is no improvement.
7. Once safe, record the incident and observe the child for at least 60 minutes.

Appendix C: "Spare" AAI Stock Record

Device	Dose	Quantity Held	Location	Expiry Date	Last Checked
AAI (Junior)	150 micrograms	2	School Office		
AAI (Standard)	300 micrograms	2	School Office		
Emergency Salbutamol Inhaler + Spacer	n/a	1 set	School Office		

Appendix D: Staff Allergy Awareness Training Record

Staff Member	Role	Training Completed	Date	Refresher Due