



At Knights Enham Schools we provide...

Inclusive and ambitious learning experiences where our school community feels safe and motivated to achieve their best.

‘Together We Achieve’

Allergy Policy

Approved: September 2026

Review: September 2027



Knights Enham Schools Allergy Safety Policy

Policy owner
Named Allergy Safety Lead
Approved
Review

Governing Body / Executive Headteacher
To be confirmed / named member of SLT for each school
September 2026
September 2027, or sooner following a serious incident,
near miss or change in guidance

1. Purpose and statutory context

Knights Enham Schools are committed to providing a safe, inclusive and ambitious learning environment in which pupils with allergies are supported to participate fully in school life.

This is the school's dedicated Allergy Safety Policy. It has been updated to reflect the Department for Education statutory guidance Allergy safety in schools, published 6 July 2026 under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026. It should be read alongside the school's Supporting Pupils with Medical Conditions Policy, Safeguarding Policy, Health and Safety Policy, First Aid Policy, Educational Visits Policy and relevant food safety procedures.

The policy applies across the whole school day and to all school activities, including lessons, playtimes, lunchtimes, breakfast and after-school provision, clubs, educational visits and residential. It applies to pupils, staff, volunteers, visitors, supply and agency staff, peripatetic staff and catering staff where relevant.

The school adopts a proactive risk-reduction approach. It does not claim to be completely allergen-free, because this cannot be guaranteed. Instead, risks are identified, reduced and managed through clear routines, trained staff, individual planning and effective emergency response.

2. What is an allergy?

An allergy is an abnormal immune response to a normally harmless substance, such as food, insect stings, contact allergens or airborne allergens. Anaphylaxis is a potentially fatal allergic reaction affecting the Airway, Breathing and/or Circulation (ABC).

Allergic conditions can include food allergy, allergic asthma, eczema, hay fever, contact allergy and allergy to insect stings or medicines. Food intolerance and coeliac disease are not allergies and cannot cause anaphylaxis, but pupils with these conditions will still be supported through the school's wider medical conditions arrangements.

3. Principles of allergy safety

- Allergy safety is a whole-school safeguarding and health-and-safety responsibility.
- All staff must understand how to reduce allergen exposure, recognise allergic reactions and obtain or provide emergency help.
- Pupils with allergies must be included in school life and should not be unnecessarily isolated from their peers.
- The school will listen to pupils and parents/carers and work collaboratively with healthcare professionals where appropriate.
- Serious incidents and near misses will be recorded, reviewed and used to improve practice in a no-blame, learning-focused way.

4. Roles and responsibilities

4.1 Governing Body

- Ensure the school has a published, dedicated Allergy Safety Policy and reviews it at least annually.
- Monitor the effectiveness of allergy safety arrangements, including training, Individual Healthcare Plans (IHPs), medication, incidents and near misses.
- Ensure appropriate resources are available to implement the policy.
- Receive information about serious allergy incidents and near misses and ensure lessons are acted upon.
- Consider appointing a named governor for allergy safety as good practice.

4.2 Executive Headteacher / Senior Leadership Team



- Ensure a named member of the senior leadership team is identified as Allergy Safety Lead for each school and that responsibility is clear to staff and families.
- Ensure allergy risks are included within the school risk register and actively managed.
- Ensure systems are in place to identify pupils with allergies and to keep records current.
- Ensure annual allergy awareness and emergency response training is completed and recorded.
- Ensure appropriate prescribed and spare adrenaline devices are accessible and checked.
- Ensure arrangements with catering providers, wraparound care and educational visits meet this policy.
- Lead or contribute to reviews following incidents, near misses, drills or changes to statutory guidance.

4.3 Named Allergy Safety Lead

- Maintain an up-to-date allergy register/risk register including key information needed for staff to recognise and support pupils safely.
- Coordinate IHPs, Allergy Action Plans and Asthma Action Plans, where required.
- Maintain training records and arrange refresher training.
- Monitor medication, spare adrenaline devices, expiry dates and replacement arrangements.
- Act as a point of contact for staff, parents/carers and concerns or near misses.
- Coordinate debriefing after allergy incidents and support any necessary changes to practice.

4.4 All staff, including supply, temporary, peripatetic and wraparound staff

- Complete required allergy awareness and emergency response training.
- Know how to identify pupils with known allergies and where relevant IHPs and emergency medication are located.
- Recognise signs of allergic reaction and anaphylaxis and respond immediately.
- Follow agreed measures to reduce exposure and cross-contamination.
- Consider allergy risks when planning lessons and activities, including food, craft, science, music, animals and outdoor learning.
- Report allergy incidents and near misses promptly.

4.5 Catering and lunchtime staff

- Follow food information legislation and robust allergen and cross-contamination controls.
- Use agreed systems for identifying pupils with medical diets/allergies.
- Prevent food sharing and support safe eating routines.
- Communicate promptly with school leaders where there is uncertainty, a change in ingredients, a food safety concern or a near miss.

4.6 Parents and carers

- Tell the school about a child's allergy and provide accurate, up-to-date information.
- Provide prescribed medication and any Allergy Action Plan or other clinical advice supplied by healthcare professionals.
- Ensure medication is replaced before expiry and inform the school immediately of any changes.
- Work with the school when an IHP is required and report any delayed reaction linked to possible exposure at school.

4.7 Pupils

- Where age and understanding allow, tell an adult if they feel unwell or believe they have been exposed to an allergen.
- Follow school rules about not sharing food.
- Develop increasing independence in managing their allergy, in line with their age, maturity and healthcare advice.
- Treat other pupils' allergies seriously and never use allergens to tease, threaten or bully another child.

5. Identifying allergies and keeping information current

The school will gather information about allergies at admission, through annual data checking, from parents/carers, previous settings and healthcare professionals where relevant. The school will also identify known allergies affecting staff where this is necessary for workplace safety.

- An up-to-date allergy register will be maintained and made accessible to staff who need the information.



- Photographs may be used to support safe identification where appropriate and handled in accordance with UK GDPR and the school's data protection arrangements.
- Health information will be shared only where necessary, proportionately and respectfully.
- Information will be updated promptly when circumstances or medical advice change.

6. Individual Healthcare Plans (IHPs)

A pupil should have an IHP where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements that are additional to or different from those made generally. The school will not automatically require an IHP for every mild allergy where ordinary arrangements are sufficient.

IHPs will be developed with the pupil, where appropriate, and parents/carers, taking account of advice from healthcare professionals. They will provide clear information about what staff need to do, including in an emergency. Where an Allergy Action Plan and/or Asthma Action Plan has been issued by a healthcare professional, it will be attached to or referenced within the IHP.

- known allergen(s) and likely routes of exposure;
- signs and symptoms, including any previous reactions;
- risk-reduction and reasonable adjustment arrangements;
- medication and where it is kept;
- emergency actions and who is responsible;
- arrangements for meals, curriculum activities, wraparound care, PE, trips and residential where relevant.

IHPs will be reviewed at least annually and sooner following a significant reaction, near miss, updated clinical advice or other relevant change. When a pupil transfers to another setting, current IHPs and relevant action plans will be shared securely as part of transition arrangements.

7. Minimising exposure to allergens

7.1 Whole-school risk reduction

- Staff will consider known allergy risks when planning any activity.
- Handwashing and appropriate cleaning routines will be used to reduce transfer of food allergens.
- Pupils will be taught not to share food, drinks, cutlery or containers.
- Reasonable measures will be taken for airborne and contact allergens where a pupil has a known risk.
- Any restriction on a particular allergen will be based on risk assessment and communicated clearly. The school will avoid giving a false assurance that the site is entirely "allergen free".

7.2 Food, catering and cross-contamination

The school will work with its catering provider to ensure food safety law and allergen information requirements are met and that the 14 regulated food allergens are appropriately managed. Catering arrangements will include robust controls for medical diets, ingredient changes and cross-contamination.

- Food provided by the school will be managed through the catering provider's allergen procedures.
- Food brought from home, including packed lunches, birthday food and food for events, will be managed in accordance with school guidance and individual risk assessments.
- Food used in cooking, DT, science, celebrations or other curriculum activities must be considered as part of the activity risk assessment.
- Non-food rewards and celebrations are encouraged where this reduces avoidable risk.

8. Prescribed adrenaline devices and medication

Pupils who have been prescribed adrenaline must have rapid access to their devices at all times. In anaphylaxis, adrenaline should be administered within five minutes. Medication must therefore be close enough to be brought to the pupil within that timescale, including during lunch, play, PE, clubs and off-site activities.

- Pupils prescribed adrenaline should have access to both prescribed devices.
- Where pupils are not developmentally able to carry their own medication, it will be stored in an appropriate unlocked and accessible location.
- Medication will be clearly labelled and checked regularly for expiry and condition.
- A copy of the relevant Allergy Action Plan should be kept with emergency medication where practicable.



- Used auto-injectors will be disposed of safely in accordance with manufacturer and medicines-disposal requirements.

9. School “spare” adrenaline auto-injectors (AAIs)

Knights Enham Schools will stock spare AAIs for emergency use. Stock will be of the appropriate dosage for the age groups on each site and will be sufficient to ensure timely access. For a primary school this will ordinarily mean one pair of 150 microgram AAIs for children under 6 and one pair of 300 microgram AAIs for pupils aged 6 and over, with additional pairs considered where site layout or risk requires them.

- Spare AAIs will always be stocked and stored in pairs.
- They will be readily accessible and must not be locked away.
- They will be clearly distinguishable from medication prescribed to a named pupil.
- No child should be more than five minutes from an appropriate adrenaline device.
- Expiry dates and storage conditions will be checked routinely and replacement arranged promptly after use or expiry.
- Where appropriate, spare AAIs may be taken on a visit only if adequate spare cover remains available for pupils staying on site.

A pupil's own prescribed adrenaline should be used first where available. A spare AAI may be used if prescribed medication is unavailable, has misfired, or where a person without a previous diagnosis is experiencing suspected anaphylaxis. In an emergency, treatment must not be delayed while checking prior consent.

10. Recognising and responding to an allergic reaction

Staff will follow the pupil's Allergy Action Plan where one exists. Mild or moderate reactions may include swelling of the lips, face or eyes; itchy or tingling mouth; hives or rash; abdominal pain or vomiting; or a sudden change in behaviour. Because a mild reaction can progress, the pupil must be monitored and not left unattended.

Signs of anaphylaxis include any problem affecting Airway, Breathing or Circulation, such as throat or tongue swelling, difficulty breathing, wheeze, collapse, marked dizziness or reduced responsiveness.

If anaphylaxis is suspected:

1. Treat immediately with adrenaline. If in doubt whether the reaction is anaphylaxis, treat with adrenaline.
2. Do not make the person stand or walk. Keep them lying flat with legs raised where possible; if breathing is difficult, allow them to sit up carefully with legs outstretched. Bring the medication to them.
3. Use the individual's prescribed adrenaline first if available. If it is unavailable or misfires, use an appropriate school spare AAI.
4. Immediately call 999 and state “ANAPHYLAXIS”. Do not wait for the ambulance call before giving adrenaline.
5. Stay with the person and send another adult to guide emergency services and contact parents/carers.
6. If there is no improvement after 5 minutes, give a further dose of adrenaline using a second device.
7. Record the incident and complete the school's serious incident/near-miss review process.

11. Staff training

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent staff in all roles, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school provision. Contractors with no pupil-facing role are not expected to complete this training.

Training will be part of induction for new staff and arrangements will be made to ensure supply and cover staff are appropriately briefed and trained. Training may include online learning but will be reinforced through practical familiarisation with trainer devices and rehearsed emergency procedures.

Training will cover:

- what allergy is and how reactions can occur;
- the range of allergic conditions and the distinction between allergy, coeliac disease and food intolerance;



- recognising allergic reactions and anaphylaxis;
- how to respond in an emergency, including calling 999 and using prescribed or spare adrenaline devices;
- how to locate allergy information, IHPs and Allergy/Asthma Action Plans;
- risk reduction, food safety and cross-contamination;
- the impact of allergy on wellbeing and inclusion;
- how to report incidents and near misses.

Training completion will be recorded and monitored by the Allergy Safety Lead and senior leaders.

12. Educational visits, clubs and activities

Pupils with allergies will be enabled to participate fully in visits, residentials, clubs and wider school activities wherever reasonably possible. Allergy needs will not be used as a reason to exclude a pupil where safe arrangements and reasonable adjustments can be made.

- A specific risk assessment will be completed for pupils at risk of anaphylaxis on off-site visits.
- The pupil's own adrenaline devices must accompany them.
- A trained member of staff must be able to respond in an emergency.
- Food, accommodation, transport, activities and access to emergency services will be considered.
- Taking school spare AAls will be considered where appropriate, without leaving inadequate provision on the school site.

13. Wellbeing, inclusion and allergy-related bullying

The school recognises that living with allergy can affect confidence, anxiety and participation. Pupils with allergies will be treated with dignity and supported to take part in school life. Staff should avoid arrangements that unnecessarily single out or physically isolate pupils with allergies, such as routinely seating all allergic pupils separately at lunch.

Allergy-related bullying, including teasing, threatening a pupil with an allergen, tricking them into touching or eating an allergen, or deliberately contaminating their food or belongings, will be treated seriously under the school's behaviour and anti-bullying procedures and may also be considered a safeguarding concern.

14. Serious incidents, near misses and learning lessons

The school will record, report and respond to serious allergy incidents and near misses. Reports may be made by staff, pupils, parents/carers or healthcare professionals, including where the impact of an exposure is only identified after the pupil has gone home.

Following an incident or near miss, the school will:

- ensure the pupil and family receive appropriate communication and support;
- inform senior leaders and the governing body as appropriate;
- complete any statutory or external reporting that is required;
- review what happened in a no-blame, learning-focused way;
- consider whether the IHP, risk assessment, training, catering controls, emergency arrangements or this policy need to change;
- record agreed actions and check that they are implemented.

15. Allergy safety drills

As good practice, the school will periodically rehearse its response to a simulated anaphylaxis emergency in a similar way to other emergency drills. The outcome will be recorded and used to test access to medication, communication, staff confidence and emergency procedures. Where pupil involvement is considered, this will be planned carefully so that it does not negatively affect the wellbeing of a child with allergy.

16. Information sharing and communication

- This policy will be published on the school website and a hard copy will be available on request.
- Relevant allergy information will be shared with staff on a need-to-know basis, including supply and temporary staff.
- Parents/carers will be informed of school allergy-safety expectations, including arrangements for food brought into school.



- Pupils will receive age-appropriate education about food safety, allergies and how to get help in an emergency.
- Health information will be handled as special category data in accordance with UK GDPR and the school's data protection procedures.

17. Monitoring and review

The Governing Body will monitor the effectiveness of this policy and the school's allergy safety practice on a regular and scheduled basis. The policy will be reviewed at least annually and sooner following a serious incident, near miss, significant change in pupil need, change to legislation or statutory guidance, or where monitoring identifies a need for improvement.

The review will consider training completion, the allergy register, IHPs, medication and expiry checks, spare AAI arrangements, catering compliance, visit arrangements, incidents, near misses and outcomes of allergy safety drills.

18. Linked policies and guidance

- DfE: Allergy safety in schools statutory guidance (published 6 July 2026)
- DfE: Allergy safety policy – template (July 2026)
- DfE: Supporting pupils with medical conditions at school
- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Equality Act 2010
- Early Years Foundation Stage statutory framework
- Food Information Regulations and school catering allergen procedures
- Safeguarding Policy
- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits Policy
- First Aid / Medication Policy
- Behaviour / Anti-Bullying Policy
- Data Protection Policy