


Allergy Safety Policy

This template policy is compliant with the Allergy Safety in Schools statutory guidance published July 2026. It has been written and reviewed by the team at Anaphylaxis UK who have worked with the Department for Education on creating the Allergy Safety in Schools statutory guidance.

The policy MUST be tailored to each school and information to be personalised is in teal text. Jenny Milbourn has personalised the teal text.

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Allergy Safety Policy

Person responsible for this policy & it's implementation	Jenny Milbourn, Deputy Headteacher
Review Frequency	Annually, at the start of each academic year, or when

July 2026

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	an incident is experienced.
Date approved	October 2026
Date of next review	October 2027
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at Kingshill Infants or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Safeguarding Behaviour Anti-bullying Health and Safety First Aid Equality Policy Food Policy

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

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- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Kingshill Infant School has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensur e procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Kingshill Infant School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Kingshill Infant School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

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Kingshill Infants is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Kingshill Infants completes a school wide allergy risk assessment (we use the model risk assessment from Anaphylaxis UK and adapt it to suit our setting. This is saved on SharePoint in the allergy folder) that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Kingshill Infants will ensure that allergy is included in all appropriate school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Kingshill Infants will ensure that the risk of exposure is minimised by:

- All school staff allergy training every year
- Educating students through yearly awareness assemblies. This takes place at the beginning of each year and in the summer term as part of Keeping Safe assemblies.
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management . Each meeting when events are being organised our PTA are informed of the children with allergies. It is a standing item.
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy . We send a letter out at the beginning of each academic year outlining our policy.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering:

Kingshill will manage the risk of food allergy and provide clear information on allergens in food provided by:

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- Ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers.
- Provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely.
- Enabling parents/carers to liaise with the catering company.
- Identify students with allergies at point of service by , when giving the lunchtime tokens out, children with an allergy have a photo card. This is given to the catering staff at the service hatch. There is a list with photos by the hatch inside the kitchen for the catering staff to cross reference with.
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food. Our wrap around care team has received training on Food Hygiene.

Level 2 Food Hygiene *Now every 3-years*	**Date of current training:**	**Date of refresher required:**
Hazel Osbourn	4th January 2026	4 January 2029
Coral Munro	4th January 2026	4 January 2029
Rebecca Manser	4th January 2026	4 January 2029
Liam Seamon	4th January 2026	4 January 2029
Geri Baxter	4th January 2026	4 January 2029
Jorja Hemmings	4th January 2026	4 January 2029
Sam Quickenden	4th January 2026	4 January 2029

We **do not allow** food that is not directly provided by the school to be given out (e.g. birthday sweets/ cakes). If the school provide food as a treat or as part of a lesson, parents will be notified and allergies carefully considered. A risk assessment for the activity will be put in place if felt needed. Parents can provide a healthy snack for snack time but this is restricted to Fresh fruit or vegetables. Teachers will be responsible to know any allergies to be aware of during snack time.

At Kingshill we ensure that at PTA events, as best practice, they follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training) . At Kingshill we do not serve food at events ourselves, we buy in caterers if serving food or we use Caterlink.

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Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. As we are a school with young children, staff are responsible for the medication. Children at our school need adults to be responsible for their emergency medication. Their medication/anaphylaxis kit must be kept within five minutes reach from them, not locked away or behind a locked door and **accessible to all staff at all times.** This includes:

- the classroom
- lunch area
- playground
- sports field
- when on visits or trips
- during fire alarm drills

Medication should be stored in a suitable container. At Kingshill we keep ours in a red basket that is clearly labelled with their name and photo. The medication is inside a zip wallet. This is kept in the classroom cupboard that is not locked. The child's medication storage container should contain:

- **Two** AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. In addition, on a monthly basis the admin team (Carla Kiteos/ Donna Andeson) will check all medication and send a reminder to parents if anything is approaching expiry.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care). Our school is a small site so the medication that is kept in classroom cupboards can be accessed within five minutes from anywhere in the school. If using St Mary's school field, visiting St Mary's or their swimming pool the medication must be taken along.

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

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The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Kingshill Infants holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

School type	***AAI for children under age 6 years*** *(150 micrograms)* *e.g. EpiPen Junior, Jext 150*	***AAI for individuals over 6 years of age*** *(300 micrograms)* *e.g. EpiPen, Jext 300*
Primary school with nursery school	*One pair of "spare" devices*	*One pair of "spare" devices*

Kingshill Infants holds:

2 x Epi-pen Auto injector, Brand – Mylan, dose- 300mg, 1 dose per pen
2x (need to add when receive)

These are located in:
The main school office in metal cabinet on the wall, located on right hand wall. They are labelled 'Emergency Anaphylaxis Kit'. The 150mg and 300mg medication are in separate zip bags and are clearly labelled.

Carla Kiteos and Donna Anderson are responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

Adrenaline devices that are used will be disposed of in a sharps box (kept in the First Aid Cupboard that is in the disabled toilet and is locked away) or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box the school will register with the Local Authority which will be collected by them.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.

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- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container. As our children ages range from 3- 7 years old we will be responsible for their devices and staff will administer medication.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.
-We use Certus for our supply staff. They all have yearly training, and this is detailed on the supply teacher information sheet.
-Caterlink are trained and information has been sent across to us. This is saved in the Allergy folder on SharePoint.
-We use BTA for after school Tennis club. They have allergy training in line with Benedicts Law. This is checked annually by Donna Anderson/Carla Kiteos and documented on SharePoint.
-We use Saracens for our after-school dance club. They have allergy training in line with Benedicts Law. This is checked annually by Donna Anderson/Carla Kiteos and documented on SharePoint.
-We use Premier Education for after school clubs. They have allergy training in line with Benedicts Law. This is checked annually by Donna Anderson/Carla Kiteos and documented on SharePoint.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens

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- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
  - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
  - Mild to moderate
  - Anaphylaxis
  - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
  - How to check if a student is on the record of those with a known allergy
  - How to use an allergy or asthma action plan

Emergency preparedness

Kingshill Infants will annually (September Inset) hold a practice response to anaphylaxis, review how the practice went and update policy and procedures. We will record this on our Health and Safety Tracker document.

During a mock drill or practical training session, staff practice the core steps of an anaphylaxis emergency protocol:

1. **Recognising the "ABC" Symptoms:** Testing whether staff can quickly identify severe signs affecting the **A**irway (throat swelling/hoarse voice), **B**reathing (wheezing/gasping), or **C**irculation (dizziness/floppiness/collapse).
2. **Retrieving the Medication:** Practising getting the student's prescribed Adrenaline Auto-Injector (AAI) or the school's "spare" emergency pen from an unlocked, central location within **5 minutes**.
3. **Using a Trainer Pen:** Physically practicing the injection technique into the outer mid-thigh using dummy "trainer pens" (which contain no needle or medicine) so staff overcome hesitation.
4. **Positioning the "Patient":** Rehearsing how to keep the child laying flat with legs raised (or sitting up *only* if they are actively struggling to breathe). Staff practice ensuring the child **does not stand or walk**, which can cause a fatal drop in blood pressure.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy . This is part of our weekly briefing. We also have poster with the information on.
- the storage of spare adrenaline . This is part of our weekly briefing.
- practice with adrenaline trainer devices . This is part of the yearly training.

Kingshill will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

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During fire drills and lockdown practices, Kingshill will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities:

Allergy lead and governing body:
The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan (https://kingshillhertssch.sharepoint.com/sites/Kingshill/Staff/Forms/AllItems.aspx?viewid=a1a0e1d8%2D36c1%2D4632%2D835b%2D0e843a25606f&id=%2Fsites%2FKingshill%2FStaff%2FPolicies%2Fallergies%20and%20intolerances%2FAnaphaxsis%20emergency%20respnse%20plan%20poster%2Epdf&parent=%2Fsites%2FKingshill%2FStaff%2FPolicies%2Fallergies%20and%20intolerances) for cases of anaphylaxis. The governing body monitor this policy with it being a standing agenda item at Full Governing Body meetings. Kingshill Infants have a named governor (Amanda Evett) who works closely with the allergy lead and reports to the meetings.

Kingshill includes the risks pertaining to students and staff with allergy on the school's risk register.

Kingshill Infants has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy. This is Jenny Milbourn, Deputy Headteacher. Carla Kiteos and Donna Anderson support this role.

The allergy lead is responsible for: (Kingshill has assigned certain responsibilities and have noted who is responsible but Jenny Milbourn will oversee)

systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting	Carla Kiteos and Donna Anderson
holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan .	Carla Kiteos and Donna Anderson
ensures that systems are robust for the identification of students at mealtimes	Carla Kiteos and Donna Anderson provide the photo for the lunchtime card. Jenny Milbourn checks the system is in place.
Communication about:	Jenny Milbourn

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○ the policy ○ the students who are on the register of those with allergies ○ the importance of recording and reporting near misses and incidents Communication with: ○ governors to provide updates about the policy implementation ○ Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles ○ Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed ○ Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal ○ Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate ○ Students to develop an understanding of allergy through information assemblies	Jenny Milbourn and Amanda Evett Jenny Milbourn Jenny Milbourn and Elliott Plumb Carla Kiteos and Donna Anderson Carla Kiteos and Donna Anderson Jenny Milbourn
spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire	Carla Kiteos, checked monthly
IHPs are created and communicated	Carla Kiteos and Donna Anderson create them with parents Carla Kiteos and Donna Anderson copy the plans for PPA room, classroom First Aid clipboards that are kept in classroom cupboards Jenny Milbourn reminds staff at weekly briefing about IHCPs, children that have epi-pens
Training	Elliott Plumb

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○ ensuring that all staff have annual training and that allergy is included in induction even for short term members of staff. ○ ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.	Elliott Plumb

All Staff:
Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:
Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Data Collection: Kingshill Infant School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. This is part of our admissions pack. Parents are asked to record any medical information including allergies. Carla Kiteos and Donna Anderson will contact parents to complete and IHCP if needed.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through SharePoint.

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Transition: Allergy information and existing care plans are shared as part of a student's transition. Kingshill will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Kingshill will work with parents/carers and the student if appropriate to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move. When moving to the next year group (these are kept on SharePoint) or to St Marys (these are kept in the HT office), we share the information The new class teacher will sign a form to say that they are aware that they have a child with an allergy joining their class and that appropriate information has been shared.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment. We will create a risk assessment for that member of staff and this is shared with all staff.

Visitors and regular volunteers: Visitors will be asked about allergies via Inventory. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor has a safe working environment. They will keep their medication with them if not entering classrooms or if working in the classroom it will be kept in the classroom cupboard.

Regular volunteers, when inducted will be asked to declare any allergies and a risk assessment will be created.

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

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They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school. At Kingshill we review these annually.

Kingshill Infants will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

School Trips and External Visits

Kingshill Infants ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. This will be shared and signed by parents. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Kingshill Infants will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Kingshill Infants will notify a host school, when arranging a sporting fixture or a visit, that a child has an allergy. If food is provided, the students' school will ensure the students' allergies are communicated and appropriate food is provided.

Serious Incidents and "Near Misses":

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Kingshill Infants approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Kingshill Infants is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Kingshill Infants uses Arbor to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately will be reported on SharePoint form saved in allergies folder. The incident or near miss will be reviewed and a report written.

Kingshill Infants will share the report with the student's parents. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Kingshill Infants will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

Wellbeing and Support

At Kingshill Infants allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Kingshill Infant School:

- communicate to parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis lessons during assembly
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- invites new parents with children with allergies to have a tour of the kitchen and dining room so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

Safeguarding:

www.anaphylaxis.org.uk allergywise@anaphylaxis.org.uk
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Kingshill Infants recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Kingshill Infants staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Further reading:

www.anaphylaxis.org.uk allergywise@anaphylaxis.org.uk
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Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses:
https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

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[The Early Years Foundation Stage (EYFS) statutory framework](#).

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