Ealing Bridges Federation

Allergy Safety Policy 2026/2027

Approval body	Federation Governing Board
Effective from	September 2026
Policy period	2026-27
Next review	September 2027
Policy owner	Headteachers / Behaviour Leads

Allergy safety policy – 2026

This document outlines what should be included in an allergy safety policy, in line with the statutory guidance.

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA-maintained schools, academies and PRUs must have an allergy safety policy.

****** is the named member of staff with responsibility for allergy safety, **** is the named governor with responsibility for oversight of this policy.

This policy is reviewed at least annually but will be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review will take account of any incidents and "near misses" and we seek to learn lessons from them.

Culture

Awareness training

School staff are trained in allergy awareness and emergency response, at least annually, alongside safeguarding training. Allergy awareness training is included in induction training for new staff.

All staff present during times when pupils are scheduled to be on site receive allergy awareness training. School catering staff are trained by their employees. New staff receive allergy awareness training as part of their safeguarding induction training at school

School allergy awareness training includes

- Having an **awareness** of allergies, the risks they pose, how allergic reactions can occur and how to manage it;
- An understanding that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- An understanding of the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers (see posters);
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack – spares are held in the school office).

    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing; see also Mental Health and Anti-bullying policy
- Know that individuals with allergies have a record on Medical Tracker, are identified on the school allergy posters and have their Allergy or Asthma Action Plan in class medical backpacks
- Understand it is the **responsibility** of all staff to reduce the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

This training does not replace any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements. School relies on parents to identify these needs either during the child's induction meeting when they start school or when a new allergy is identified.

Wellbeing

The wellbeing of children and young people with allergies are carefully considered, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety. It is also noted that bullying of children and young people with allergies is a concern and is addressed through good explanations and clear teaching about allergies through PSHE lessons and circle time discussions. Any suspected or reported bullying identified as being related to allergies is dealt with seriously in line with school policies due to the potentially fatal nature of a serious allergic reaction

Minimising risk

School aims to minimise the risk of individuals (whether children, young people, staff or visitors) coming into contact with their known allergens. This is carried out by:

- Ensuring all children with a known allergy have an up-to-date Allergy Action Plan from their health care provider held on the school Medical Tracker, in the medical backpacks and made clear to all staff working with that child – recorded on the school allergy poster and on the 'This is Us' class overview.
- Health care plans for individual children are co-produced with parents and reviewed annually and updated whenever needed as circumstances change.
- Working closely with school meals provider sharing information about children with known allergies and ensuring meals are provided in line with their Allergy Action Plans and school meals provider policy.
- Risk assessments take place whenever food is provided by school during lessons including, but not limited to, design and technology lessons, cooking clubs and subject launch lessons.
- There continues to be a risk of food allergens through food brought in by others (for example parents, children and young people or staff). The school endeavours to avoid nuts being brought into school and all staff on duty during lunchtimes receive training in allergy awareness and maintain vigilance, particularly over packed lunches. Regular reminders are sent home regarding school allergen policies, especially no nuts, and how we discourage food sharing amongst pupils.
- When planning cooking or food tasting lessons, external visits or trips risk assessments must include consideration on how to manage the risks of exposure to allergens in individuals with an allergy.

Food allergies and restrictions

We acknowledge that is it very challenging to enforce an entirely allergen-free school but maintain a robust whole school awareness of allergies and ask all staff to ensure they understand the school policy. Where we have a known serious allergy we may have to refuse to allow certain foods to be brought into school by particular groups of pupils.

Families of individuals with a food allergy have a responsibility to alert school at the earliest opportunity so that consideration can be made on how to manage the risk of contact with an allergen.

We would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include.

• Packaged nuts

- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated. Please see ‘How to deal with food allergens in school’ poster at end of this document.

The school meals provider will be informed of any individual with a known allergy and parents will complete a special diet referral form. This requires an **Allergy Action Plan** from the GP so arrangements can be made for a personalised diet for the child in line with the school meals provider policy. Families need to be informed there may be an interim period when their child will be offered a simple allergen free meal e.g. jacket potato, until the special menu is created for their child. These menus will be updated twice a year.

All staff on duty at lunchtimes receive training on how to manage allergies and have access to information regarding which individuals who have allergies. If known allergens are found in lunch boxes see ‘How to deal with food allergens in school’ poster at the end of this document.

Airborne and contact allergies

Airborne allergens (aeroallergens) are microscopic particles suspended in the air—such as pollen, mold, dust mites, and pet hair that trigger allergic reactions in sensitive individuals.

Pollen – children and young people who are allergic to pollen or suffer from hay fever are encouraged to take medication in the mornings before school. In line with our medicines policy, staff will not give medication in the school day but parents or people known to the child can come into school during the day to administer further medication if required. Children with hay fever are allowed to wear sunglasses in the playground.

Individual children and young people

Identification

All families of children with known allergies have a responsibility to inform school of their child’s condition either at their ‘New to school’ induction meeting or when the allergy is first diagnosed. An **Allergy Action Plan** needs to be provided which lays out the conditions of the allergy and how it needs to be treated. Copies of these can be acquired through the GP. Adults working in school need to inform their line manager and members of staff working closely with them if they have a severe allergy so a risk assessment can be carried out.

Children with a known allergy will have an Individual healthcare plan created on Medical Tracker, a copy of which will be put in the class medical back packs and details of the allergy will be added to the school allergy poster and ‘This is Us’ class one page profile document.

Prescribed adrenaline

Prescribed adrenaline devices e.g. Epipens, along with all other emergency medication, is stored

in the class medical back packs which are with the class or stored in plain sight in the school playground

Individual Health Care Plans

All healthcare plans are stored on Medical Tracker and also printed and held in class medical bags. Healthcare plans are reviewed annually by parents. This review is facilitated by the member of staff with responsibility for medical support in school.

"Spare" adrenaline devices

A pair of "spare" adrenaline devices are stored in the school office and medical room and are stored in a cupboard away from direct sunlight. They are **not** held in locked cupboards. They are registered on Medical Tracker and replaced when they become out of date

- In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes.
- It is our aim to store "Spare" adrenaline devices in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- "Spare" adrenaline devices are clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person.

Visits and trips

Trip risk assessments must include consideration of allergies. Paper copies of Individual Health Care Plans are not taken on school trips but emailed to lead teachers. Class medical backpacks are taken on trips so all medication, including a spare Epipen, goes with the class.

Children and young people at risk of anaphylaxis need to have their own adrenaline device with them, and there should be staff trained to administer adrenaline in an emergency.

Serious incidents and "near misses"

If school experiences a serious incident or 'near miss' involving allergy safety once first aid is administered the incident will be recorded as a safeguarding concern on My Concern, parents will be informed of the 'near miss' or serious incident and SLT will discuss whether steps need to be taken to alter or strengthen procedures.

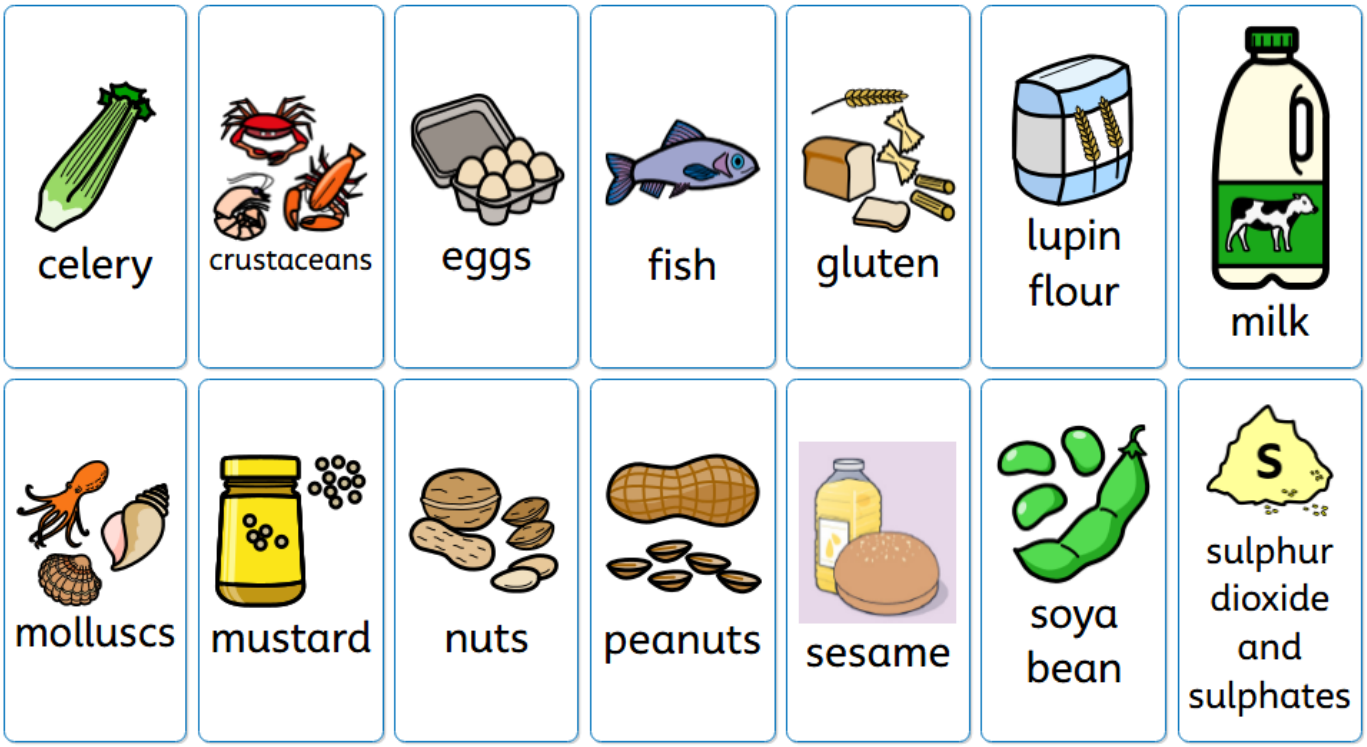
If the impact of exposure to an allergen while in an education setting is not recognised until the child or young person is back at home it is important that the child or young person, their parents or others (for example healthcare professionals) update school that there has been an incident.

Awareness of the allergy safety policy

This policy will be published on the school website. All staff are made aware of and understand the policy, as part of annual allergy awareness training incorporated into safeguarding training.

Allergy awareness is included in PSHE and healthy living lessons in school.

The 14 Food Allergens



1. Does the food item contain or do you suspect it contains a known food allergen?
    a. **No,** no response needed
    b. **Yes** – go to question 2
2. Is there a member of the school community with a known allergy to this food item (see allergy poster)?
    a. **No,** no immediate response needed, identify concern with line manager at end of working day
    b. **Yes** – go to question 3
3. Is the allergy severe? Does the member of the school community need an Epipen (check allergy poster)?
    a. **No,** ensure food is eaten away from individual with allergy, identify concern with line manager at end of working day, SLT to be informed and to decide if allergy policy needs updating or reminders to be sent to school community about allergy policy
    b. **Yes** – go to 4
4. Carry out the following procedure if there is an individual with a severe allergy
    a. Ensure food item is removed and kept away from individual with allergy
    b. Ensure individual with known allergy is not showing any symptoms of an allergic reaction if they are nearby the allergen. If they are showing signs of allergic reaction follow advice on allergy plan, administer Epipen immediately if required.
    c. Notify member of SLT on duty who will make arrangements to notify parents that food item should not be brought into school. SLT to decide if allergy policy needs updating.