



**National Nurturing
School Award
2026**

SOUTH CAMBERLEY PRIMARY AND NURSERY SCHOOL

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Allergy Policy 2026-2027

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September 2026	September 2027
Status and Review Cycle	Statutory, annually



1. Introduction

In line with the statutory allergy safety duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026, South Camberley Primary and Nursery School is committed to providing a safe, inclusive and welcoming environment for children, staff and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this policy sets out the school's arrangements for identifying, reducing and responding to allergy-related risks.

This policy has been developed with particular regard to the Department for Education statutory guidance Allergy safety in schools (July 2026) and should be read alongside the school's arrangements for supporting pupils with medical conditions.

This policy reflects the following principles:

- whole-school allergy awareness and risk reduction;
- regular, at least annual, allergy awareness and emergency-response training for relevant staff;
- Individual Healthcare Plans (IHPs) where a pupil's allergy requires supportive arrangements in school;
- rapid access to prescribed and spare emergency medication;
- clear safeguarding, incident-reporting and risk-management procedures;
- the wellbeing and inclusion of pupils with allergy in all aspects of school life.

This policy should be read alongside:

- Supporting Children with Medical Needs Policy
- Safeguarding and Child Protection Policy
- First Aid Policy
- Educational Visits Policy
- Positive Behaviour Policy
- Equality and Diversity Policy

2. Aims and Scope

The school aims to:

- protect pupils with allergies and take reasonable and proportionate steps to reduce the risk of exposure to known allergens;
- ensure staff can recognise and respond appropriately to allergic reactions, anaphylaxis and acute asthma;
- promote a culture of allergy awareness, inclusion and respect;
- ensure pupils with allergies can participate fully and safely in school life;
- work in partnership with pupils, parents/carers, healthcare professionals, caterers and external providers;
- maintain clear emergency procedures and rapid access to emergency medication.

This policy applies across the school day and school activities, including breakfast and after-school clubs, educational visits, residential visits, curriculum activities involving food, catering arrangements and activities delivered by external organisations on the school site.

3. Roles and Responsibilities

The Local Advisory Committee and named governor (Mrs Thora Ray) will:

- ensure the school has an effective allergy safety policy and reviews it at least annually;
- monitor implementation of the policy and receive periodic reports on serious incidents and near misses;
- support appropriate training and resourcing;
- ensure relevant safeguarding, equality and health and safety responsibilities are considered;
- consider recent serious incidents and near misses when the policy is reviewed.

The Executive Headteacher will:

- ensure the policy and associated procedures are implemented consistently;
- appoint a named Allergy Lead from the Senior Leadership Team;
- ensure relevant staff receive allergy awareness and emergency-response training at least annually;
- ensure appropriate emergency medication is available, accessible and maintained;
- promote an inclusive and allergy-aware culture.

The Allergy Lead (Miss Ashleigh McGuigan), working with the school's First Aid Leads, will:

- maintain an up-to-date allergy register;
- coordinate the identification of pupils who require supportive arrangements and ensure relevant IHPs are current and shared appropriately;
- monitor emergency medication arrangements and expiry dates;
- liaise with pupils, parents/carers and healthcare professionals as appropriate;
- coordinate training and maintain training records;
- ensure allergy information is shared appropriately with staff who need it;
- review serious incidents and near misses and ensure appropriate internal, parental and statutory reporting is considered;
- carry out and review whole-school and individual allergy risk assessments where appropriate;
- ensure allergy safety procedures are in place in school and on educational visits;
- coordinate the annual review and publication of this policy and ensure it is actively brought to the attention of the school community.

All staff will:

- complete required allergy awareness and emergency-response training;
- read and follow the IHPs and relevant Allergy Action Plans/Asthma Action Plans of pupils they support;
- take reasonable steps to reduce exposure to known allergens;
- recognise signs of allergic reactions, anaphylaxis and acute asthma and respond without delay;
- never ignore a pupil who reports allergy symptoms or concerns;
- report allergy incidents and near misses promptly;
- consider allergy risk in curriculum activities, food-related activities, trips, visits and sporting events.

Parents and carers are expected to:

- inform the school of their child's allergies and relevant medical needs;
- provide current clinical information and any Allergy Action Plan or Asthma Action Plan issued by a healthcare professional;
- provide prescribed medication in accordance with the child's clinical plan and ensure it is replaced before expiry;
- complete relevant medical diet documentation and provide supporting information where required;
- inform the school promptly of changes to diagnosis, medication or clinical advice;
- work in partnership with the school to agree safe and proportionate arrangements.

Pupils will be supported, in an age-appropriate way, to understand and manage their allergies, avoid sharing food, utensils or drinking bottles where this presents a risk, tell an adult immediately if they feel unwell, and respect the medical needs of others.

4. Allergy, Anaphylaxis and Asthma

Allergy is a medical condition in which the immune system reacts abnormally to a normally harmless substance (an allergen). Allergic conditions include food allergy, allergic asthma, eczema and allergic rhinitis. Common causes of serious allergic reactions include foods, insect stings, medicines and latex.

Anaphylaxis is a potentially life-threatening allergic reaction affecting the Airway, Breathing and/or Circulation (ABC). It can develop rapidly and may occur without skin symptoms. Suspected anaphylaxis requires immediate treatment with adrenaline and an emergency 999 response.

Asthma is closely associated with allergy and anaphylaxis. A pupil with asthma should have access to their prescribed reliever inhaler in accordance with their Asthma Action Plan. Acute asthma is included within the school's allergy awareness and emergency-response training because staff may need to distinguish between, and respond to, asthma and anaphylaxis.

Coeliac disease is an autoimmune condition, and food intolerance is not an allergy. Neither causes anaphylaxis. They require appropriate dietary and medical management under the school's wider medical-conditions arrangements, with robust avoidance and cross-contamination controls where relevant.

A severe allergy may amount to a disability within the meaning of the Equality Act 2010 where the statutory definition of disability is met. The school will consider and make reasonable adjustments where required.

5. Identifying Pupils with Allergy and Individual Healthcare Plans

The school will maintain an up-to-date allergy register and will seek relevant information about allergies and medical needs when a pupil joins the school and whenever circumstances change.

Where an allergy has a functional impact on a pupil, places them at risk of harm, or requires supportive arrangements in school, the school will discuss those arrangements with the pupil (where appropriate) and their parents/carers and will draw up an Individual Healthcare Plan (IHP).

The IHP will set out what needs to be done, how, when and by whom. Where a healthcare professional has issued an Allergy Action Plan, Asthma Action Plan, medication plan or other clinical advice, the IHP will refer to that original plan rather than replacing or reinterpreting clinical instructions.

Depending on the pupil's needs, the IHP will address:

- known allergens and relevant triggers;
- the impact of the allergy and arrangements needed to reduce risk;
- how staff will recognise and respond to symptoms;
- prescribed medication, where it is kept and who may administer it;
- emergency procedures and emergency contacts;
- arrangements for meals, curriculum activities, clubs, trips and visits;
- the pupil's level of independence and arrangements for self-management where appropriate;
- any reasonable adjustments or wellbeing support required.

IHPs will be treated as live documents and reviewed at least annually, following a serious incident or significant near miss, when relevant clinical advice or medication changes, and whenever the pupil's needs or school arrangements change. The pupil and parents/carers will be involved in reviews as appropriate.

6. Staff Training

All staff who are present during times when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast and after-school clubs. Contractors with no pupil-facing role are not routinely included, but will receive relevant site information where necessary.

First-aid training alone is not sufficient to meet the school's allergy-awareness training arrangements.

Training will include:

- understanding allergy, the risks it poses and how reactions can occur;
- the relationship between allergy, asthma, eczema and hay fever, and the distinction between food allergy, coeliac disease and food intolerance;
- identifying mild-to-moderate allergic reactions and recognising anaphylaxis;
- recognising and responding to acute asthma;
- allergen avoidance and risk reduction;
- how to locate and administer emergency medication, including adrenaline devices and asthma reliever inhalers;
- calling emergency services and informing parents/carers;
- record keeping, incident and near-miss reporting;
- inclusion, wellbeing and safeguarding responsibilities.

Training records will be maintained. New staff and relevant volunteers will receive allergy safety information as part of induction and will be trained as soon as reasonably practicable.

7. Medication and Emergency Adrenaline

Pupils at risk of anaphylaxis should always have rapid access to both of their two prescribed adrenaline devices (ADs), including during lessons, break and lunch, PE, clubs, trips and off-site activities. The pupil's IHP will set out whether the pupil carries their own medication or how it will otherwise be made immediately accessible.

Medication held by the school will be clearly labelled, stored in accordance with the manufacturer's instructions, protected from extremes of temperature and direct sunlight, readily accessible in an emergency and not locked away where this would delay access. Prescribed medication will accompany pupils on trips and activities.

The school will hold spare adrenaline auto-injectors (AAIs) for emergency use. Spare AAIs do not replace a pupil's own prescribed devices. Each school site will hold spare AAIs in pairs and in appropriate age/dosage strengths. The number and location of spare devices will be determined through risk assessment so that an appropriate pair can be brought to a person experiencing suspected anaphylaxis within five minutes.

For a primary school, this will normally include a pair of 150 microgram AAIs for children under 6 years and a pair of 300 microgram AAIs for individuals aged 6 years and over on each site, subject to current statutory guidance, product availability and risk assessment.

Spare AAIs will be kept in clearly identified Emergency Anaphylaxis Kits at suitable locations on each campus. The Allergy Lead/First Aid Leads will ensure staff know their locations. First Aid Leads will check spare AAIs at least monthly for expiry, damage and solution clarity where visible, and will arrange replacement in good time before expiry.

A spare AAI may be used where a pupil's prescribed device is unavailable or unusable, or where anaphylaxis is suspected and emergency use is appropriate. Where prior consent is recorded, staff will take it into account; however, absence of prior consent will not delay reasonable life-saving action in an emergency.

Used AAIs will be handed to ambulance staff where possible or disposed of safely in accordance with sharps procedures. Expired or degraded devices will be disposed of through an appropriate pharmacy or other approved route.

8. Reducing Risk in School

The school recognises that it is not possible to guarantee an allergen-free environment. It will instead take reasonable and proportionate steps to identify and minimise allergy-related risks.

Risk-reduction measures may include:

- clear communication with staff, pupils, parents/carers and caterers;
- effective hand washing before and after eating;

- appropriate cleaning of tables, eating areas and shared equipment;
- supervision during meals and snacks;
- careful management of cooking, science, sensory and other food-related activities;
- risk assessment of celebrations, fundraising events and food brought from home;
- staff awareness of pupils at risk and rapid access to emergency medication;
- specific controls identified through individual or whole-school risk assessment.

The school will not rely on blanket allergen bans as a substitute for effective risk management. Any restriction on particular foods or allergens will be based on a specific assessment of risk and reviewed as appropriate.

9. Catering and Food Management

The school and its catering provider will comply with applicable food-safety and allergen-information requirements and will work together to reduce the risk of allergen exposure and cross-contamination.

- Allergen information will be available for meals and relevant menu items.
- Catering staff will receive appropriate allergen training.
- Menu or ingredient changes that may affect allergy safety will be communicated promptly.
- Safe systems will be used to identify pupils with known food allergies at mealtimes.
- Where a pupil requires an adapted medical diet, agreed arrangements will be followed consistently.
- Food will not be used in lessons or activities without allergy risks being considered.

10. Medical Diet Requests

Children requiring a medically adapted diet must have appropriate supporting information provided to the school and the school's catering provider, Chartwells. Parents/carers requesting a medical diet must complete the relevant documentation, including the Chartwells Medical Diet Request Form where applicable.

Where professional medical evidence is not otherwise available, parents/carers may be asked to complete the school/caterer's supporting evidence documentation. Information must be complete, consistent and sufficiently clear to enable safe arrangements to be made. The school or catering provider may seek clarification or additional clinical information where necessary.

The school and catering provider will work collaboratively with families to support medically required diets. Where a pupil's dietary requirement can be safely met without an adapted medical menu, a formal medical-diet request may not be necessary. Allergen and nutritional information held by the catering provider will be made available through the appropriate catering contact.

11. Emergency Procedures for Allergic Reactions and Anaphylaxis

All allergic reactions must be taken seriously. A pupil having an allergic reaction must not be left unattended. Mild-to-moderate symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; mild throat tightness; hives or an itchy rash; abdominal pain or vomiting; or a sudden change in behaviour.

For a mild-to-moderate reaction, staff will:

- stay with the pupil and obtain help;
- follow the pupil's current Allergy Action Plan/IHP where available;
- administer prescribed treatment in accordance with the plan;
- monitor the pupil closely in a safe place for at least 60 minutes because symptoms can progress;
- inform parents/carers.

Signs of anaphylaxis include one or more ABC symptoms:

- AIRWAY - swelling of the throat, tongue or upper airway, throat tightness, hoarse voice or difficulty swallowing;
- BREATHING - sudden wheeze, difficulty breathing, noisy breathing or persistent cough;
- CIRCULATION - dizziness, faintness, sudden sleepiness or confusion, pale/clammy skin, collapse or loss of consciousness.

If in doubt, staff should treat for anaphylaxis. As soon as anaphylaxis is suspected:

Keep the person where they are, call for help and do not leave them unattended.

Lay the person flat with legs raised. If breathing is difficult, they may be allowed to sit up briefly, but they must not stand or walk.

Administer the prescribed adrenaline device without delay, following the instructions for that device, and note the time. An injectable AAI is administered into the outer thigh; a prescribed nasal adrenaline device is administered according to its instructions.

Call 999 and state clearly that anaphylaxis is suspected.

If there is no improvement after 5 minutes, administer a second adrenaline dose using a second prescribed device or an appropriate spare AAI.

If there are no signs of life, commence CPR and follow emergency-service instructions.

Contact the parent/carer as soon as practicable.

Adrenaline should be administered as soon as possible and should not be delayed while waiting to contact emergency services. The school's spare stock currently consists of AAIs; prescribed non-injectable adrenaline devices are personal medication and are not treated as school spare AAIs.

While waiting for an ambulance, the person must not be stood up or allowed to walk, even if they appear to have recovered. Anyone treated for anaphylaxis must be transferred to hospital for medical assessment and observation. The used device should be handed to ambulance staff. A member of staff will accompany a child to hospital if a parent/carer is not available.

Following a serious allergic reaction, the school will undertake a post-incident review with relevant staff, the pupil and parents/carers as appropriate and will consider whether IHPs, risk assessments, training, catering controls or this policy require amendment.

12. Educational Visits and Off-Site Activities

Pupils with allergies will be supported to participate safely and inclusively in educational visits, residential visits, sporting events and other off-site activities.

Trip leaders will:

- review the pupil's IHP and relevant clinical action plan;
- ensure both prescribed adrenaline devices and any other required emergency medication accompany the pupil;
- ensure supervising adults understand the pupil's allergy risks and emergency arrangements;
- complete a suitable and proportionate risk assessment;
- check food and catering arrangements in advance where relevant;
- ensure emergency communication and access-to-medication arrangements are workable at all stages of the visit.

A pupil will not be excluded from a trip or activity solely because of an allergy. Any restriction must be based on an individual assessment showing an unavoidable and significant risk after reasonable adjustments and risk controls have been considered.

13. Safeguarding, Wellbeing and Inclusion

The school recognises allergy management as part of its safeguarding, equality and inclusion responsibilities. It will promote understanding of allergy, prevent and respond to allergy-related bullying or unsafe behaviour, support pupils' emotional and social wellbeing, and take reasonable steps to ensure pupils with allergies are not unnecessarily excluded from meals, lessons, clubs, trips or other activities.

The school will listen to pupils with allergies and, where appropriate, involve them and their parents/carers in developing and reviewing individual arrangements and the wider allergy safety policy.

14. Unacceptable Practice

The following practices are not acceptable. The school will not:

- prevent a pupil from readily accessing prescribed emergency medication;
- ignore the views of a pupil or parent/carer, or relevant advice from a healthcare professional, without good reason;
- assume that all pupils with the same allergy require identical arrangements;
- send a pupil who is experiencing an allergic reaction to another part of the school unaccompanied;
- delay emergency treatment while waiting for a parent/carer, healthcare professional or ambulance;
- require parents/carers routinely to attend school to administer emergency medication or provide support that the school has agreed to deliver;
- penalise or unnecessarily exclude a pupil because of their allergy, including from meals, lessons, clubs, physical activity, trips or visits;
- use blanket allergen bans as a substitute for appropriate risk assessment and effective allergy management.

15. Communication, Publication and Awareness

Allergy procedures and relevant individual information will be communicated to staff, pupils, parents/carers, caterers, volunteers, visitors and external activity providers on a proportionate, need-to-know basis, taking account of UK GDPR and data-protection requirements.

Medical allergy alert information containing essential allergy and emergency information will be shared with relevant staff at least termly, whenever a new pupil with relevant allergy needs joins the school, and following significant changes to a pupil's needs.

The school will publish this Allergy Safety Policy on its website and make it generally known within the school and to parents/carers.

At least once in every school year, the school will take active steps to bring this policy to the attention of all pupils, parents/carers and all persons who work at the school, whether paid or unpaid. Communication will be adapted to pupils' age and understanding as appropriate.

16. Record Keeping, Serious Incidents and Near Misses

For the purposes of this policy, a serious incident is an event in which a person with a medical condition or allergy is harmed or placed at an immediate and significant risk of harm, including an event requiring emergency medication, urgent clinical intervention or attendance by emergency services. A near miss is an event that did not result in harm but had the clear potential to do so, for example because an error, omission or system failure could reasonably have led to a serious incident.

The school will maintain appropriate records of IHPs, medication checks, staff training, allergy incidents and near misses, and emergency medication administration.

A serious incident or near miss will be recorded as soon as reasonably practicable. The record should include, so far as relevant:

- who was affected and the date, time and location;
- what happened and the known or suspected allergen/trigger;
- the response taken, including medication administered and times;
- whether emergency services or healthcare professionals were involved;
- the outcome and any immediate actions taken;
- identified learning and follow-up actions.

Parents/carers will be informed as soon as possible of a serious incident or near miss involving their child. Reports will be shared internally with the Allergy Lead and, as appropriate, with the Local Advisory Committee/governing body. Where an incident relates to a clinical action plan, the relevant healthcare professional will be notified where appropriate.

The school will consider and comply with any separate statutory reporting obligations that apply, including RIDDOR and relevant food-safety/allergen reporting requirements where the legal criteria are met.

Serious incidents and near misses will be investigated to identify lessons and required improvements. They will prompt consideration of whether the relevant IHP, risk assessment, staff training, procedures or this policy need to be reviewed. The governing body will receive periodic information about serious incidents and near misses.

17. Policy Review

This policy will be reviewed at least annually by the appropriate authority. It may be reviewed sooner where a serious incident or significant near miss indicates that policy, procedures, training or risk controls may require amendment, or where legislation or statutory guidance changes.

The review will take account of recent incidents and near misses and will seek appropriate input from pupils, parents/carers and staff affected by allergy. Following review, any necessary changes will be made, communicated and implemented.

18. References and Statutory Duties

This policy has been informed by:

- Children's Wellbeing and Schools Act 2026, section 34;
- Children and Families Act 2014, section 100 as amended, including section 100A;
- Department for Education, Allergy safety in schools: statutory guidance (July 2026);
- Department for Education, Supporting pupils with medical conditions at school;
- Human Medicines Regulations 2012, as amended, including provisions relating to emergency adrenaline auto-injectors and emergency asthma inhalers;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Education Act 2002 and Keeping Children Safe in Education;
- Early Years Foundation Stage statutory framework;
- SEND Code of Practice: 0 to 25 years;
- applicable food-information, allergen and food-safety legislation and guidance.

Under section 100A of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026, the appropriate authority must have an allergy safety policy, review it at least annually, make appropriate changes following review, make it generally known within the school and to parents, take annual steps to bring it to the attention of pupils, parents and everyone who works at the school (whether paid or unpaid), publish it on the school website, and have particular regard to relevant statutory guidance.