HORSFORTH NEWLAITHES PRIMARY SCHOOL

Allergy Safety Policy

Policy owner	Headteacher
Named Governor	TBC
To be approved by	Full Governing Board
Date approved	Autumn 2026
Review date	Autumn 2027
Applicable to	Horsforth Newlaithes Primary School
Statutory basis	Children's Wellbeing and Schools Act 2026; DfE Allergy Safety in Schools (June 2026)

School contact details

Horsforth Newlaithes Primary School, Victoria Crescent, Horsforth, Leeds, LS18 4PT
Telephone: 0113 258 8645 | Email: hello@stf.newlaithes.co.uk
Allergy Safety Lead: Lucy Gaunt, School Business Manager, via the school office

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1. Purpose and statutory basis

Horsforth Newlaithes Primary School is committed to providing a safe, inclusive and supportive environment for all pupils with allergies and asthma. This policy sets out the school's arrangements for reducing the risk of exposure to known allergens, identifying and supporting pupils with allergy, ensuring rapid access to emergency medication, responding to allergic reactions and learning from incidents and near misses.

The school is allergy-aware. No school environment can be guaranteed to be entirely free from allergens; our approach is therefore based on proportionate risk reduction, clear individual arrangements and a confident emergency response.

This policy has been developed in line with section 34 of the Children's Wellbeing and Schools Act 2026 and the Department for Education's Allergy Safety in Schools guidance and allergy safety policy template (June 2026). It will be published on the school website and reviewed at least annually.

2. Scope and definitions

This policy applies to pupils, staff, volunteers, visitors, contractors and other adults where relevant to their role or presence in school. It covers allergy in its broad sense, including food allergy, asthma, eczema, hay fever and less common allergies such as reactions to insect stings, medicines, contact allergens and airborne allergens.

2.1 Allergy and allergic reactions

An allergy is a medical condition in which the body reacts to a substance that is normally harmless. The substance is known as an allergen. Reactions can range from mild symptoms to anaphylaxis, a severe and potentially life-threatening reaction that can progress rapidly.

Common allergic conditions include:

- hay fever (allergic rhinitis), commonly triggered by airborne allergens such as pollen, house dust mite, animal dander or mould;
- skin allergies, including eczema, contact dermatitis and hives;
- food allergy, which can cause immediate or delayed symptoms and may lead to anaphylaxis;
- asthma, which in children is often allergic in nature and may be triggered by airborne allergens;
- allergy to insect stings or medicines.

2.2 Recognising an allergic reaction

Symptoms of a mild to moderate allergic reaction may include:

- swollen lips, face or eyes;
- itchy or tingling mouth;
- mild throat tightness;
- hives or an itchy skin rash;
- abdominal pain or vomiting;
- a sudden change in behaviour.

A mild reaction can worsen. Staff must follow the pupil's Individual Healthcare Plan (IHP) and Allergy/Asthma Action Plan, keep the pupil under observation, and seek medical help where required. Antihistamine may be given for a mild or moderate reaction only where this is authorised and is part of the pupil's agreed plan.

2.3 Anaphylaxis and emergency response

> **Anaphylaxis is a medical emergency**
>
> If there is any sudden severe problem with Airway, Breathing or Circulation, staff must treat this as possible anaphylaxis. Adrenaline should be given without delay, 999 must be called and the child must not be allowed to stand or walk. A second dose of adrenaline may be required after five minutes if there is no improvement and a second device is available.

Emergency anaphylaxis response guidance. Staff must also follow the pupil's current Action Plan and emergency services advice.

3. Leadership, governance and responsibilities

3.1 Governing Board

The Governing Board will approve this policy, ensure that allergy safety arrangements are in place and review assurance about implementation as part of its wider health, safety and safeguarding oversight.

3.2 Headteacher

The Headteacher is the policy owner and has overall responsibility for ensuring that the school meets its statutory duties, that resources and systems are appropriate, and that serious concerns are acted on.

3.3 Allergy Safety Lead

Lucy Gaunt, School Business Manager, is the school's named Allergy Safety Lead. The Allergy Safety Lead will:

- lead and coordinate implementation of this policy;
- ensure annual allergy awareness and emergency response training is arranged and recorded;
- ensure systems are in place to identify pupils with allergies and to maintain current information;
- oversee arrangements for spare adrenaline auto-injectors (AAIs) and emergency salbutamol inhalers, including checks, replacement and accessibility;
- work with the Headteacher, staff, parents/carers, healthcare professionals and the school's catering provider as appropriate;
- monitor incidents and near misses and ensure lessons are acted upon;
- support the annual review of this policy.

3.4 All staff

All staff are expected to:

- complete required allergy awareness and emergency response training;
- know how to identify pupils with allergies and where to find relevant IHPs and Action Plans;
- follow individual arrangements and reasonable adjustments consistently;
- consider allergen exposure when planning lessons, activities, food, visits and events;
- know where emergency medication is kept and how to obtain it rapidly;
- respond immediately to suspected anaphylaxis or asthma attacks;
- report incidents, near misses and concerns promptly;
- model a calm, inclusive and respectful approach to pupils with allergies.

3.5 Parents and carers

Parents and carers are expected to provide accurate and up-to-date medical information, copies of current Allergy/Asthma Action Plans, in-date prescribed medication, relevant consent and prompt notification of any change in diagnosis, treatment or risk.

3.6 Pupils

Where appropriate to age and understanding, pupils will be supported to recognise their symptoms, tell an adult if they feel unwell or believe they have been exposed to an allergen, understand their individual arrangements and take an increasing role in managing their condition.

4. Culture: training, wellbeing and inclusion

4.1 Annual awareness and emergency response training

All staff who are present 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, relevant agency workers, peripatetic staff, regular volunteers, catering staff and adults who supervise breakfast or after-school provision. New staff will receive appropriate information and training as part of induction.

Training will ensure that staff:

- understand allergy, how reactions can occur and the risks allergy can pose;

- understand that allergy includes multiple conditions, including food allergy, asthma, eczema and hay fever, and understand the difference between food allergy, coeliac disease and food intolerance;
- know how to find information about a pupil's allergens, medication and Action Plan;
- can identify the range of symptoms of allergic reactions and recognise anaphylaxis;
- know how to call emergency services, contact parents/carers and locate and administer emergency medication;
- have practical instruction on the emergency devices in use in school;
- understand the effect allergy can have on a child's wellbeing;
- understand their responsibilities for reducing exposure to known allergens and for reporting incidents and near misses.

The school will seek appropriate assurance that supply and agency staff deployed to the school have received allergy awareness training, and will ensure they are given the school-specific information required to work safely.

4.2 Wellbeing and inclusion

Children with allergies and asthma must be able to participate fully in school life wherever reasonable adjustments can make this safe. Staff will avoid unnecessary exclusion or singling out, and will take account of the potential anxiety associated with allergy and the possibility of anaphylaxis.

Bullying, teasing, deliberate exposure to an allergen or behaviour that trivialises a pupil's medical needs will not be tolerated. Such incidents will be addressed under the Behaviour and Anti-Bullying policies and, where appropriate, safeguarding procedures.

5. Minimising risk

The school will take reasonable and proportionate steps to minimise the risk of people with known allergies coming into contact with their allergens. Individual arrangements in an IHP take precedence where they specify additional controls.

Staff planning an activity must consider possible allergen exposure. This includes cooking, craft, science, music, sensory play, gardening, animal-related activities, celebrations, visitors, performances and off-site activities.

Where a pupil has a known airborne or contact allergy, the school will agree reasonable measures with the pupil, parents/carers and relevant healthcare professionals, and record additional or different arrangements in the IHP where the statutory criteria are met.

Good hygiene practices will be promoted, including regular handwashing, cleaning of tables and shared surfaces, and appropriate management of food residue and waste.

6. Food allergy

6.1 School-wide food controls

> **Newlaithes is an allergy-aware school**
>
> Whole-school controls reduce foreseeable risk but do not replace individual risk assessment, healthcare plans or emergency arrangements.

To support a safe environment:

- food containing nuts or shellfish as an ingredient must not be brought onto the school site by pupils or staff;
- staff are not permitted to consume food containing nuts or shellfish on the school site;
- food identified as containing nuts or shellfish must be removed from use immediately and must not be consumed or shared; it will be removed from site or disposed of as appropriate;
- staff must not hand out ad hoc food, confectionery or treats to pupils outside planned and risk-assessed provision;
- birthday treats or other food brought from home for sharing will not be distributed to pupils;
- pupils will be discouraged from sharing food, drinks, medication or eating utensils;
- lessons and activities involving food must be planned with known allergies in mind and adapted where necessary.

These requirements apply alongside any additional controls identified for individual pupils. They do not mean that the school can guarantee an allergen-free environment.

6.2 Food provided by school and catering arrangements

School meals are provided by **Aspens**. The school will work with Aspens to ensure that allergy information relevant to catering is shared accurately and securely and that suitable arrangements are agreed for pupils with food allergies.

The school will seek assurance that the catering provider:

- provides clear allergen information for food supplied;
- uses its own food safety and allergen management procedures to reduce the risk of cross-contamination;
- ensures catering staff are appropriately trained in allergy awareness and relevant food safety requirements;
- follows agreed individual arrangements for pupils with food allergies;
- communicates with school where a menu, ingredient, supply or process change could affect an agreed arrangement.

Meal and snack times will be supervised appropriately. Staff supporting a pupil with a food allergy must understand the pupil's IHP/Action Plan and any specific arrangements agreed with the catering provider.

7. Identifying and supporting individuals

7.1 Identification and records

Parents/carers will be asked to provide information about allergies at admission and to update the school whenever there is a change. The school will maintain an up-to-date record of pupils with known allergies, relevant allergens, prescribed emergency medication and whether an IHP and/or Allergy/Asthma Action Plan is in place. Information will be checked at least annually.

Staff are responsible for informing the school of relevant medical needs and changes to those needs. Visitors and regular volunteers will be given a route to disclose an allergy where it is relevant to their safety while on site.

7.2 Individual Healthcare Plans (IHPs)

A pupil should have an Individual Healthcare Plan where all of the following apply:

- the allergy has a functional impact on them in school;
- they are at risk of harm as a result of their allergy;

- they require arrangements which are additional to or different from those made generally.

The IHP will be developed with parents/carers, relevant healthcare professionals and, where appropriate, the pupil. It will set out the additional and/or different arrangements needed, including practical risk reduction, educational adjustments, medication, emergency response and arrangements for visits and trips. Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be referred to or attached to the IHP.

IHPs will be reviewed at least annually and sooner if medical needs, treatment, Action Plans or school arrangements change.

8. Prescribed medication and emergency access

Pupils who have been prescribed adrenaline auto-injectors (AAIs) and/or asthma reliever inhalers must have rapid access to them at all times. In anaphylaxis, adrenaline should be administered as soon as possible and in practice within five minutes.

8.1 Newlaithes storage and access arrangements

A pupil's prescribed allergy and asthma medication is normally kept in the medical box in their classroom. Classroom medical boxes are taken outside during playtimes and lunchtimes so that emergency medication remains immediately accessible when pupils are on the playground.

Where a pupil is away from their usual classroom or playground location and rapid access from the classroom could not be maintained, the relevant medication must accompany the pupil or group. This includes educational visits and may include PE, outdoor learning, performances, clubs or other activities, according to the pupil's individual plan and the location of the activity.

Medication must be stored safely but must not be locked away or otherwise made difficult to access in an emergency. Where an individual pupil is assessed as able to carry and manage their own medication, this may be agreed through their IHP.

8.2 Checking individual medication

The school will keep a record of pupils who have prescribed emergency medication and relevant Action Plans. Expiry dates and condition will be checked regularly. Parents/carers remain responsible for supplying replacement prescribed medication when notified that it has been used, damaged or is approaching expiry.

9. Spare adrenaline devices and emergency inhalers

The school maintains spare adrenaline auto-injectors (AAIs) and emergency salbutamol inhalers for use in accordance with current national guidance and individual consent arrangements.

9.1 Location and accessibility

Spare AAIs and emergency inhalers are kept in the school office in clearly labelled emergency medication kits. Spare AAIs will be stocked in pairs, in appropriate doses for the pupils on roll, and will be readily accessible and not locked away.

The location and deployment arrangements must ensure that an appropriate pair of spare AAIs can be brought to any pupil who may need them within five minutes. The Allergy Safety Lead will review this arrangement if use of the site, pupil needs or risk assessment indicates that additional emergency kits are required.

9.2 Use of spare devices

A spare AAI may be used when emergency adrenaline is required and the pupil's own prescribed device is not immediately available, cannot be located, is damaged or expired, has already been used, or a second dose is required while awaiting emergency medical assistance. Staff will act in accordance with current national guidance, the pupil's IHP/Action Plan and relevant consent arrangements, and will call 999 immediately where anaphylaxis is suspected.

9.3 Storage, checks, replacement and disposal

- Spare AAIs will be stored at room temperature and protected from direct sunlight, excessive heat and freezing, in line with the manufacturer's instructions.
- The Allergy Safety Lead, or a delegated member of staff, will check spare AAIs and emergency inhalers at least once each term and maintain a record of checks.
- Checks will include expiry date, packaging and condition; where visible, adrenaline solution should be clear and colourless, and emergency inhalers should be functional and have sufficient doses remaining.
- Any used, damaged or expired device will be replaced promptly. Used or expired AAIs will be disposed of safely as clinical sharps or returned through an appropriate pharmacy/healthcare route.

10. Educational visits and off-site activities

Pupils with allergies or asthma will be supported to participate fully in educational visits, residentials, sports fixtures, clubs and other off-site activities. Planning must include relevant allergy and asthma risks and the pupil's IHP/Action Plan.

For a pupil at risk of anaphylaxis, the visit risk assessment must address:

- known allergens and possible exposure during travel, activities, accommodation and food provision;
- continuous access to the pupil's own prescribed AAIs and any other required medication;
- appropriate trained adults who understand the pupil's emergency plan;
- emergency contact and 999 arrangements, including location-specific access to emergency services;
- food and environmental controls and any reasonable adjustments required;
- whether spare school emergency medication should accompany the visit.

11. Serious incidents and near misses

All significant allergy or asthma incidents and near misses will be recorded promptly in accordance with the school's accident/incident reporting arrangements. Parents/carers will be informed and the Allergy Safety Lead and Headteacher will be notified as appropriate.

A serious incident or near miss will be reviewed to identify what happened, whether the pupil's IHP and school procedures were followed, what contributed to the event and what needs to change. Learning may result in amendments to an IHP, risk assessment, staff training, catering arrangements, medication storage, communication or this policy.

The Governing Board will receive appropriate information about significant incidents and themes, with personal information shared only where necessary. Statutory or local authority reporting requirements will be followed where applicable.

12. Information sharing and confidentiality

Information about a pupil's allergy, asthma, medication and treatment requirements is special category personal data under UK GDPR and the Data Protection Act 2018. The school will collect, store, use and share this information lawfully, securely and only where necessary.

Relevant information will be made available to staff who need it in order to keep a pupil safe, recognise symptoms, respond in an emergency, administer authorised medication and plan activities. Relevant dietary allergy information will also be shared securely with Aspens where necessary for safe catering provision.

The school will:

- ask parents/carers to provide current information and to notify the school of changes;
- make IHPs and Action Plans accessible to relevant staff;
- share information in a controlled and respectful way and avoid unnecessary disclosure;
- respect pupils' privacy and dignity and avoid singling them out unnecessarily;
- store health information in accordance with the school's Data Protection Policy and records management arrangements.

13. Awareness, monitoring and review

This policy will be published on the school website and made available in hard copy on request. All staff will be made aware of the policy through annual allergy awareness training, staff information and induction. Temporary staff, regular volunteers and relevant visitors will be given the information necessary for their role.

Age-appropriate pupil awareness may include why allergy controls matter, not sharing food or drinks, good handwashing, respecting other people's medical needs and seeking adult help immediately if someone appears unwell. Any discussion of an individual pupil's condition with classmates or friends will be agreed sensitively with the pupil and parents/carers where appropriate.

The Headteacher and Allergy Safety Lead will review this policy at least annually, and sooner following a serious incident or near miss, a change in statutory guidance, a significant change in pupil need or a change in school arrangements. Review will consider what has been learned from incidents, training, IHPs, staff feedback and operational checks.

14. Links with other policies and guidance

This policy should be read alongside the school's Safeguarding and Child Protection Policy, Behaviour Policy, Anti-Bullying Policy, Health and Safety arrangements, First Aid arrangements, Educational Visits procedures, Data Protection Policy, Staff Code of Conduct and procedures for supporting pupils with medical conditions and administering medicines.

Key statutory and national sources are:

- Children's Wellbeing and Schools Act 2026, section 34;
- Department for Education: Allergy Safety in Schools (June 2026);
- Department for Education: Allergy safety policy – template (2026).

Appendix 1: Individual Healthcare Plan (IHP) template for allergy/asthma

This template reflects the areas identified in the Department for Education allergy safety policy template. It should be completed with the pupil, parents/carers and relevant healthcare professionals as appropriate.

Pupil name	
Date of birth	
Year / class	
Emergency contacts	
Staff who need to be aware	

Allergy / Asthma Action Plan

Record the diagnosed allergy/asthma, known allergens and likely signs or symptoms. Note whether the pupil is likely to recognise a reaction and whether they can alert others. Attach any current Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional.

How the allergy is managed

Record prescribed medication, practical adjustments and avoidance measures, and the extent to which the pupil can take responsibility for managing their allergy.

Impact on education and wellbeing

Record the potential harm if the allergy is not managed properly, any likely impact on learning or attendance, emotional wellbeing and any relevant interaction with SEND.

Arrangements for support

Set out the specific support, adaptations and risk-reduction measures the school will provide, including arrangements at meal and snack times and any arrangements for missed learning.

Visits and trips

Record arrangements for trips, residentials and activities outside the normal timetable, including medication, risk assessment, food and environmental controls and trained staff.

Emergency response

Refer to the attached Action Plan where this covers emergency response. Otherwise record emergency symptoms, what staff should do, who to contact and the location of prescribed and spare emergency medication.

Review and issue record

Record when the plan was last discussed with parents/carers, who issued the plan, the issue date and the next planned review date.

Appendix 2: Medication and action plan annexes

A. Non-prescription medication

Record any non-prescription medication, such as oral antihistamine, which the pupil may require in school. State whether it is emergency medication, where it is stored, how and when it may be used and whether parental consent has been given.

Medication / instructions	
Storage and access	
Parental consent (name/date)	

B. Prescription medication

Record prescription medication for allergy or asthma, including adrenaline. State whether it is emergency medication, where it is stored, how and when it may be used, who prescribed it and the relevant parental consent.

Medication / instructions	
Storage and access	
Prescribed by / date	
Parental consent (name/date)	

C. Use of school spare emergency medication

Record whether consent has been given for the use of the school's spare adrenaline devices and, where relevant, the emergency salbutamol inhaler, in line with current national guidance and the pupil's individual plan.

Spare AAI consent (name/date)	
Emergency salbutamol inhaler consent (name/date)	

D. Healthcare professional Action Plans and care plans

Attach the current Allergy Action Plan and/or Asthma Action Plan. Record the healthcare professional who issued it, their role and the date issued. Where any additional care plan applies, record where it is held and which staff are responsible for supporting it.

Action Plan issued by / role / date	
Additional care plan location	
Staff responsible	