The
TILIAN PARTNERSHIP
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Allergy Safety Policy

Cavendish CE Primary School

Approved by SGC		**Date:** September 2026
Last reviewed on:	August 2026	
Next review due by:	August 2027	

1. Policy Statement

At Cavendish CE Primary School, we recognise that allergies can be serious and, in some cases, life-threatening. We are committed to ensuring that every pupil with an allergy is identified, supported and kept safe while attending school or taking part in school activities.

We aim to create an inclusive, allergy-aware environment in which pupils with allergies can participate fully in school life while risks are identified, reduced and managed appropriately.

This policy has been developed with regard to section 34 of the Children's Wellbeing and Schools Act 2026 and the Department for Education statutory guidance Allergy safety in schools (July 2026). It should be read alongside the school's arrangements for supporting pupils with medical conditions, first aid, health and safety, safeguarding, educational visits, behaviour/anti-bullying, data protection and food safety.

2. Scope

This policy applies to:

- all pupils, including pupils in the Early Years Foundation Stage
- all school staff
- governors
- supply, temporary and agency staff
- peripatetic staff
- regular volunteers
- pupil-facing contractors
- catering providers and wraparound-care staff

It applies during:

- the school day
- breakfast and after-school clubs
- educational visits and residential trips
- sporting activities and use of outdoor areas
- curriculum activities, including cooking, science, art, craft and music
- events held on school premises
- school-provided transport, where applicable

The policy addresses food allergy, anaphylaxis and other allergies which may affect pupils in school, including contact and airborne allergies. Coeliac disease and food intolerances are not allergies, but pupils with these conditions will be supported through the school's wider medical and dietary arrangements.

3. Leadership, Roles and Responsibilities

Named Allergy Safety Lead

The Headteacher is the named senior leader with responsibility for allergy safety and has overall responsibility for implementation of this policy.

The Headteacher will ensure:

- the school has an up-to-date Allergy Safety Policy which is reviewed at least annually and published on the school website
- allergy-related risks are included within the school's risk-management arrangements and are actively monitored
- pupils with allergies are identified promptly and supported appropriately
- Individual Healthcare Plans (IHPs) and healthcare-professional Allergy/Asthma Action Plans are obtained, created and reviewed where required
- staff receive appropriate allergy awareness and emergency-response training

- emergency medication arrangements, including school spare adrenaline auto-injectors (AAIs), are effective
- serious incidents and near misses are recorded, reviewed and used to improve practice
- parents/carers, pupils and healthcare professionals are involved where appropriate

Office Manager

The Office Manager will support the Headteacher by:

- maintaining the school allergy register and relevant medical records
- maintaining copies of IHPs and Allergy/Asthma Action Plans and ensuring relevant staff can access them
- overseeing storage and weekly checks of school spare AAIs, including expiry dates and replacement
- maintaining medication records and recording emergency medication use
- supporting staff training arrangements and training records
- supporting communication with parents/carers and providing information for governance and Trust compliance monitoring

Teachers, Support Staff and Other Pupil-Facing Adults

All staff working with pupils must:

- know which pupils in their care have allergies and where to find the relevant information
- understand and follow relevant IHPs and Allergy/Asthma Action Plans
- recognise signs of allergic reaction and anaphylaxis
- know emergency procedures and where emergency medication is kept
- complete required allergy awareness training
- consider allergy risks when planning lessons, activities, food experiences, trips and events
- report allergic reactions, serious incidents and near misses promptly

First-aid training alone does not replace the school's allergy awareness and emergency-response training.

Catering and Food Providers

The school's catering provider and any other food provider working on behalf of the school must:

- comply with current food allergen legislation and food-safety requirements
- provide accurate and accessible allergen information
- follow pupil-specific dietary arrangements and agreed risk controls
- take reasonable steps to prevent allergen cross-contact
- notify the school promptly of ingredient, supplier or menu changes that may affect allergen information

Parents and Carers

Parents/carers are expected to:

- provide accurate and up-to-date information about diagnosed or suspected allergies, known triggers, symptoms and previous reactions
- notify the school promptly of any change in their child's allergy, treatment or medical advice
- provide prescribed medication and relevant healthcare-professional Action Plans where required
- ensure prescribed medication supplied to school is in date and replaced when necessary
- work with school staff to develop and review IHPs and reasonable adjustments
- report to school any delayed reaction, serious incident or near miss that may have arisen from exposure while the child was at school or taking part in a school activity

Pupils

Pupils will be supported, in an age-appropriate way, to understand their allergy, avoid known triggers, not share food, seek adult help immediately if they feel unwell, and increasingly take responsibility for their own medication where this is safe and agreed.

4. Identification and Record Keeping

The school will gather allergy information:

- during admission and transition
- at the start of each academic year
- whenever a pupil's medical circumstances change
- from the pupil, parents/carers, previous setting and healthcare professionals as appropriate

Information sought will include known allergens, type and severity of previous reactions, prescribed medication, emergency contacts, healthcare-professional advice and whether the pupil has an IHP and/or Allergy/Asthma Action Plan.

The school will maintain an allergy register. Where appropriate, staff-only information used to keep pupils safe may include an up-to-date photograph and details of known allergens and medication.

Arrangements for pupils joining the school will be put in place in time for the start of term wherever possible. For a pupil joining mid-term, the school will make every reasonable effort to establish appropriate arrangements promptly.

Known allergies affecting staff and regular visitors will also be identified and recorded where this is necessary to manage risks safely. Visitors will be asked for relevant allergy information in advance where appropriate.

5. Individual Healthcare Plans and Allergy Action Plans

A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements that are additional to or different from those normally available to all pupils.

This includes, but is not limited to, pupils at risk of anaphylaxis and pupils who require specific reasonable adjustments to avoid a known allergen.

IHPs will be developed in partnership with parents/carers, the pupil where appropriate, school staff and relevant healthcare professionals. They will include, as appropriate:

- identified allergen(s) and known triggers
- symptoms and known reaction pattern
- reasonable adjustments and risk-reduction measures
- emergency procedures and when to call 999
- prescribed medication, dose and administration instructions
- storage and access arrangements, including whether the pupil carries medication
- the location of any backup medication
- staff responsibilities and training requirements
- emergency contact details

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be attached to or referenced within the IHP. The IHP will be reviewed whenever an updated Action Plan is received.

IHPs will be accessible to staff who need them, reviewed at least termly where this is the school's agreed local arrangement, and reviewed after any significant change, allergic reaction, serious incident or relevant near miss.

6. Staff Training and Induction

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent staff, temporary and supply staff, agency workers, peripatetic staff, catering and wraparound-care staff, lunchtime supervisors and regular volunteers.

New staff will receive allergy-safety information as part of induction. The school will have arrangements to ensure that supply and cover staff receive the information and training needed before taking responsibility for pupils. Ad hoc contractors with no pupil-facing role are not required to complete whole-school allergy training, but will be given relevant site-specific information where needed.

Training will cover:

- what allergy is, how reactions can occur and the risks allergy can pose
- food allergy, asthma, eczema, hay fever and other allergic conditions, and the fact that these can co-exist
- the distinction between food allergy, coeliac disease and food intolerance
- how to identify allergy triggers and symptoms
- recognising anaphylaxis and acute asthma
- the emergency response, including calling 999 and informing parents/carers
- how to locate and use prescribed emergency medication and school spare AAIs
- the responsibilities of staff in reducing exposure to known allergens
- the impact allergy can have on wellbeing and the risk of allergy-related bullying
- how to report allergic reactions, serious incidents and near misses
- the school's Allergy Safety Policy and how to access pupil-specific plans

Staff who need to provide pupil-specific healthcare support will receive any additional practical training or competency assessment required by the pupil's plan or healthcare professional.

7. Minimising the Risk of Exposure to Allergens

The school will take reasonable steps to minimise the risk of pupils, staff and visitors coming into contact with known allergens while maintaining an inclusive approach.

Universal measures include:

- pupils not sharing food, drinks, bottles or eating utensils
- regular hand washing, particularly before and after eating
- appropriate cleaning of eating and food-preparation areas
- appropriate supervision of younger pupils during meals and food activities
- clear communication of relevant allergy arrangements to staff, pupils and families
- staff considering allergy risks when planning cooking, craft, art, science, music, gardening, animal-related and other practical activities
- specific risk assessment for relevant pupils when an activity, visit or event presents a known allergen risk

The school will not routinely describe itself as "allergen-free" or apply blanket bans unless this is clinically justified by an individual risk assessment. Where necessary, the school may discourage particular foods or materials and will communicate this clearly to families.

Contact Allergies, Latex and Adhesive Dressings/Plasters

Allergy is not limited to food. Contact with substances such as latex, adhesives, some chemicals, art/craft materials or other products can cause skin reactions and, in rare cases, more serious reactions. Known contact allergens will therefore be recorded and managed in the same way as other relevant allergy information.

Where a pupil has a known allergy or sensitivity to adhesive dressings/plasters, latex or another first-aid product:

- this will be recorded on the allergy register and, where appropriate, in the pupil's IHP
- the agreed alternative dressing or first-aid product will be identified with the parent/carer and healthcare advice where needed
- appropriate alternative supplies will be readily available to first-aid staff
- latex-free gloves will be available within school first-aid supplies
- staff will check relevant allergy information before using dressings where a known sensitivity has been recorded

A known plaster or adhesive sensitivity will not prevent a pupil from receiving necessary first aid; staff will use the agreed safe alternative and respond according to the pupil's needs.

8. Food Allergy, School Meals and Natasha's Law

The school will work with its catering provider, pupils and parents/carers to identify, minimise and manage food-allergy risks so that pupils with allergies can eat alongside their peers wherever possible.

The school and its catering provider will ensure:

- allergens in food provided are identified and accurate allergen information is available
- pupil-specific dietary requirements are communicated through agreed systems
- changes to ingredients, menus or suppliers are checked and communicated
- reasonable controls are used to minimise allergen cross-contact
- food used in lessons, celebrations, clubs and events is considered as part of allergy risk assessment
- food brought into school by families, pupils or staff is managed through clear expectations, supervision and communication

Where the school or its catering provider prepares food that meets the definition of prepacked for direct sale (PPDS), it will be labelled with the name of the food and a full ingredients list, with any of the 14 regulated allergens emphasised, in accordance with the Food Information Regulations 2014 as amended (commonly known as Natasha's Law).

At mealtimes the school will use robust, age-appropriate checks to identify pupils who require allergen-safe meals while protecting confidentiality and avoiding unnecessary segregation or stigma.

9. Prescribed Emergency Medication and Adrenaline Devices

Pupils at risk of anaphylaxis may be prescribed adrenaline devices (ADs), including adrenaline auto-injectors (AAIs) or non-injectable nasal adrenaline devices. The pupil's prescribed device remains their primary emergency medication.

The school will ensure:

- prescribed emergency medication is rapidly accessible at all times, including during lessons, lunch, playtimes, PE, outdoor learning, visits and trips
- where pupils are able and it is agreed in their IHP, they are supported to carry their own medication; otherwise it is stored in an unlocked, accessible location
- arrangements are in place for prescribed medication to travel with the pupil where needed, including journeys to and from school and off-site activities
- medication is clearly labelled and stored in accordance with manufacturer instructions
- expiry dates are monitored and parents/carers are reminded to replace prescribed medication when necessary
- a copy of the relevant Allergy Action Plan is kept with or readily available alongside emergency medication where possible

10. School Spare Adrenaline Auto-Injectors (AAIs)

In line with DfE/DHSC guidance and Tilian Partnership requirements, the school will stock school spare AAIs for emergency use. Current legislation permits schools to obtain spare AAIs without a prescription; non-injectable nasal adrenaline devices cannot currently be purchased by a school as spare stock.

The school will:

- stock spare AAIs in pairs and in dosages appropriate for the pupils on roll, in line with current national guidance
- locate spare AAIs so that adrenaline can be brought to a pupil experiencing anaphylaxis and administered as soon as possible and within five minutes
- store spare AAIs at room temperature, in clearly labelled, unlocked and readily accessible emergency kits
- check spare AAIs at least weekly, including stock, condition and expiry date, and keep a record of checks
- replace spare AAIs promptly after use or before they expire and dispose of used or expired AAIs safely
- record every use of a spare AAI and inform parents/carers and the Headteacher

A spare AAI may be used in an emergency where a pupil's own prescribed device is unavailable or misfires, or where a pupil presents with anaphylaxis for the first time. Emergency treatment must not be delayed while consent is checked. Staff will act in accordance with current statutory guidance and emergency-service advice.

11. Responding to Allergic Reactions and Anaphylaxis

Mild to Moderate Allergic Reaction

Where a pupil has a mild to moderate allergic reaction without Airway/Breathing/Circulation symptoms, staff will follow the pupil's IHP/Allergy Action Plan and the school's medicines arrangements. The pupil will not be left unattended. Parents/carers will be contacted and the pupil will be observed in a safe place for at least 60 minutes because symptoms can worsen.

Anaphylaxis

Anaphylaxis is a medical emergency. Signs involving Airway, Breathing or Circulation require immediate action. If there is doubt about whether a reaction is anaphylaxis, staff should treat it as anaphylaxis.

Staff will:

1. Bring emergency medication to the pupil; do not make a pupil experiencing anaphylaxis stand or walk to another location.
2. Administer adrenaline immediately using the pupil's prescribed device if available, or a school spare AAI where appropriate. Do not delay adrenaline while waiting to contact emergency services.
3. Call 999 and state that anaphylaxis is suspected or occurring.
4. Follow the pupil's Allergy Action Plan/IHP and the instructions supplied with the adrenaline device.
5. If there is no improvement after five minutes and a second dose is available, administer a further dose of adrenaline in line with current emergency guidance.
6. Never use an asthma reliever inhaler instead of adrenaline to treat anaphylaxis. Where a pupil has both asthma and food allergy and develops sudden breathing difficulty, anaphylaxis must be considered.
7. Stay with and continuously monitor the pupil until emergency help arrives.
8. Contact parents/carers as soon as the immediate emergency response is underway.
9. Record and review the incident and any learning afterwards.

12. Educational Visits, Residentials, Sport and Wraparound Care

Allergy safety arrangements apply equally to off-site activities and before/after-school provision. Before a visit or relevant activity, staff will:

- review the allergy register and relevant IHPs/Action Plans
- complete a specific allergy risk assessment for any pupil at risk of anaphylaxis or where the activity presents a known allergen risk
- ensure prescribed emergency medication travels with the pupil and remains rapidly accessible
- ensure appropriately trained staff are present
- consider whether school spare AAIs should accompany the group while ensuring adequate spare provision remains on the school site
- confirm catering and food arrangements in advance
- ensure information is shared with relevant external providers on a need-to-know basis

Pupils with allergies will not be excluded from trips, residentials, clubs or activities simply because of their allergy. The school will not rely solely on a parent/carer attending in order for a pupil with a severe allergy to participate.

13. Wellbeing, Inclusion and Allergy-Related Bullying

The school recognises that living with allergy can cause anxiety and can make pupils feel different from their peers. Staff will provide reassurance, promote independence at an appropriate level and ensure reasonable adjustments are made without unnecessarily singling pupils out.

Allergy-related bullying, teasing, deliberate exposure to a known allergen, threats involving an allergen or exclusion because of an allergy will be treated seriously under the school's behaviour and anti-bullying arrangements and, where appropriate, safeguarding procedures.

The school will not:

- prevent a pupil from accessing prescribed medication easily

- send a pupil experiencing an allergic reaction to the office or first-aid area without suitable supervision
- require parents/carers to attend school or a trip in order to administer medication that appropriately trained school staff can provide
- unnecessarily prevent a pupil from taking part in school meals, lessons, clubs, visits or other school activities because of allergy
- penalise a pupil for medically necessary allergy-related absence

14. Serious Incidents and Near Misses

All allergic reactions, administrations of adrenaline and serious allergy-related incidents will be recorded. Near misses will also be recorded where an event could reasonably have resulted in allergen exposure or delayed emergency treatment, even where no reaction occurred.

Examples of a near miss may include the wrong meal being offered to a pupil with an allergy, emergency medication not being where expected, or an unplanned exposure being prevented before the pupil was affected.

The school will:

- inform parents/carers on the same day where their child is involved
- notify the Headteacher
- accept and investigate reports from parents/carers or healthcare professionals where a delayed reaction becomes apparent after the pupil has left school
- review the circumstances and identify learning or required changes
- update the pupil's IHP/Action Plan arrangements where needed
- review relevant risk assessments, training, catering or site arrangements as appropriate
- follow safeguarding, health and safety and Trust reporting procedures where thresholds are met

15. Information Sharing and Confidentiality

Health information is sensitive personal data. The school will hold, use and share allergy information only where there is a lawful basis and where this is necessary to keep the pupil safe and included in education.

Relevant information will be shared with staff, catering teams, trip leaders, wraparound staff and external providers on a need-to-know basis. Information will be handled sensitively and in accordance with the school's data-protection arrangements. Pupils and parents/carers will be involved in decisions about information sharing wherever appropriate.

16. Storage, Hygiene and Disposal

The school will ensure:

- prescribed and spare emergency medication is stored safely but remains rapidly accessible
- adrenaline devices are not locked away and are protected from extremes of temperature and direct sunlight
- school spare AAIs are clearly distinguished from medication prescribed to named individuals
- regular medication and stock checks are recorded
- used or expired AAIs are disposed of safely in accordance with current medicines/sharps guidance
- cleaning, hand hygiene and food-handling arrangements support the reduction of allergen exposure and cross-contact

17. Communication and Publication

This policy will be:

- published on the Cavendish CE Primary School website
- readily accessible to staff and parents/carers and available in hard copy on request
- shared with families as part of admission and transition arrangements
- brought to the attention of staff, pupils and parents/carers at least annually
- included within annual staff allergy-awareness training and relevant induction arrangements

The school will promote age-appropriate allergy awareness among pupils, including the importance of not sharing food, respecting other pupils' medical needs and seeking adult help quickly in an emergency.

18. Monitoring, Governance and Review

The Headteacher and Local Governing Body will monitor implementation of this policy, with Trust oversight in line with Tilian Partnership arrangements.

Monitoring will include:

- staff training completion and induction arrangements
- the number of pupils requiring IHPs and whether plans are current
- prescribed medication and school spare AAI availability, checks and expiry dates
- allergic reactions, serious incidents, near misses and actions taken
- the effectiveness of risk-reduction and catering arrangements
- feedback from pupils, parents/carers and staff with allergies where appropriate

The Local Governing Body will receive appropriate assurance at least annually on allergy safety, including training compliance, IHPs, emergency medication provision, incident trends and completed actions.

The policy will be reviewed at least annually and sooner following a significant incident, near miss, change in statutory guidance, change in Trust requirements or significant change to school procedures. Allergy-related learning will be used to improve practice. The school may also use simulated allergy-response drills to test arrangements and identify learning points.

19. Key Legislation and Guidance

- Children and Families Act 2014, section 100 - supporting pupils with medical conditions
- Children's Wellbeing and Schools Act 2026, section 34 - allergy safety policy requirements
- Department for Education: Allergy safety in schools - statutory guidance (published July 2026)
- Department for Education: Supporting pupils at school with medical conditions - statutory guidance
- Department of Health and Social Care: Using emergency adrenaline auto-injectors in schools
- Human Medicines (Amendment) Regulations 2017
- Food Information Regulations 2014, as amended - including PPDS allergen-labelling requirements commonly known as Natasha's Law
- Tilian Partnership Allergy Policy (July 2026)