Isbourne Valley School
Allergy Policy
September 2026

Introduction

The safety and wellbeing of all pupils at Isbourne Valley School is fundamentally important to us. We know that allergies are very common, many children attending our school have allergies and some pupils will have their first allergic reaction our school because their allergy had not previously been diagnosed. Allergic reactions take many forms including those that are serious and potentially life-threatening. We want all children to be able to attend school safely and all staff to have the knowledge and tools to enable them to respond quickly if emergencies occur.

Aims

This policy aims to:

- set out Isbourne Valley School's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction;
- make clear how we support pupils with allergies to ensure their wellbeing and inclusion; and
- promote and maintain allergy awareness within the school community.

Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Roles and responsibilities

The governing body

The governing body is responsible for making sure:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
- Arrangements to reduce the risk of individuals coming into contact with their known allergens
- Emergency response plans for cases of anaphylaxis

The governing body delegates the day-to-day implementation of this policy to the Allergy safety lead (the Headteacher).

Allergy safety lead

The nominated allergy safety lead is Justin Godding (the Headteacher). They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Making sure:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment

- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
  - What lessons there are to learn
  - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

Headteacher
The Headteacher is responsible for:
Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school's administration assistants (Charlotte Bowler and Nicola Gard)
are responsible for:
- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

Teaching and support staff
All teaching and support staff are responsible for:
- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

Parents and carers
Parents and carers are responsible for:
- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Pupils with allergies
If it is appropriate for them (taking account of their age, individual circumstances, development and understanding), these pupils are responsible for:
- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

Pupils without allergies
Children at our school range in age from 4 to 11 years old. They all learn and develop at different rates and we understand this will impact their understanding and awareness of allergies and associated risks. Children are made aware of allergies and risks as appropriate to their ages, their individual circumstances and those of their peers. We support pupils to understand expectations around allergies.

All pupils are expected to take information about allergies and risks seriously and are responsible for being aware of allergens and the risk they pose to their peers.
Older pupils might also sometimes be expected to support their peers and staff in the case of an emergency.

Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") to which they are allergic. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

Identifying pupils at risk

This policy sits alongside our 'Medicines - Managing & Administering Policy' (hereafter referred to as Medicines policy) and we use the same processes in respect of identifying pupils with allergies as we do those with medical conditions. We will:

- When children are joining our school, send a form to all parent or carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication
- Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents and carers at the start of each year asking them to update their child's medical information as necessary

Parents and carers must inform us by either phone call to the school (01242 621341) or an email to the office clearly marked as relating to allergies or medical needs (admin@isbournevalleyschool.com) if their child's medical needs change during the school year.

Identifying staff and visitors at risk

We take steps to make sure that, wherever possible and practicable, we identify staff and visitors with known allergies prior to any attendance at the school. Arrangements vary depending on circumstances, but include:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of allergies before their visit

Individual healthcare plans (IHP(s))

Pupils should have an IHP if they:

- have an allergy which has a functional impact on them in the school environment;
- they are at risk of harm as a result of their allergy; and
- require arrangements which are additional to or different from those made generally.

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally. The Headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the

adjustments made under the school's Medicines policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.
The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

Register of pupils with known allergies

This links with our Medicines policy. We maintain a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made

The register is kept in the school office, the first aid cupboard and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response.

We do not allow all pupils to keep their ADs with them because:

- they are not all old or developmentally mature enough to take this responsibility; and
- it can lead to delays by requiring the register to be checked for confirmation of consent

Assessing risk

We will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as those involving food preparation or cookery
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Minimising risk

Hygiene procedures

We take steps to prevent contamination in school. These include, but are not limited to:

- Pupils are reminded to wash their hands before and after eating

- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- We will engage with catering suppliers to understand the controls in place to make sure that food service complies with relevant requirements
- School menus are available for parents and carers and pupils to view with ingredients clearly labelled
- Where food packaging is provided allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Insect bites/stings

We take steps to try to prevent insect bites or stings, including, but not limited to:

- Covering food and drink where possible
- Pupils not having sugary drinks in school
- Requiring pupils, staff and visitors to wear shoes outside
- Requiring pupils to wear long sleeves and trousers when participating in Forest School

Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see below)

Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
  - The pupil does not have a prescribed AD
  - The pupil's prescribed AD are not available or misfire
- If a pupil who is not known to have an allergy (and does not have an allergy action plan) has an allergic reaction staff will follow the first aid procedures in which they have been trained and which are appropriate to the nature of the reaction
- Emergency medical support will be sought if necessary (by dialling 999)

Adrenaline devices (ADs)

We follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools.

Prescribed ADs

Pupils who are prescribed ADs are, where appropriate, encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. Prescribed ADs are kept in the pupils' classroom.

It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored in the First Aid cupboard (located in the internal corridor opposite the staff room).

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma inhaler and making sure they are stored according to the guidance. The dosage required will be based on the Resuscitation Council UK's age-based criteria (see page 11 of the AAI guidance)

Spare ADs will be stored:
Spare ADs will be stored in the First Aid Cupboard opposite the staffroom.

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion
- The school's administrative assistants (Charlotte Bowler and Nicola Gard) are responsible for:
  - Checking monthly that spare ADs and any emergency asthma reliver inhaler are present and in date
  - Obtaining replacement ADs when the expiry date is near

Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions

Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents or carers for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

In an emergency situation, however, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events.

Spare ADs for emergency use on school trips and off-site events are kept in the class medical bag.

Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm,

including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Incident recording

- The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:
- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

Incident reporting

The parents or carers of a pupil aged up to 16 will be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents or carers. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what has been learnt from the incident and outline any actions being taken as a result.
In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents and carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the Headteacher (as Designated Safeguarding Lead and Allergy Safety Lead). The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in some circumstances such as with the Health and Safety Executive (HSE) or the local authority.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

Allergy awareness

The school makes sure that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will make sure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- 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/carers
- How to locate and administer emergency medication
- How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing 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')
- Are provided with access to online training on joining the school

All staff will undertake regular allergy awareness training. Teachers in EYFS and KS1, and the Headteacher have undertaken Paediatric First Aid training which includes anaphylaxis and allergies. All new staff are provided with access to online training on joining the school and then included in review and update training sessions.

This allergy safety policy will be published on the school's website and shared with staff, parents and carers at the start of the school year.

As stated above, pupils are taught about allergies in a variety of ways. These include, but are not limited to, assemblies, science lessons, RSHE lessons, First Aid courses and class discussions.

Wellbeing

Pupils with allergies can sometimes experience negative behaviour from others or bullying and may also suffer from anxiety and depression relating to their allergy.

Additional support is made available for pupils with allergies as and when the need arises or it is felt that the pupil would benefit. This may include pastoral care, specific sessions with our ELSA, regular check-ins with their teacher or another trusted member of staff, or reassurance about measures being taken to either reduce risks or help when a reaction occurs.

Any instance of adverse treatment or bullying will be handled in line with our Behaviour and/or Anti-bullying policy.

An 'incident' or 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding, staff and any witnesses. We will provide support to those involved.

Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

Links to other policies
This policy links to and should be read alongside the following policies and procedures:
Health and safety
Medicines – Managing & Administering
Data protection
Behaviour
Anti-Bullying
Offsites Visits

Adopted by Isbourne Valley School Governing Body on 9th September 2026

Next review Autumn term 2027