ALLERGY SAFETY POLICY

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School	Nightingale Primary School, Maritime Academy Trust
Appropriate authority	Maritime Academy Trust Board
Named Allergy Safety Lead	Lisa Risby, Assistant Headteacher / Child Welfare Officer
Accountable school leader	Omar Jennings, Headteacher
Local oversight	Nightingale Local Academy Council, under the Trust scheme of delegation
Date of issue	1 September 2026
Review date	September 2027, or earlier after a serious incident, near miss or material change
Publication	School website; annual communication to pupils, parents and everyone working at the school

Emergency principle: If anaphylaxis is suspected, bring adrenaline to the person, administer it promptly (within five minutes), and call 999. Do not make the person stand or walk to the office or medical room.

1. Policy commitment

Nightingale Primary School is committed to providing a safe, inclusive and allergy-aware environment in which pupils with allergies can attend, learn, eat, play and participate fully in school life. Allergy safety is a whole-school responsibility and is not delegated solely to first aid or catering staff.

This policy fulfils the school's duty to have, review, publicise and publish a dedicated allergy safety policy. It should be read alongside the school's First Aid and Administration of Medicines Policy, safeguarding arrangements, food safety procedures, educational visits procedures, risk assessments and each pupil's Individual Healthcare Plan (IHP). Where an allergy emergency occurs, staff must follow the pupil's current Allergy Action Plan and this policy.

> **Allergy-aware, not allergen-free:** The school cannot guarantee an allergen-free environment. We manage identified risks actively, discourage avoidable high-risk exposures, and maintain robust emergency arrangements. Nightingale will not describe itself as 'nut-free', because this can create a false sense of security and does not address other serious allergens.

2. Legal framework and scope

This policy has been prepared with regard to sections 100, 100A and 100B of the Children and Families Act 2014, including the amendments made by section 34 of the Children's Wellbeing and Schools Act 2026, and the Department for Education's July 2026 statutory guidance, Allergy safety in schools. It also reflects relevant duties under food information law, the Equality Act 2010, health and safety law, safeguarding requirements and the Early Years Foundation Stage (EYFS) statutory framework.

It applies whenever pupils are under the lawful control or charge of school staff, including Nursery to Year 6, breakfast and after-school provision, clubs, lunchtimes, sporting activities, educational visits, residentials, transport arrangements organised by the school, events and activities at Florence Farm. It also guides arrangements for staff, volunteers and visitors whose allergies may be affected by school activities.

Definitions

- **Allergy** is an immune-system reaction to a normally harmless substance, including food, insect stings, medicines, latex, contact allergens or airborne allergens.
- **Anaphylaxis** is a potentially fatal allergic reaction affecting Airway, Breathing and/or Circulation (ABC) and always requires an emergency response.
- **Adrenaline device (AD)** includes prescribed adrenaline auto-injectors and any other licensed prescribed adrenaline device. The school's current spare devices are adrenaline auto-injectors (AAIs).
- **Near miss** means an event that did not cause harm but could reasonably have resulted in allergen exposure, delayed treatment or another serious outcome.
- **Coeliac disease and food intolerance** are not allergies and do not cause anaphylaxis. They will be supported through the school's wider medical conditions and food arrangements, including an IHP where required.

3. Governance and responsibilities

Maritime Academy Trust Board

- Ensures each academy has a compliant allergy safety policy and a named senior leader responsible for implementation.
- Ensures allergy risks are reflected in governance assurance, risk management, resources and challenge.
- Provides oversight through the Trust scheme of delegation and receives significant incident information where appropriate.

Headteacher

- Is accountable for implementing this policy at Nightingale and ensuring adequate staffing, training, equipment and time.
- Ensures related school policies and procedures are aligned with current statutory allergy guidance.
- Ensures serious incidents and near misses are reported, investigated and escalated to the Trust, LAC and external bodies where required.

Named Allergy Safety Lead

- Maintains the whole-school allergy register and coordinates IHPs, Allergy Action Plans and Asthma Action Plans with pupils, parents and relevant healthcare professionals.
- Coordinates annual allergy-awareness and emergency-response training, induction and briefing arrangements for supply, agency, peripatetic, catering, club and regular volunteer staff.
- Ensures prescribed and spare emergency medication is accessible, correctly stored, in date, recorded and replaced after use or expiry.
- Liaises with the catering provider, office team, class staff, SENDCo, educational visits coordinator and club leaders to monitor controls.
- Leads or contributes to incident and near-miss reviews and the annual review and publicising of this policy.

School office, first-aid and administrative staff

- Keep allergy, consent, medication and emergency-contact information accurate on Bromcom and Medical Tracker.
- Complete and record routine checks of emergency medication and ensure used or expired AAIs are disposed of safely.
- Ensure parents are contacted after any allergic reaction and that treatment and incident records are completed promptly.

All staff and regular volunteers

- Complete required training, know how to summon help, know where emergency medication is kept and follow individual plans.
- Consider allergen risks when planning lessons, snacks, celebrations, clubs, trips, sports, craft, cooking, science, music and animal-related activities.
- Do not share food, make unapproved substitutions, leave a person having a reaction unattended, or send them to seek help alone.
- Report reactions, concerns and near misses immediately, including errors intercepted before a pupil consumes food.

Catering and wraparound providers

- Comply with food information law and maintain accurate, accessible allergen information for all food supplied.
- Apply effective cross-contact controls, safe substitutions and reliable identification checks at every service.
- Ensure their staff complete allergy-awareness training and understand Nightingale's emergency arrangements.

Parents and carers

- Provide accurate, current information about allergies, suspected allergies, triggers, symptoms, medication, emergency contacts and healthcare advice.
- Provide two in-date prescribed adrenaline devices where prescribed, together with the current Allergy Action Plan and consent information, and replace them before expiry or after use.
- Tell the school promptly about changes and report delayed reactions or suspected exposure that may have occurred during school activities.
- Follow school expectations for labelled packed lunches, snacks and food brought onto the site.

Pupils

- Do not swap or share food, drinks, utensils or containers.
- Tell an adult immediately if they feel unwell, think they have been exposed to an allergen, or see someone else becoming unwell.
- Carry and manage their own medication where this has been agreed in their IHP, while continuing to receive appropriate adult support.

4. Identification, records and individual planning

The school will gather allergy information through admission forms, home visits, transition records, parent updates, healthcare documentation and discussion with the pupil. Arrangements for pupils starting in September will be in place before the start of term. Where a pupil joins mid-term or a new allergy is identified, the school will make every effort to put arrangements in place within two weeks, and sooner where the risk requires it.

- The allergy register records the pupil's name and current photograph, known or suspected allergens, likely symptoms, level of risk, prescribed medication, where it is kept, consent, emergency contacts, and whether an IHP and current action plan are in place.
- Core information is recorded on Bromcom. IHPs, medication records, administration records and incident records are managed through the school's secure systems, including Medical Tracker.
- Current staff-only photo alerts are available in relevant food handling and service areas and to staff responsible for activities where allergens may be present. Health information is not displayed publicly.
- The school will seek relevant information from previous settings and will involve the pupil and parents in decisions about sharing health information.

Individual Healthcare Plans

A pupil will have an IHP where all three of the following apply:

1. The allergy has a functional impact on the pupil at school.
2. The pupil is at risk of harm because of the allergy.
3. The pupil requires arrangements additional to, or different from, those made generally.

The school writes the IHP with the pupil and parents, taking account of advice from relevant healthcare professionals. It describes the school arrangements, reasonable adjustments and emergency response; it does not replace clinical advice. A current Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional will be attached and followed.

- IHPs are reviewed at least annually, whenever needs, medication or action plans change, and after a relevant incident or near miss.
- Suspected allergy will not be dismissed because a formal diagnosis is pending. Interim safeguards will be agreed while further healthcare advice is sought.

- One IHP will bring together all school support for the pupil rather than creating separate plans for each condition.

5. Allergy-aware environment and risk reduction

Nightingale will take reasonable, proportionate steps to minimise exposure to known allergens without unnecessarily excluding pupils from learning or school life.

- Pupils must not share or trade food, drinks, cutlery, cups, bottles or food containers.
- Hands are washed with soap and water before and after eating where required by individual risk assessment, and eating and food-preparation surfaces and utensils are cleaned effectively. Alcohol hand gel is not relied upon to remove food allergens.
- Drinks, snacks and lunch boxes for pupils with food allergies are clearly named. Staff check the correct food reaches the correct child.
- Class and club staff check ingredient labels every time, as formulations can change, and do not use unlabelled food for a pupil with an allergy.
- Food or food packaging used in craft, science, cooking or celebrations is planned in advance. Whole-group alternatives are used where needed so a pupil is not singled out or excluded.
- Staff assess risks from play dough and flour, glues containing milk/wheat/soya, balloons or latex, animal dander, bird and animal feed containing nuts or sesame, plants, pollen and cleaning products.
- Florence Farm and other animal-related learning are risk assessed for feed ingredients, animal dander, insect stings, handwashing and rapid access to medication.
- Known airborne and contact-allergen risks are managed through reasonable cleaning, ventilation, maintenance, product choice and activity adjustments recorded in the IHP or risk assessment.
- Targeted restrictions on particular foods or materials may be introduced where an individual risk assessment supports them. Any restriction will be communicated clearly and reviewed.

6. Food, catering and mealtime controls

The school and its catering provider will comply with the Food Information Regulations 2014 and related requirements. Accurate information about the 14 regulated allergens must be clear and accessible for school meals and other food supplied regularly, including breakfast and after-school provision. Prepacked-for-direct-sale food must carry a full ingredients list with regulated allergens emphasised.

- The catering provider maintains current recipes and an allergen matrix and checks any ingredient, supplier or menu substitution before service.
- Parents may meet catering staff to agree suitable provision. Required adjustments are recorded in the pupil's IHP.
- At least two reliable identification checks are used at mealtimes: a current staff-only allergy photo register at the point of service and a named check by the responsible catering or school staff member.
- Allergy-aware meals are clearly identified, protected from mix-ups and cross-contact, and served by trained staff. Pupils are not routinely segregated from their peers.
- Cross-contact controls include appropriate separation, clean hands and clothing, warm soapy cleaning of preparation areas and utensils, dedicated or thoroughly cleaned equipment, and preparing allergy-aware food first where appropriate.
- Food brought from home must be clearly labelled for the intended child. Unplanned food treats must not be distributed. Food for sharing, celebrations or community events requires prior school approval, original packaging or full written ingredient information, and advance checks for inclusion and safety.
- Any short-notice menu change is rechecked against allergy requirements and communicated to relevant staff, pupils and parents.

EYFS meals and snacks

For Nursery and Reception, the school applies the EYFS requirements in addition to this policy. Before admission, parents provide information about dietary requirements, allergies, intolerances and health needs. This is kept current and shared with all staff preparing, handling or serving food. At every meal and snack time, a named member of staff is responsible for checking that each child's food meets their requirements, and a member of staff with a valid full paediatric first-aid certificate is present in the room while children are eating.

7. Medication and emergency arrangements

Prescribed adrenaline and other emergency medication

- Pupils prescribed adrenaline should have two in-date devices available. They are encouraged to carry them in their school bag where this is safe and agreed in the IHP, including for travel to and from school.
- Where a pupil does not carry their devices, they are stored in a clearly labelled individual emergency-medication pouch in the accessible emergency-medication area of the main school office. The location is recorded in the IHP and is not locked.
- Medication is stored at room temperature, away from direct sunlight and extremes of heat, and is not refrigerated unless the manufacturer's instructions specifically require it.
- Emergency medication accompanies the pupil to the playground, sports, clubs, Florence Farm, visits and trips as set out in the IHP and risk assessment.

- The office team checks prescribed emergency medication at least monthly and before off-site visits. Parents remain responsible for supplying replacements, but the school monitors expiry and notifies them in good time.

School spare adrenaline auto-injectors

Nightingale will maintain a clearly marked emergency anaphylaxis kit in the main school office containing one pair of 150 microgram spare AAIs and one pair of 300 microgram spare AAIs, with instructions and the current emergency register. The kit is readily accessible, not locked away, stored at room temperature and clearly distinguished from medication prescribed to named pupils.

- The site arrangement must allow adrenaline to be brought to any person who needs it within five minutes. The school will test this through a timed drill at least annually and after material site or operational changes.
- The Allergy Safety Lead or delegated office/first-aid staff check the kit at least monthly, record expiry dates, replace used or expired devices promptly and arrange safe disposal through paramedics, a pharmacy or an approved sharps route.
- A spare AAI may be used where the person's prescribed device is not available, has misfired, or where a person presents with anaphylaxis without a previous diagnosis. In a life-threatening emergency, treatment must not be delayed while checking prior consent.
- The school also maintains emergency asthma inhaler arrangements under the separate statutory guidance. A spare salbutamol inhaler is not a substitute for adrenaline when anaphylaxis is suspected.

Response to a mild or moderate allergic reaction

1. Stay with the pupil and follow their current Allergy Action Plan and IHP.
2. Give authorised medication only in accordance with the action plan, consent and the Administration of Medicines Policy.
3. Contact the parent or emergency contact and record the reaction.
4. Observe the pupil in a safe place for at least 60 minutes because symptoms can progress. Do not leave them unattended.
5. If Airway, Breathing or Circulation symptoms develop, or there is doubt, treat as anaphylaxis immediately.

Response to suspected anaphylaxis

Act immediately: Anaphylaxis can progress rapidly. If in doubt, give adrenaline. Do not wait for 999 before administering it, and never make the person stand or walk to obtain help.

1. Call for help and bring the person's two prescribed adrenaline devices and action plan. If they are unavailable or misfire, bring the school's spare AAIs.
2. Position the person safely. Lay them flat with legs raised. If breathing is difficult, they may sit with legs outstretched. Do not allow them to stand or walk. If unconscious and breathing, place them in the recovery position; if pregnant, on their left side.
3. Administer adrenaline without delay, using the person's prescribed device first where available. Aim to administer within five minutes of recognising anaphylaxis.
4. Call 999 immediately, state 'anaphylaxis', give the school address and arrange for the ambulance to be met. Call parents after the emergency response is underway.
5. If there is no improvement after five minutes, administer a second dose using a second prescribed or spare device.
6. Stay with the person, monitor Airway, Breathing and Circulation, begin CPR if required and follow the 999 operator's instructions until the ambulance arrives.
7. Send the action plan, medication details and used devices with the ambulance team. Record and review the incident after immediate care has been secured.

8. Trips, visits, clubs and activities away from the classroom

- A specific risk assessment is completed for every pupil at risk of anaphylaxis taking part in an off-site visit, residential, sporting event or higher-risk on-site activity.
- The visit leader checks the current IHP/action plan, allergens at the destination, catering arrangements, access to emergency care, mobile reception, staffing, transport and emergency contacts.
- The pupil's own two adrenaline devices accompany them. A trained adult knows where they are and how to use them. The school considers taking an additional spare pair without leaving the school site without appropriate cover.
- Pupils are not excluded or required routinely to have a parent accompany them because of allergy. Reasonable adjustments and trained staffing are arranged by the school.
- Breakfast club, after-school clubs, peripatetic staff, external coaches and agency staff receive the information and training necessary for the pupils in their care.

9. Training, communication and information sharing

All staff present when pupils are scheduled to be on site receive allergy-awareness and emergency-response training at least annually. This includes permanent, temporary, supply, peripatetic and agency staff, regular volunteers, catering staff and staff supervising breakfast or after-school clubs. Ordinary first-aid training alone is not sufficient.

- Training covers types of allergy, the difference between allergy, coeliac disease and intolerance, triggers, symptoms, anaphylaxis, acute asthma, the use and location of medication, calling 999, incident reporting, wellbeing and the responsibilities set out in this policy.
- New staff receive training during induction. Supply and cover staff receive confirmation of allergy-awareness training and a site-specific emergency briefing before taking responsibility for pupils.
- Staff requiring pupil-specific support receive the relevant plan and any additional instruction or competency assessment before undertaking delegated healthcare activity.
- The school maintains a training record and conducts a simulated allergy emergency drill at least annually, recording lessons and actions.
- The policy is published on the school website, available in hard copy on request, included in annual staff training, brought to parents' attention through school communications, and explained to pupils in age-appropriate ways at least annually.

Information sharing and confidentiality

Allergy and medical information is special-category personal data. The school shares it only where necessary to keep the pupil safe and included, using secure systems and staff-only access. The pupil and parents are involved in decisions about wider sharing. Information is communicated discreetly so that safety is not achieved by unnecessarily identifying, embarrassing or isolating a pupil.

10. Wellbeing, inclusion and unacceptable practice

Allergy can cause significant anxiety. The school will listen to pupils and families, explain the safeguards in place, make reasonable adjustments, prevent allergy-related bullying and ensure pupils can take part alongside their peers. Deliberately exposing, threatening to expose or teasing a person with a known allergen is treated as a serious safeguarding and behaviour concern.

The following practices are unacceptable at Nightingale:

- preventing rapid access to prescribed or spare emergency medication;
- ignoring the pupil's or parents' views, medical evidence or healthcare advice;
- assuming every person with an allergy needs the same support, or that no support is needed because diagnosis is pending or the pupil is older;
- sending an unwell pupil to the office or medical room alone; in an allergic emergency, help and medication must come to the pupil;
- sending pupils home unnecessarily, segregating them at meals or preventing participation in lessons, clubs, trips or normal school activities;
- requiring parents to attend school to administer routine or emergency medication, or routinely requiring a parent to accompany a trip because the school has not made suitable arrangements;
- penalising allergy-related absence, medical appointments or health management within attendance rewards or decision-making.

11. Serious incidents, near misses and learning

Examples include anaphylaxis, hospital treatment, administration of adrenaline, a wrong meal served, an undeclared or mislabelled allergen, medication that is missing/inaccessible/expired, a delayed emergency response, or an allergen exposure intercepted before harm occurs.

1. Provide immediate care, contact 999 where required, inform parents and secure the person's wellbeing.
2. Record the event on Medical Tracker on the same day or as soon as reasonably practicable. Record symptoms, suspected trigger, timings, medication, staff response and outcome. Preserve relevant labels, packaging, menu and witness information.
3. Notify the Headteacher and Allergy Safety Lead. The Headteacher determines Trust, LAC, environmental health, safeguarding, HSE/RIDDOR, Ofsted or other statutory reporting in line with the circumstances and related policies.
4. Invite information from the pupil, parents and relevant healthcare professionals, including delayed reactions identified after the pupil returns home.
5. Review what happened and whether controls, the risk register, IHP/action plan, catering arrangements, training, medication locations or this policy need to change. Share lessons with relevant staff without inappropriate disclosure of health information.
6. Review this policy after any serious incident or significant near miss and do not wait for the annual review where safety improvements are needed.

12. Monitoring, review and publication

The Allergy Safety Lead reports assurance and material concerns to the Headteacher, who reports through the Trust's governance arrangements. The school monitors the allergy register, IHPs, emergency medication, training completion, caterer controls, incidents and near misses, pupil/parent feedback, emergency-drill findings and website publication.

- The policy is reviewed at least annually and after a serious incident, significant near miss, change in statutory guidance, change in provision, change in catering arrangements or material site change.
- Pupils, parents and staff affected by allergy are invited to contribute to review where appropriate.

- At least once each year, the school brings the policy to the attention of pupils, parents and every person working at the school, whether paid or unpaid.
- The current policy is published on the Nightingale Primary School website and is available in hard copy from the school office.

Related school and Trust documents

- First Aid and Administration of Medicines Policy
- Supporting Pupils with Medical Conditions arrangements and Individual Healthcare Plans
- Educational Visits and risk-assessment procedures
- Safeguarding and Child Protection Policy
- Relationships and Behaviour Policy and Anti-Bullying arrangements
- Attendance Strategy and Policy
- Food safety and catering procedures
- Data Protection and Privacy policies
- EYFS Policy

Statutory guidance and key references

- Children and Families Act 2014, sections 100, 100A and 100B
- Children's Wellbeing and Schools Act 2026, section 34
- DfE: Allergy safety in schools - statutory guidance and templates (July 2026)
- DfE: Allergy guidance for schools
- DfE: Supporting pupils at school with medical conditions
- DHSC: Using emergency adrenaline auto-injectors in schools
- Food Standards Agency: Allergen guidance for institutional caterers

Contact

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