

The Darent Federation of Schools

Allergy Safety Policy



Approved by: Governing Body

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Allergy Safety Policy

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This policy applies across both Federation schools, including breakfast and after-school provision, clubs, educational visits and activities delivered by third parties on behalf of the schools.

Allergy Safety Policy

1. Purpose and statutory framework

The Darent Federation recognises that allergy can affect a pupil's physical health, attendance, learning, confidence and emotional wellbeing. Some allergic reactions are life-threatening and may occur in a person with no previous diagnosis. Allergy safety is therefore everyone's responsibility.

This dedicated policy has been prepared with regard to the Department for Education's statutory guidance Allergy safety in schools (July 2026). It fulfils the duty created by section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, to have, publish and keep under review an allergy safety policy.

It should be read alongside the Federation's Medical Needs, Health and Safety, Educational Visits, Child Protection, Behaviour, Data Protection and Equality policies, together with the Early Years Foundation Stage statutory framework.

- Allergy means an abnormal immune response to a normally harmless substance, including food, insect stings, medicines, latex, contact allergens and airborne allergens.
- Anaphylaxis is a potentially fatal reaction affecting the airway, breathing or circulation (ABC). It always requires an immediate emergency response.
- Asthma, eczema and allergic rhinitis are allergic conditions and may interact with other allergies; acute asthma is included in staff emergency-response training.
- Coeliac disease and food intolerance do not cause anaphylaxis and are managed through the wider medical-conditions arrangements, while applying similarly robust avoidance and cross-contact controls where needed.

2. Principles

- The best interests, safety, dignity and voice of the pupil will be central to decisions.
- No two pupils are assumed to need the same support; arrangements will reflect individual risk, functional impact and clinical advice.
- A suspected allergy will not be dismissed because diagnosis or clinical advice is pending. Proportionate interim arrangements will be agreed and appropriate health advice sought.
- Medication and emergency devices must be rapidly accessible. In an emergency, help and medication go to the person; the person must not be sent elsewhere or made to walk.
- Allergy must not create unnecessary barriers to attendance, meals, learning, clubs, sport, trips or wider school life. Reasonable adjustments will be made where required.
- Parents will not be required to attend school or accompany trips simply because the Federation has not arranged appropriate support.
- Serious incidents and near misses will be recorded, reported, reviewed and used to improve practice.

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3. Leadership, governance and responsibilities

3.1 Governing Body

- ensures a dedicated, published policy is in place and reviewed at least annually
- includes allergy safety on the Federation risk register and receives assurance about training, emergency medication, incidents and near misses
- ensures sufficient resources and suitable systems are available to implement this policy
- seeks the views of pupils, parents and staff affected by allergy when reviewing arrangements.

3.2 Executive Headteacher and school allergy safety leads

The Executive Headteacher retains Federation-wide strategic responsibility. The Head of School/Assistant Headteacher at each site is the named senior allergy safety lead and is responsible for implementation. Together they will:

- maintain oversight of the allergy register, Individual Healthcare Plans (IHPs), training and risk controls
- ensure prescribed and spare emergency medication is correctly obtained, stored, checked, replaced and accessible
- coordinate with office, teaching, wraparound, premises and catering staff
- ensure appropriate information is available to staff who need it, including supply, agency, peripatetic and club staff
- lead reviews after incidents, near misses, drills or changes in need
- report material themes and actions to governors without unnecessary disclosure of personal health information.

3.3 All staff, volunteers, caterers and activity leaders

- complete required training and understand this policy, local emergency arrangements and their role
- check relevant allergy information and IHPs before providing food, medication, lessons, clubs, trips or activities
- take reasonable steps to prevent exposure and never offer food where allergen information is uncertain
- know how to summon help and locate emergency medication
- respond immediately to a reaction and remain with the person
- report reactions, errors, concerns and near misses promptly.

3.4 Parents, pupils, staff and visitors

Parents and pupils should provide accurate, current information, prescribed medication and action plans, and notify the school promptly of any change. Pupils will be supported to take age-appropriate responsibility without their safety being assumed or transferred to them. Staff should disclose allergies relevant to workplace safety. Visitors and contractors taking part in catered or pupil-facing activities will be asked to identify relevant allergies where reasonably necessary.

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4. Identification, records and information sharing

- Allergy, asthma, dietary and medication information will be requested on admission, before Reception entry, at transition and at least annually. Families are reminded to report changes at any time.
- Information will be sought from the pupil, parents, previous setting and relevant healthcare professionals. Staff will not make clinical diagnoses or alter clinical instructions.
- Each school will maintain an up-to-date allergy register showing known allergens, medication, whether an IHP and/or Allergy or Asthma Action Plan exists, and essential emergency arrangements.
- Relevant information will be shared on a need-to-know basis with class, office, midday, wraparound, catering, supply and trip staff. Current photographs or other proportionate methods may be used where necessary for safe identification.
- At mealtimes, each school will use two proportionate methods to identify pupils with food allergy, such as the catering list plus confirmation by a familiar member of staff or a discreet photographic record. Pupils will not be segregated from their peers.
- Health information is special-category personal data. It will be held, used and shared lawfully, securely, respectfully and only to the extent necessary to keep the individual safe and included.

5. Individual Healthcare Plans

A pupil will have an IHP where their allergy has a functional impact in school, creates a risk of harm, and requires arrangements additional to or different from the provision made generally. A formal diagnosis is not required where risk or functional impact indicates that support is needed.

The school will 'hold the pen' on the IHP, working with the pupil and parents and taking healthcare advice at face value. The IHP is not a clinical document and will refer to, rather than rewrite, the latest Allergy Action Plan, Asthma Action Plan, care plan or prescribing instructions supplied by a healthcare professional.

- The IHP will identify the pupil, allergens and likely signs; the impact on health, learning and wellbeing; reasonable adjustments and exposure controls; food and mealtime arrangements; self-management and supervision; medication, consent and storage; emergency response; trips; communication; and review dates.
- A current photograph, emergency contacts, relevant clinical plans and details of prescribed medication will be attached or signposted with appropriate version control.
- One IHP will encompass all school support for the pupil's medical conditions, rather than creating competing plans.
- The IHP will be reviewed at least annually and sooner after any reaction, serious incident, near miss, change in circumstances, new clinical advice, amended action plan or medication change.
- When a pupil changes setting or phase, a new IHP will be agreed for the new context before or as soon as reasonably possible after transition.

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6. Training and awareness

Training already completed

All employed Federation staff completed The National College Certificate in Allergy & Anaphylaxis Awareness during 2026. Completion records and individual certificates are retained.

This foundation will be maintained through regular training at least annually. First-aid training alone is not treated as sufficient. Annual training and local briefings will ensure staff can:

- understand allergy, asthma, eczema and hay fever, and distinguish food allergy from coeliac disease and food intolerance
- recognise mild-to-moderate reactions, anaphylaxis and acute asthma
- locate and use prescribed and spare adrenaline devices and emergency asthma inhalers
- follow Allergy and Asthma Action Plans, call 999 and notify parents
- identify allergy triggers and reduce exposure
- understand the effect of allergy on wellbeing and inclusion
- report allergic reactions, serious incidents and near misses.

New staff will receive allergy safety information during induction and complete the training promptly and before taking unsupervised responsibility where this is material to a pupil's safety. Supply, temporary, agency, peripatetic, regular volunteer, catering and wraparound staff present when pupils are on site will receive appropriate training or verified equivalent training plus a local briefing.

Training records will be maintained. Staff needing to deliver individual healthcare support will receive any additional role-specific instruction, competency assessment or clinical governance required.

7. Minimising exposure to allergens

7.1 General controls

- Planning for lessons, food, celebrations, fundraising, clubs and events will consider known food, airborne and contact allergens, including latex, medicines, plants, animals, art/craft materials and science or cooking ingredients.
- Staff and pupils will be encouraged to wash hands with soap and water before and after eating; tables, equipment and food-contact surfaces will be cleaned using effective methods. Hand sanitiser alone is not relied upon to remove food proteins.
- Food sharing will be discouraged. Food, ingredients and utensils will be labelled, stored and handled to reduce cross-contact.
- Reasonable precautions will address individual exposure to animals, pollen, mould, dust, latex, chemicals or other airborne/contact allergens. Premises concerns such as damp or poor ventilation will be reported and acted upon; air quality controls will be proportionate to assessed need.
- Risk controls will be specific and evidence-led. The Federation will not describe either school as 'nut-free' or 'allergen-free', because absolute freedom from an allergen cannot be guaranteed. Particular

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products may be discouraged or restricted where an individual risk assessment supports this, but awareness and emergency readiness remain essential.

7.2 Food, catering and safer eating

- Caterers must comply with food information law, provide accurate information on the 14 regulated allergens, meet prepacked-for-direct-sale labelling requirements and operate robust cross-contact controls.
- Catering staff will receive current allergy information. Any menu substitution or recipe change must preserve allergen safety, and changes must be made clear before food is served.
- Parents will be asked to label packed lunches and any agreed food brought into school. Homemade or shared food will not be given to a pupil with allergy unless ingredients and preparation risks are known and accepted within their arrangements.
- Where food is used in cooking, curriculum activities, rewards, celebrations or fundraising, the responsible adult must check the allergy register/IHP and ingredient information in advance and provide a safe, inclusive alternative where needed.
- Pupils with allergy will eat alongside peers wherever reasonably possible. Reasonable adjustments will support access to free school meals and the wider school meal experience.
- Within EYFS, dietary, allergy and intolerance information will be obtained before admission, kept current and shared with food handlers. A named adult will check each meal/snack against each child's requirements, and a member of staff holding a valid full paediatric first-aid certificate will be present in the room while young children eat, as required by the EYFS framework.

8. Medication and emergency equipment

8.1 Prescribed medication

- Pupils prescribed adrenaline should have two in-date devices available. They will be encouraged to carry them in their school bag where appropriate, including for travel to and from school; otherwise they will be held in a clearly identified, unlocked and immediately accessible location.
- Prescribed adrenaline, inhalers and other emergency medication must remain rapidly accessible in classrooms, dining areas, playgrounds, sports areas, wraparound provision and on visits. They must not be locked away.
- The relevant action plan will be kept with or readily accessible alongside medication. The school will record medication received, storage, consent, expiry and return/home arrangements.
- Parents are responsible for supplying prescribed medication in its original packaging and notifying changes; the school will operate checks and reminders but will not allow an identified expiry or supply concern to go unaddressed.

8.2 Spare adrenaline and emergency asthma inhalers

Each school will maintain a clearly labelled emergency anaphylaxis kit in its main school office or another clearly signed central location. Each primary site will stock, as a minimum, one pair of spare 150 microgram adrenaline auto-injectors for pupils under six and one pair of spare 300 microgram auto-injectors for individuals aged six and over, subject to current national guidance and site risk assessment.

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- Spare devices will be stored in pairs, at room temperature, protected from extremes of heat and direct sunlight, not refrigerated, not locked away, and positioned so they can be brought to any person on site within five minutes.
- The kit will contain clear instructions and may include the school's emergency salbutamol inhaler and spacers. Emergency asthma inhalers will only be used in accordance with current guidance, for a pupil prescribed a reliever inhaler whose own is unavailable, and where written consent has been obtained.
- A documented check will take place at least monthly and after use to confirm stock, seal/condition and expiry dates. Devices will be replaced promptly after use or before expiry.
- Used or expired auto-injectors will be given to ambulance staff where appropriate or disposed of through a pharmacy or approved sharps route; they will never be placed in general waste.
- Spare adrenaline may be used to save life where anaphylaxis is suspected, including first presentation or where prescribed devices are unavailable or misfire. Prior consent will be sought as good practice but must never delay reasonable life-saving action in an emergency.

9. Responding to an allergic reaction

Emergency rule

Any reaction involving Airway, Breathing or Circulation is anaphylaxis. Give adrenaline immediately - if in doubt, give it - and call 999. Never allow the person to stand or walk; bring help and medication to them.

9.1 Mild to moderate reaction

- **Stay with the person and follow their current action plan.** Give prescribed treatment such as a non-drowsy antihistamine only in accordance with the plan/medication arrangements.
- Contact the parent or emergency contact. Observe the person in a safe place for at least 60 minutes because a mild reaction can progress.
- If any Airway, Breathing or Circulation symptom appears, treat immediately as anaphylaxis.

9.2 Suspected anaphylaxis

1. Call for help. Keep the person where they are; do not let them stand or walk. Position them safely in accordance with their action plan and emergency-service advice.
2. Give the person's prescribed adrenaline immediately. If it is unavailable, has misfired, or no device is prescribed, use a suitable spare device. Do not delay while seeking consent or calling parents.
3. Call 999 immediately and state 'anaphylaxis'. Follow the operator's instructions. Send someone to meet the ambulance and provide the postcode/access details.
4. If there is no improvement after five minutes, give a second dose of adrenaline using the second device. Never substitute an asthma inhaler for adrenaline when treating anaphylaxis.
5. Stay with the person, monitor them, begin CPR if required, and send the used device and action plan with ambulance staff. Contact parents/emergency contacts as soon as possible without delaying treatment.
6. Record the event and trigger an immediate serious-incident review.

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10. Visits, sport, clubs and off-site activity

- Pupils with allergy will be included in trips, residentials, clubs, sport and other activities through reasonable adjustments, not excluded because a parent cannot attend.
- The visit leader will complete an individual allergy risk assessment for any pupil at risk of anaphylaxis, consult the IHP/action plan and parent, and check food, travel, accommodation, activities, communication and emergency access.
- The pupil's own two adrenaline devices and other required medication will travel with them and remain immediately accessible. A member of staff able to recognise and respond to anaphylaxis will be present.
- Taking spare adrenaline will be considered in the risk assessment. Doing so must not leave the school site without required spare stock; additional devices will be obtained where necessary.
- The same expectations apply to wraparound care, sports events and activities delivered by external providers. Relevant information will be shared securely before responsibility transfers.

11. Wellbeing, inclusion and pupil awareness

- Staff will listen to pupils and parents, provide reassurance about controls and emergency readiness, and respond to allergy-related anxiety through pastoral and, where appropriate, SEND support.
- Allergy-related teasing, exclusion, deliberate exposure, threats or force-feeding are serious and will be addressed under the Behaviour, Anti-Bullying and Safeguarding policies. Deliberate use of an allergen to threaten or harm may be treated as a safeguarding concern.
- Pupils will receive age-appropriate allergy awareness through the curriculum, assemblies or class discussion. Any identification or peer awareness linked to a specific pupil will be agreed sensitively with the pupil and parents.
- Friends of a pupil prescribed adrenaline may be taught how to summon adult help; pupil awareness never replaces staff responsibility.
- Allergy-related absence and medical appointments will be considered fairly. Pupils will not be penalised or excluded from attendance rewards because of absence arising from a medical condition.

12. Serious incidents, near misses and learning

A serious incident is one in which a person is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required. A near miss is an error, omission or system failure with clear potential to cause harm, even though harm did not occur.

- Any reaction, serious incident or near miss will be recorded as soon as feasible in the accident/incident system, identifying who was affected; what, when and where; likely cause; response and treatment; whether emergency services attended; and the outcome.
- Parents will be informed as soon as possible and invited to contribute relevant information, including delayed effects first recognised at home. Pupils, parents, staff and healthcare professionals may report a near miss directly to the Head of School/Assistant Headteacher.
- The school allergy safety lead will review the incident with relevant staff, the pupil and parents; identify lessons; amend the IHP, risk assessment, training, catering controls or policy where needed; and share learning appropriately.

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- The Governing Body will be informed of serious incidents and near misses in a way that supports oversight while protecting confidentiality.
- Where applicable, reports will be made to the local authority food-safety team, relevant healthcare professional, Health and Safety Executive under RIDDOR, safeguarding partners or other statutory body.
- Any child death will be managed through statutory safeguarding and child-death review arrangements.

13. Unacceptable practice

The Federation will not:

- lock away or otherwise prevent rapid access to emergency medication
- ignore pupil/parent views, clinical evidence or healthcare advice
- assume identical support is appropriate for everyone, or that an older/self-managing pupil needs no support
- dismiss risk because diagnosis is pending
- send an unwell pupil to the office or medical area without suitable supervision
- send a pupil home routinely, deny normal school activities or lunch, or create unnecessary barriers because of allergy
- require parents to administer medication at school or accompany trips because suitable provision has not been arranged
- rely on a 'nut-free' label, a single identification method or goodwill in place of robust systems.

14. Communication, monitoring and review

- This policy will be published on both school websites, available in hard copy on request and drawn to the attention of staff, pupils and parents.
- Staff understanding will be reinforced through annual training, induction and local briefings. Pupil and parent awareness will be promoted proportionately and sensitively.
- The named leads will audit the allergy register, IHPs, action plans, training, medication checks, catering controls and incident learning at least annually. A simulated anaphylaxis drill will be considered and recorded as good practice.
- The policy will be reviewed at least annually and earlier following changed legislation or guidance, a serious incident or near miss, learning from a drill, significant operational change, or feedback indicating that arrangements need improvement.
- Complaints will be considered under the Federation Complaints Policy. An immediate safety concern should be raised directly with the Head of School/Assistant Headteacher or Executive Headteacher so protective action is not delayed.

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Appendix A - Site implementation schedule

Requirement	Kemsing Primary	Sundridge & Brasted CE Primary
Named senior allergy safety lead	Abbi Fordred, Assistant Headteacher	Colette Taylor-Hicks, Head of School
Emergency anaphylaxis kit	Main school office or clearly signed central point identified in the site briefing	Main school office or clearly signed central point identified in the site briefing
Minimum spare AAI stock	One pair 150 micrograms and one pair 300 micrograms	One pair 150 micrograms and one pair 300 micrograms
Accessibility standard	Unlocked and deliverable to any person on site within five minutes	Unlocked and deliverable to any person on site within five minutes
Routine equipment check	Documented monthly check and immediately after use	Documented monthly check and immediately after use
Allergy register/IHP records	Secure school system; essential information accessible to staff who need it	Secure school system; essential information accessible to staff who need it
Annual staff training	Federation programme plus local site briefing	Federation programme plus local site briefing

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Appendix B - Emergency aide-memoire

ANAPHYLAXIS = AIRWAY / BREATHING / CIRCULATION

Give adrenaline immediately. If in doubt, give it. Call 999. Bring help and medication to the person. Never let them stand or walk. Give a second dose after five minutes if there is no improvement.

Possible ABC signs include throat/tongue swelling, hoarse voice or difficulty swallowing; sudden wheeze, persistent cough, noisy or difficult breathing; dizziness, faintness, confusion, pale clammy skin or loss of consciousness. A skin rash may be absent.

This aide-memoire does not replace the individual's current Allergy Action Plan, the instructions supplied with the device or advice from the 999 operator.

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Appendix C - Key statutory and national references

Source	Reference
Department for Education	Allergy safety in schools: statutory guidance (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
Department of Health and Social Care	Emergency asthma inhalers for use in schools
Department for Education	Statutory framework for the Early Years Foundation Stage
Legislation	Children and Families Act 2014; Children's Wellbeing and Schools Act 2026; Equality Act 2010; Human Medicines Regulations 2012 (as amended); Food Information Regulations 2014; UK GDPR and Data Protection Act 2018