Kernow Learning

Constantine Primary Allergy Policy 2026/27

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Statutory or Best Practice Policy	Statutory
School or Trust Policy	School

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Kernow Learning

Contents

Status of this policy

This policy has been reviewed against the Department for Education's final statutory guidance, Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and against the DfE's template allergy safety policy. It also draws on the Schools Allergy Code and current best practice.

The Government has confirmed that further Regulations will follow, including statutory duties relating to a named senior leader, staff training, "spare" adrenaline devices, annual review and publication. This policy will be reviewed and reissued when those Regulations are made.

Trust position on "spare" adrenaline devices and emergency inhalers: our trust will procure spare adrenaline auto-injector (AAI) kits and emergency salbutamol inhalers centrally for all schools when the forthcoming Regulations requiring them commence. Until then, emergency response relies on each pupil's own prescribed adrenaline devices, and this policy sets out how schools ensure those devices are accessible at all times (Section 9.1). Any spare devices already held by an individual school under the existing permissive Regulations continue to be maintained in line with Sections 9.2 and 9.4. References in this policy to spare AAIs and the emergency inhaler should be read accordingly.

1. Aims

This policy aims to ensure that:

- Every pupil with an allergy is safe, included and able to participate fully in all aspects of school life, including school meals, trips, clubs, sport and celebrations;
- Allergy is understood and managed as a whole-school, foreseeable health and safety risk - not solely a medical issue affecting individual pupils;
- All staff can recognise the signs of an allergic reaction and anaphylaxis and know how to respond, including how to use an adrenaline auto-injector (AAI);
- Risks are actively reduced across the whole school day - in classrooms, at mealtimes, at breaktimes, at clubs and on trips - rather than relying only on emergency response;
- Emergency medication is immediately accessible at all times and never locked away, with pupils' prescribed adrenaline devices available wherever the pupil is, supplemented by spare AAIs once these are procured under the forthcoming Regulations (and where already held – see Section 9.2);
- Allergy incidents and near misses are reported, recorded and learned from;
- Parents, pupils and staff have confidence in clear, consistent arrangements that are applied every day, including on days that are busy, disrupted or short-staffed.

This policy applies to all pupils with allergies, whether diagnosed or suspected, including food allergies, and allergies to insect stings/venom, animals, latex and medication. In line with the statutory guidance, it also covers asthma, which in children is usually allergic in nature and can be triggered or worsened by exposure to allergens. Allergy includes multiple conditions - food allergy, asthma, eczema and hay fever - which frequently co-exist in the same pupil, and staff training reflects this. It recognises that up to 20% of anaphylaxis reactions in schools happen in children with no pre-existing diagnosis - around one in five children with allergy have their first allergic reaction at school - so our systems are designed to protect every child, not only those on the allergy register.

2. Legislation and statutory context

This policy is based on and meets the requirements of:

- Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements to support pupils with medical conditions;
- Section 34 of the Children's Wellbeing and Schools Act 2026 and the statutory guidance Allergy safety in schools (DfE, July 2026), which require schools to have an allergy safety policy, publish it and keep it under review;
- The Human Medicines (Amendment) Regulations 2017, which permit schools to purchase and hold spare adrenaline auto-injectors without a prescription;
- The Food Information Regulations 2014, as amended in 2021 ("Natasha's Law"), governing allergen information and labelling for food provided on site, including full ingredient labelling of food prepacked for direct sale;
- The Equality Act 2010 - case law establishes that severe allergy can amount to a disability requiring reasonable adjustments (seasonal hay fever is excluded unless it aggravates another condition);
- Statutory Framework for the Early Years Foundation Stage (for nursery and Reception provision);
- The Schools Allergy Code (Benedict Blythe Foundation, DfE-backed) and guidance from Anaphylaxis UK, Allergy UK and the BSACI.

From September 2026, allergy management moves from recommended best practice to a statutory requirement, and Ofsted will consider how well schools implement their allergy policies as part of inspection.

3. Relationship to the Supporting Pupils with Medical Conditions Policy

This policy sits alongside, and should be read with, the Kernow Learning Supporting Pupils with Medical Conditions Policy. That policy sets out the general framework for Individual Healthcare Plans (IHPs), managing and administering medicines, record keeping, liability and complaints. This policy sets out the additional, allergy-specific arrangements required by the new statutory guidance, including whole-school risk reduction, spare AAI arrangements, whole-staff training and incident reporting. Where there is any difference in relation to allergy management, this policy takes precedence.

Coeliac disease and food intolerances are not allergies and cannot cause anaphylaxis. Pupils with these conditions are supported through dietary avoidance under the Supporting Pupils with Medical Conditions Policy, although coeliac disease requires strict gluten avoidance and cross-contamination controls similar to those for a wheat allergy. Staff training under this policy covers the difference between food allergy, coeliac disease and food intolerance.

4. Roles and responsibilities

4.1 The Board of Trustees (via the Local Governing Board where appropriate)

- Holds ultimate responsibility for ensuring arrangements are in place to support pupils with allergies and that this policy is implemented effectively;
- Receives assurance on allergy safety, training compliance, AAI provision and incident reporting through trust monitoring arrangements;
- Our Kernow Learning Health and Safety Trustee is Mike Teague.
- Each school's Local Governing Board designates a named safeguarding governor. As part of this role they will receive the school's allergy assurance information (training compliance,

device checks, incidents and near misses) through existing health and safety reporting, and meet the Headteacher (who is the Allergy Lead) termly to monitor allergy safety.

4.2 The Headteacher (named Allergy Lead)

- Has overall responsibility for allergy safety in the school and for the implementation of this policy- they are the named Allergy Lead;
- The Headteacher, as the Allergy Lead ensures they have training to carry out the role;
- Ensures all staff - including lunchtime supervisors, office staff, caretakers, minibus drivers, regular supply staff and volunteers - receive allergy awareness training, and that this is refreshed annually and included in induction;
- Ensures any spare AAIs held are stored, checked and replaced in line with Section 9, and that spare AAI kits are put in place promptly once procured by our trust when the forthcoming Regulations commence;
- Ensures the allergy register and IHPs are current and that information reaches the staff who need it, including supply and temporary staff;
- Ensures allergy incidents and near misses are reported, reviewed and acted upon.
- Maintains the school allergy register and coordinates allergy IHPs/allergy action plans with parents, pupils and healthcare professionals;
- Oversees the spare AAI kit(s), where held: stock, storage, checks at least half-termly, or more frequently where the school's risk assessment requires it, and expiry dates;
- Coordinates allergy training, keeps the training record and identifies staff needing enhanced training;
- Acts as the point of contact for parents, catering staff and external providers on allergy matters;
- Leads the review of any allergy incident or near miss and updates risk assessments and plans accordingly.

4.3 All staff

- Complete annual allergy awareness training and know how to recognise an allergic reaction and anaphylaxis;
- Know which pupils in their care have allergies, where their medication and action plans are kept, and what to do in an emergency;
- Follow risk-reduction measures in this policy (e.g. food in the classroom, handwashing, no food sharing);
- Never leave a pupil suspected of having an allergic reaction unaccompanied, and never hesitate to use an AAI or call 999 where anaphylaxis is suspected - it is always safer to act;
- Report all allergic reactions and near misses to the Allergy Lead (Headteacher).

4.4 Catering staff and contractors

- Comply with Natasha's Law and food information regulations, maintain accurate allergen matrices, and manage cross-contamination risks in preparation and service;
- Operate a reliable system for identifying pupils with allergies at the point of service (see Section 8);
- Ensure agency and relief catering staff are briefed on allergy procedures before working unsupervised.

4.5 Parents and carers

- Provide full, up-to-date information about their child's allergies at admission and whenever anything changes, including diagnosis, triggers, medication and healthcare professional advice;
- Provide in-date prescribed medication (including two AAIs where prescribed) and replace it before expiry;
- Contribute to the development and review of their child's IHP/allergy action plan;
- Support their child to understand and manage their allergy appropriately for their age.

4.6 Pupils

Pupils will be supported, in an age-appropriate way, to understand their own allergy, to avoid their triggers, to tell an adult immediately if they feel unwell, and - where competent - to carry and use their own medication. All pupils will be taught not to share food and to be allergy-aware, kind and inclusive towards their peers. Teasing or bullying related to allergy will be treated as a serious behaviour and safeguarding matter.

5. Identifying pupils with allergies

Allergy information is actively sought and recorded at every entry and transition point:

- At admission: allergy questions form part of the admission/data collection process for every pupil;
- At transition: allergy information is transferred between year groups, key stages and schools, and shared with receiving settings;
- In-year: parents are reminded at least annually (and via newsletters) to update the school about new diagnoses or changes.
- Timescales: support arrangements are in place before the start of term for September starters, and within two weeks for pupils admitted mid-year.

The school maintains an allergy register, held on the MIS (Ed:Gen) with clear flags, listing each pupil's allergens. The register is accessible to all staff who need it, including - in an appropriate summary form (Appendix C) - supply staff, peripatetic staff and club providers. Photo boards or equivalent secure visual aids may be used in staff rooms, kitchens and dining areas with parental consent.

Allergy information is also sought from staff (at induction, with arrangements in place from their first day of work) and from visitors in advance of their visit wherever possible, particularly where food will be served. The risk-reduction and emergency response measures in this policy apply equally to adults.

Because a significant proportion of severe reactions occur in pupils with no prior diagnosis, emergency procedures in Section 10 apply to any pupil showing signs of anaphylaxis, whether or not they are on the register.

6. Individual Healthcare Plans and allergy action plans

A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact on them at school, they are at risk of harm as a result of it, and they require arrangements which are additional to or different from those made generally. A formal diagnosis is not required: where an allergy is suspected or medical investigation is under way, the pupil will not be dismissed - arrangements are put in place based on the best assessment of risk that can be made, and advice is then sought from healthcare professionals. Each pupil has a single IHP covering all their conditions,

and the Headteacher decides, in discussion with parents and any relevant healthcare professionals, whether an IHP is required or whether the allergy can be managed through the school's general arrangements. Where an IHP is needed it incorporates the pupil's allergy action plan (we use the BSACI Allergy Action Plan templates, completed by the pupil's healthcare professional wherever possible). Plans are developed in partnership with parents, the pupil (where appropriate) and healthcare professionals, in line with the Supporting Pupils with Medical Conditions Policy, and will set out:

- The pupil's allergens, typical symptoms and reaction history;
- Day-to-day management and avoidance measures, including dietary requirements and catering arrangements;
- Medication held in school, storage location, and whether the pupil self-carries;
- The emergency response: what constitutes an emergency, step-by-step actions, and who is responsible (including on trips and at off-site activities);
- Arrangements for trips, sport, clubs, exams and other activities outside the normal timetable.

Where a pupil has asthma, their Asthma Action Plan (issued by a healthcare professional) is attached to the IHP in the same way. Whenever an updated Allergy or Asthma Action Plan is received, the IHP is reviewed to incorporate it.

Plans are reviewed at least annually, after any reaction or near miss, and whenever the pupil's needs change. A copy of the action plan is kept with the pupil's medication and is accessible to all relevant staff.

7. Reducing risk across the school day

We take a preventative, whole-school approach. Allergen risks are treated as hazards within our health and safety management system and are addressed in relevant risk assessments - not only within IHPs. The following measures apply:

7.1 Classrooms and curriculum

- Food used in lessons (e.g. cooking, science, sensory play) is checked against the allergy register in advance; alternatives are provided so that no pupil is excluded;
- Food is not used as a reward or incentive
- Handwashing and surface cleaning routines follow any food-based activity;
- Craft and equipment risks (e.g. latex, food packaging in junk modelling) are considered for affected pupils.

7.2 Food in school, breaktimes and snacks

- Pupils are taught never to share food or drink;
- Parents are given clear guidance on food brought into school (e.g. packed lunches, birthday treats) and all ingredients have to be identified. We ask that food brought into school does not contain nuts.
- We do not claim to be a “nut-free” school, as this cannot be guaranteed and can create false reassurance; instead we operate allergen-aware practices proportionate to the needs of pupils on roll.

7.3 Dining and food service

See Section 8.

7.4 Trips, sport and off-site activities

- Educational visit risk assessments explicitly address allergy: travel, venue, catering, activity risks, access to medication and emergency response times;
- Pupils' AAIs and action plans (and, where the school holds spare AAIs, a spare AAI kit where appropriate) travel with the group, carried by a trained adult or the pupil where they self-carry; taking a spare kit on a trip must not leave the school site without spare provision;
- Group leaders confirm before departure which pupils have allergies and who is responsible for their medication;
- Residential providers and external venues are informed of dietary and allergy needs in advance and their arrangements are checked.

7.5 Events, clubs and third parties

- Before/after-school clubs, breakfast clubs, holiday clubs, PTA events, bake sales and lettings are in scope of this policy;
- External providers and hirers are given a summary of relevant allergy procedures and confirm how they will manage food and emergencies;
- Supply and agency staff receive an allergy briefing (Appendix C)(register summary, action plan locations, AAI locations, emergency procedure) as part of their daily induction sheet.

7.6 Early years (safer eating)

- A member of staff with a valid paediatric first aid certificate is always present in the room while children in nursery and Reception are eating;
- Before a child is admitted, information is obtained about dietary requirements, preferences, allergies, intolerances and health needs, and shared with all staff involved in preparing and handling food;
- At every mealtime and snack time it is clear who is responsible for checking that the food provided meets each child's requirements;
- Staff are aware that allergies can develop at any time, particularly during weaning, and follow the EYFS statutory framework and the child's Allergy Action Plan.

7.7 Airborne and contact allergens

Where a pupil has a known allergy to an airborne or contact allergen (for example animal dander, latex, pollen, or airborne particles of food such as milk powder or flour), reasonable measures are put in place to manage the risk of the pupil being exposed to that allergen. These measures are identified through the pupil's IHP and the school's risk assessments, and may include adjustments to activities involving animals, plants, food preparation or craft materials, handwashing, cleaning and ventilation routines, and forewarning of activities likely to present a risk (for example outdoor events during high pollen periods for pupils with allergic asthma or hay fever).

8. Catering and allergen management

- Full ingredient and allergen information is maintained for all food provided on site, compliant with Natasha's Law and the Food Information Regulations 2014, covering the 14 regulated allergens;
- A written special diet procedure is in place: medical diet requests are supported by appropriate evidence, recorded, and communicated to kitchen and service staff;

- Pupils with allergies are identified at the point of service by at least two robust methods - photo card at the servery plus a coloured lanyard system - so that identification never depends on the pupil or on any single member of staff's memory;
- Pupils with allergies are never segregated from their peers at mealtimes (for example by being required to sit at a separate table); risks are managed so that they can enjoy school meals alongside their friends;
- Reasonable adjustments are made so that pupils with allergy who are entitled to free school meals can access their entitlement, captured through the IHP;
- Cross-contamination controls (segregation, dedicated utensils, cleaning regimes, service order) are documented and monitored;
- Menus and allergen information are available to parents, and any menu change affecting allergens is communicated in advance;
- Allergy management arrangements are reviewed with the catering provider at least annually and following any incident. Allergen control now forms part of Environmental Health inspections.

9. Emergency medication and spare adrenaline auto-injectors

In this policy, "adrenaline device" includes both adrenaline auto-injectors (AAIs) and nasal adrenaline devices. Some pupils may be prescribed a nasal device; these cannot currently be stocked as "spare" devices, and if a pupil's prescribed nasal device is not available in an emergency, the school's spare AAIs may be used instead, where held.

9.1 Pupils' own medication

- Prescribed AAIs and antihistamines are managed in line with the Supporting Pupils with Medical Conditions Policy: in date, labelled, and with written parental consent;
- AAIs are never locked away. They are stored, with the pupil's allergy action plan, in a known, accessible location agreed in the IHP, and are immediately available wherever the pupil is - including PE, trips and clubs;
- Pupils are encouraged to keep their prescribed adrenaline devices with them in their school bags - even in primary school - including when travelling to and from school. Clinical advice is that pupils at risk of anaphylaxis carry two devices at all times;
- Where a pupil cannot keep their devices with them (due to age or other considerations), they are stored in a known, unlocked central location so that adrenaline can always be brought to the pupil and administered within five minutes;
- Clear arrangements are agreed with parents for devices to go home at the end of the day where needed; parents are responsible for checking prescribed devices remain in date and replacing them before expiry.
- Because the school's emergency response relies on pupils' own prescribed devices until spare AAIs are procured under the forthcoming Regulations (see Section 9.2), the school confirms at the start of each term, and on admission, that every pupil at risk of anaphylaxis has two in-date prescribed adrenaline devices accessible in school, and follows up any gap with parents immediately.

9.2 Spare (emergency) AAIs held by the school

- The Government intends to introduce a statutory duty for schools to stock spare AAIs through forthcoming Regulations. Spare AAI kits will be procured centrally by our trust for every school when those Regulations commence, purchased from a pharmacy under the Human

Medicines (Amendment) Regulations 2017 (which permit purchase without prescription). **Where a school already holds spare AAIs under those Regulations, the arrangements in this section apply to them now.** Until spare AAIs are in place, the school's emergency response relies on pupils' own prescribed adrenaline devices (Section 9.1);

- The number, brand(s) and doses to be held are determined by a risk assessment of the pupil population (numbers at risk, age/weight dose bands, site layout). Exepected in January 2027, school will hold a pair of 150 microgram devices for children under 6 and a pair of 300 microgram devices for children ages 6 and over. These devices will be held in the school office.
- In line with the statutory guidance, spare AAIs are stocked and stored in pairs, of the correct dosage for the pupils on roll. As primary schools, each school will hold at least one pair of 150 microgram devices (for children under 6) and one pair of 300 microgram devices (for those aged 6 and over), with additional sets on large or split sites so that adrenaline can be brought to any point on the site within five minutes;
- Each emergency kit is clearly labelled, so that spare devices cannot be confused with adrenaline devices prescribed to a named pupil, and contains the AAI(s), instructions, a register of contents and a record sheet for use and checks;
- Kits are stored unlocked, at room temperature away from direct heat/sunlight, in prominent, known locations that remain accessible during evacuation or lockdown;
- The Allergy Lead (Headteacher) checks any kits held regularly - at least half-termly - for presence, condition and expiry, including the emergency salbutamol inhaler and spacer (Section 9.4), and records the check; replacements are ordered before expiry;
- The spare AAI may be used for any pupil where anaphylaxis is suspected: for pupils known to be at risk, where the school holds consent for emergency AAI use (collected via the IHP consent form); and in line with emergency guidance where a pupil with no prior diagnosis is believed to be suffering anaphylaxis, as calling 999 and following their direction. In any life-threatening emergency, staff act on the basis that it is always safer to give adrenaline and call 999 than to wait.

9.3 After any use

- 999 is always called whenever adrenaline is administered, even if the pupil appears to recover;
- Used devices are given to the ambulance crew, taken to a pharmacy or placed in a pre-ordered sharps bin (AAIs contain needles); devices which expire unused are disposed of in the same way. The administration is recorded; parents are informed the same day; the kit is restocked; and the incident review in Section 12 is triggered.

9.4 Emergency asthma reliever inhaler

Wheeze is a common symptom of asthma and also occurs during food-induced anaphylaxis, and many pupils with food allergy also have asthma. Each school will keep an emergency salbutamol reliever inhaler and spacer alongside the spare AAI kit; these will be procured by our trust at the same time as the spare AAIs, when the forthcoming Regulations commence. Schools already holding an emergency inhaler purchased under the Human Medicines Regulations 2012 (as amended in 2014) continue to maintain it in line with this section. School stores the 100 microgram Salbutamol inhaler in the school office.

The emergency inhaler may only be used for a pupil who has been prescribed a reliever inhaler and whose own inhaler is not available (for example, broken or empty), and only where written parental consent has been obtained in advance - a different legal position from spare AAIs. **An emergency inhaler is never given instead of adrenaline to treat anaphylaxis: if a pupil with food allergy suddenly has difficulty breathing, adrenaline is always given first.**

10. Emergency response to an allergic reaction

All pupils' allergy action plans set out what constitutes an emergency for that pupil. In general:

10.1 Signs of a mild-to-moderate reaction

Itchy/tingling mouth, hives or itchy skin rash, swelling of face or lips, abdominal pain or vomiting. Follow the pupil's action plan (usually antihistamine). Never leave the pupil unattended: they are observed in a safe place for at least 60 minutes after any reaction, however mild, as mild reactions can develop into anaphylaxis. Help and medication are always brought to the pupil, not the pupil to them. Inform parents. The pupil does not normally need to be sent home or require urgent medical attention.

10.2 Signs of anaphylaxis (ABC)

- **Airway:** persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- **Breathing:** difficult or noisy breathing, wheeze
- **Circulation/Consciousness:** persistent dizziness, pale or floppy, collapse, unconsciousness

10.3 Emergency action

If ANY sign of anaphylaxis:

1. **Give adrenaline (AAI) immediately** - the pupil's own or, where the school holds one, a spare - following the device instructions;
2. **Lie the pupil flat with legs raised** (or sitting up if breathing is difficult; recovery position if unconscious and breathing). Do NOT stand the pupil up or walk them;
3. **Call 999, state "anaphylaxis"**, and send someone to meet the ambulance;
4. **Stay with the pupil.** If there is no improvement after 5 minutes, give a second AAI;
5. **Contact parents.** A member of staff accompanies the pupil to hospital if parents have not arrived;
6. **Record everything:** times, symptoms, doses given, device(s) used.

If a pupil known to have both asthma and food allergy suddenly has difficulty breathing**, always consider anaphylaxis and give adrenaline first - giving adrenaline in this situation is very safe and may be lifesaving**. A reliever inhaler may be given after adrenaline if the pupil is still wheezing and their action plan says so, but never instead of it.

Emergency procedures, including AAI locations and the whereabouts of trained staff, form part of the school's wider emergency planning and remain workable during evacuation, lockdown, staff absence and off-site activity.

11. Staff training

Training is delivered at two tiers across the trust:

All pupil-facing staff and adults who are present during times when pupils are scheduled to be on site - including teachers, teaching assistants, lunchtime supervisors, office staff, premises staff where pupil-facing, catering staff, drivers, regular supply staff, peripatetic staff, agency workers and regular volunteers (regular volunteers are in school weekly, or may be with children overnight at a residential visit)- complete allergy awareness training on induction and at least annually, delivered through the trust e-learning module and supplemented by a school-level briefing on local arrangements. Contractors with no pupil-facing role, such as ad hoc maintenance workers, are not required to complete this training but must follow site safety procedures. Governors receive policy awareness through governance reporting and training where their role requires it. This training covers: understanding allergy and anaphylaxis; common triggers; recognising the symptoms of allergic reactions and anaphylaxis; the emergency response to both anaphylaxis and an asthma attack; how and when to use an AAI (including the school's spare devices, where held); the difference between food allergy, coeliac disease and food intolerance; the impact of allergy on a pupil's wellbeing; and this policy and the school's local procedures.

Staff whose role requires it - the Allergy Lead, first aiders, the catering lead, the Educational Visits Coordinator, staff named in IHPs and staff supervising eating - also receive practical, role-specific training each year, including hands-on practice with AAI trainer devices, scenario walk-throughs, special diet procedures and incident reporting, with competence confirmed and recorded. The Allergy Lead will ensure they have sufficient knowledge and understanding to carry out the role effectively, including familiarity with this policy, the statutory guidance, the allergy register, IHP processes, spare AAI arrangements, training records, risk assessment and incident review. This may be achieved through the annual allergy awareness training, trust/school briefings and review of the statutory guidance; additional external training is not required unless identified through risk assessment, incident review or a change in guidance.

Training records are held by the school and reported to the trust through the training compliance matrix. No member of staff will be expected to supervise pupils with severe allergies at food times without allergy awareness training. Training content reflects the final statutory guidance, covers both anaphylaxis and acute asthma, and will be updated for any newly approved devices (e.g. nasal adrenaline sprays) and forthcoming Regulations. Schools are encouraged to run periodic allergy safety drills (a simulated case of anaphylaxis, tested in the same way as a fire drill), with the results recorded as for a near miss and used to inform review of this policy.

12. Incident reporting, near misses and learning

- All allergic reactions, suspected reactions and near misses (e.g. an allergen served or nearly served to an allergic pupil, missing medication, a failed identification step) are reported to the Allergy Lead who then notifies the school office who record the incident on AssessNET. The Trust Specialist for Estates will review the report and carry out an investigation and record their finding on AssessNET. Headteacher to phone the Estates Lead to report the incident.
- Every incident or near miss is reviewed by the Allergy Lead (Headteacher) with the Trust Specialist for Estates: what happened, why the controls did not prevent it, and what will change;
- Learning is fed back into the pupil's IHP, risk assessments, training and this policy, and shared across the trust where relevant;
- Serious incidents, where applicable, are reported under RIDDOR by the duty Health and Safety Officer at Cornwall Council, and parents are fully informed;
- Where unsafe food (for example, food containing an undeclared allergen) may have left the school's control and could pose a wider risk, the local authority environmental health team is notified in line with Article 19 of Regulation (EC) 178/2002; isolated and immediately

contained incidents are recorded and reviewed but do not usually require formal notification;

- Where an incident or near miss relates to the delivery of a care plan or action plan issued by a healthcare professional, that professional or team is notified and provided with a copy of the report;
- The impact of exposure to an allergen may not be recognised until the pupil is at home; reports from parents, pupils or healthcare professionals are treated in the same way as reports from staff;
- The Headteacher (As named Allergy Lead) reports allergy incidents, near misses and actions taken to the LGB as part of regular health and safety reporting.

13. Communication with parents, pupils and the school community

- This policy is published on the school website, is available in hard copy on request, and is highlighted to all parents at the start of each year and at admission;
- Structured two-way communication is maintained with parents of pupils with allergies: named contact (Allergy Lead), agreed update points, and prompt notification of anything affecting their child (menu changes, incidents, upcoming food-based activities and trips);
- Allergy awareness is built into the curriculum and school culture (e.g. PSHE, assemblies, Allergy Awareness Week) so that pupils understand allergies and support their peers;
- We are alert to the wellbeing impact of allergy - anxiety, exclusion from activities, or bullying - and respond through our pastoral and anti-bullying systems.

Information about a pupil's allergy is health information and therefore special category data under UK GDPR. The school has a lawful basis to hold, use and share this information where necessary to keep the pupil safe, but does so in a controlled and respectful way: information is shared with those who need it to carry out their role, and unnecessary sharing that could embarrass a pupil or single them out is avoided. Full arrangements are set out in the trust Data Protection Policy (see Section 17).

14. Record keeping

The school keeps, for as long as the pupil is on roll: the allergy register; IHPs and allergy action plans; parental consent forms (medication and emergency spare AAI use); the medicines log and AAI administration records; spare AAI check records; staff training records; and incident/near-miss reports and reviews.

15. Monitoring arrangements

This policy is reviewed annually by Kernow Learning, or sooner in line with changes to statutory guidance, and each school's local arrangements are reviewed annually by the Headteacher (as Allergy Lead). Implementation is monitored through our trust's compliance framework, including training completion, AAI checks, IHP currency and incident data. Each school completes our trust's Allergy Safety Assurance Checklist (Appendix D) annually in the autumn term, after any allergy incident, and on any change to statutory guidance, and returns it to our trust safeguarding lead.

16. Unacceptable practice

In line with the statutory guidance, the following are not acceptable in any Kernow Learning school:

- Preventing pupils from easily accessing their medication, including prescribed adrenaline devices;
- Ignoring the views of the pupil or their parents, or ignoring medical evidence or advice - including insisting on letters from consultants where advice has been provided by a GP or community nurse;
- Assuming that a pupil does not have an allergy because they do not yet have a diagnosis, or that every pupil with allergy requires the same support;
- Sending pupils home frequently, or preventing them from taking part in normal school or extracurricular activities (including lunch), for reasons associated with their allergy;
- Sending a pupil who becomes unwell to the office or medical room without suitable supervision - in an allergic emergency, help must come to the pupil, not the other way round;
- Requiring parents, or making them feel obliged, to attend school to administer medication or provide medical support, or to accompany their child on trips as a condition of participation.

17. Links to other policies/ Procedures

Supporting Pupils with Medical Conditions ·Health and Safety ·Safeguarding and Child Protection · ·Educational Visits Procedures · Critical Incident ·Food/Catering arrangements ·Data Protection

Appendix A: School-level adaptation checklist

Before adopting this policy, each school must complete the following local details:

- Record spare AAI kit numbers, contents, doses and locations where held, or planned provision pending our trust procurement under the forthcoming Regulations (Section 9.2);
- State the two point-of-service identification methods used in the dining hall (Section 8);
- Confirm the school's position on food brought into school, birthday treats and food as rewards (Sections 7.1-7.2), including any cohort-specific allergen restrictions;
- Confirm arrangements for the emergency salbutamol inhaler, including written parental consent (Section 9.4);
- Check arrangements for breakfast/after-school clubs and any third-party providers on site (Section 7.5);

Appendix B: Anaphylaxis emergency poster (for display)

Display beside every spare AAI kit, in the staff room, kitchen, dining hall and office.

SUSPECT ANAPHYLAXIS? Airway - Breathing - Circulation/Consciousness

- **GIVE ADRENALINE (AAI) IMMEDIATELY** - pupil's own (or school spare where held)
- **LIE FLAT, RAISE LEGS** (sit up if breathing is hard; recovery position if unconscious). Do not stand or walk the pupil
- **CALL 999** - say "ANAPHYLAXIS". Send someone to meet the ambulance
- **NO IMPROVEMENT AFTER 5 MINUTES?** Give the second AAI
- **STAY WITH THE PUPIL** - contact parents - record times and doses
- **AFTER ANY REACTION** - however mild - observe the pupil for at least 60 minutes

Spare AAI kit locations in this school: expected in January 2027 and stored in the school office. None currently held – use the pupil's own prescribed devices

When in doubt, give adrenaline and call 999. It is always safer to act.

Appendix C- Allergy Safety Policy Summary Form

Pupil Information

- **Child's Name:**
- **Date of Birth:**
- **Year Group/Class:**

Allergy Information

Confirmed Allergy/Allergies

☐ Milk
☐ Egg
☐ Peanut
☐ Tree Nuts
☐ Sesame
☐ Fish
☐ Shellfish
☐ Wheat
☐ Soya
☐ Insect Sting
☐ Animal Allergy
☐ Other: _____

Severity

☐ Mild
☐ Moderate
☐ Severe / Risk of Anaphylaxis

Known Triggers

(Include foods, ingredients, environmental factors, animals, stings, etc.)

_____

Anaphylaxis Indicators

☐ Difficulty breathing
☐ Wheezing
☐ Persistent cough
☐ Swollen tongue/throat

☐ Change in voice
☐ Collapse/unresponsiveness

Emergency Medication

☐ Adrenaline Auto-Injector (AAI)
Brand: _____

☐ Antihistamine
Type: _____

☐ Other Medication:

Medication Location(s)

- Classroom: _____
- Medical Room: _____
- Additional Location: _____

Emergency Response

If a Reaction Occurs

1. Follow the child's Allergy Action Plan.
2. Administer medication as prescribed.
3. If anaphylaxis is suspected:
    - Administer AAI immediately.
4. Inform Headteacher/DSL.

Appendix D Kernow Learning Allergy Safety Assurance Checklist

Completed by the Headteacher annually (autumn term), after any allergy incident, and on any change to statutory guidance, and returned to our trust safeguarding lead as part of compliance reporting. Policy references are to the Allergy Safety Policy. For each item record: Yes / Partly / No, the evidence, and any action with an owner and date.

The test for every answer is not "do we have this on paper?" but "would this still protect a pupil on a day that is busy, disrupted and short-staffed?"

C1. Leadership and governance

Ref	Check	Policy ref	Y/P/N	Evidence / action
1.1	A named Allergy Lead is in post, trained, and known to all staff	4.2		
1.2	Allergy is treated as a health and safety risk within the school's H&S management system, not only a medical matter	1, 7		
1.3	The Headteacher reviews allergy compliance information (training, AAI checks, incidents) and shares it with the named safeguarding governor at their termly meetings	4.1, 4.2, 15		
1.4	The LGB/our trust receives allergy assurance through H&S reporting, including incident and near-miss data, and a named safeguarding governor is in place and engaged (policy 4.1)	12, 15		
1.5	The Allergy Safety Policy has been adapted with all local details completed (Appendix A) and is published on the school website	App A, 13		

C2. Identification and information flow

Ref	Check	Policy ref	Y/P/N	Evidence / action
2.1	Allergy information is collected at admission and at every transition point, and parents are prompted at least annually to update it	5		
2.2	The allergy register is current, flagged on Ed:Gen, and accessible to all staff who need it	5		
2.3	Supply, agency and temporary staff receive an allergy briefing before working with pupils, and could locate action plans and AAIs quickly	5, 7.5		

Ref	Check	Policy ref	Y/P/N	Evidence / action
2.4	Allergy information flows into risk assessments, catering systems and club/trip planning - not only IHPs	7, 8		
2.5	Allergy information is sought from staff at induction and from visitors in advance where food will be served, and any required support or risk-reduction arrangements are acted on appropriately	5, 7, 13		

C3. Individual Healthcare Plans

Ref	Check	Policy ref	Y/P/N	Evidence / action
3.1	Every pupil whose allergy meets the IHP test in policy Section 6 (functional impact, risk of harm, arrangements beyond the general) has an IHP incorporating an allergy action plan (BSACI format where possible)	6		
3.2	Plans are reviewed at least annually, after any reaction, and on any change of need	6		
3.3	A copy of each action plan is kept with the pupil's medication and staff know where both are	6, 9.1		
3.4	Parental consent is held for medication administration and for emergency use of the school's spare AAI	6, 9.2		
3.5	IHPs are developed and reviewed with the pupil and parents, refer to the most recent Allergy/Asthma Action Plan or healthcare advice, and are shared only with staff who need access	6, 13, 14		

C4. Training and competence

Ref	Check	Policy ref	Y/P/N	Evidence / action
4.1	ALL staff - including lunchtime supervisors, office, premises, regular supply and volunteers - have completed allergy awareness training in the last 12 months. (Regular volunteers are in school weekly or volunteering with overnight trips.)	11		
4.2	Key staff (Allergy Lead, first aiders, catering lead, staff named in IHPs, staff supervising eating) have completed	11		

Ref	Check	Policy ref	Y/P/N	Evidence / action
	practical role-specific training including AAI trainer-device practice			
4.3	Allergy awareness is included in induction for all new starters	11		
4.4	Training is role-specific and confidence has been checked through scenarios or discussion, not assumed	11		
4.5	Training records are complete and reported through the trust training compliance matrix	11, 14		

C5. Medicines and spare AAIs

Ref	Check	Policy ref	Y/P/N	Evidence / action
5.1	Pupils' own AAIs are in date, never locked away, and immediately accessible wherever the pupil is (including PE, clubs and trips)	9.1		
5.2	Spare AAI kit(s) are held in pairs at the correct doses, with contents and locations matching the school's risk assessment, and an emergency salbutamol inhaler and spacer is held alongside with written parental consents recorded *Note: spare AAIs and emergency inhalers will be procured centrally by our trust when the forthcoming Regulations commence; until then, answer for any devices the school already holds, or record "Pending trust procurement". The school remains responsible for confirming numbers and doses against its own risk assessment, recording locations, and for storage and checks of any devices held.*	9.2, 9.4		
5.3	Regular checks (at least half-termly: presence, condition, expiry) are completed and recorded, and replacements ordered before expiry	9.2		
5.4	Emergency medication would remain accessible during evacuation, lockdown or off-site activity	9.2, 10		
5.5	The emergency poster (Appendix B) is displayed beside every kit and in key locations	App B		

C6. Emergency response

Ref	Check	Policy ref	Y/P/N	Evidence / action
6.1	It is clear who leads and who acts in an allergic emergency, including when key staff are absent	10		
6.2	All staff know the anaphylaxis response: give adrenaline immediately, lie flat, call 999, second dose after 5 minutes if no improvement	10.3		
6.3	Anaphylaxis is embedded in the school's wider emergency planning and any drills/walk-throughs	10		
6.4	After any reaction, however mild, the pupil is observed for at least 60 minutes; whenever adrenaline is given, 999 is called, parents are informed the same day, the kit is restocked and an incident review is triggered	10.1, 9.3		

C7. Catering and food across the school day

Ref	Check	Policy ref	Y/P/N	Evidence / action
7.1	Allergen information is complete and compliant with Natasha's Law for all food provided on site *Note: allergen matrices and compliance evidence are available via the Trust Specialist for Estates (Malcolm Godwin).*	8		
7.2	At least two robust point-of-service identification methods operate in the dining hall and do not depend on any one person's memory	8		
7.3	Pupils with allergies are never segregated at mealtimes; risks are managed so they eat alongside their peers, and pupils entitled to free school meals can access their entitlement	8		
7.4	Special diet and cross-contamination procedures are documented, followed and reviewed with the caterer at least annually	8		
7.5	Early years safer eating: a paediatric first aider is always present in the room while nursery/Reception children eat, and it is	7.6		

Ref	Check	Policy ref	Y/P/N	Evidence / action
	clear at every meal and snack time who checks each child's food			
7.6	Food in classrooms, snacks, packed lunches, birthday treats/cakes, food as rewards, events, bake sales, clubs and lettings are covered by clear, communicated rules, including any cohort-specific allergen restrictions	7, App A		
7.7	Trip risk assessments explicitly address allergy, and medication travels with the group	7.4		
7.8	Risk assessments for classrooms, curriculum activities and trips include airborne/contact allergens where relevant, such as latex, animal dander, pollen, food powders, craft materials and sensory play	7.1, 7.4, 7.7		
7.9	School communications, website wording, parent guidance and local practice do not describe the school as "nut-free" or imply a guaranteed allergen-free environment; the school uses proportionate allergen-aware practice	7.2, 13		

C8. Communication, incident learning and culture

Ref	Check	Policy ref	Y/P/N	Evidence / action
8.1	Parents of pupils with allergies have a named contact and are promptly informed of anything affecting their child, and the policy is highlighted to all parents at the start of each year and at admission	13		
8.2	Contractors, club providers and hirers understand and confirm the allergen controls that apply to them	7.5, 8		
8.3	All reactions AND near misses are reported, reviewed for learning, and changes fed back into plans, risk assessments and training	12		
8.4	Correct reporting routes are followed for incidents and near misses: AssessNET is completed, parents are informed, the Trust Specialist for Estates is notified, LGB/governance reporting is considered, and RIDDOR, environmental health or healthcare professional notification is considered where applicable	12		

Ref	Check	Policy ref	Y/P/N	Evidence / action
8.5	Staff treat allergy safety as everyone's responsibility, raise concerns early, and near misses are discussed openly without blame	12		
8.6	Allergy-related teasing or bullying is addressed through behaviour and pastoral systems, and pupil wellbeing is monitored	4.6, 13		
8.7	Required allergy safety records are complete and accessible: allergy register, IHPs/action plans, parental consent, medicines logs, AAI administration records, spare AAI/emergency inhaler checks, training records, and incident/near-miss reports and reviews	14		

Overall readiness judgement: Would our systems protect a pupil if today was busy, disrupted and short-staffed? YES / PARTLY / NO

Completed by: _____ Role: _____ Date: _____

Actions arising are logged, owned and dated, and reviewed at the next Headteacher/Allergy Lead meeting. A copy is returned to the trust.