

HUNGERFORD NURSERY SCHOOL

Allergy Safety Policy

To be reviewed: Annually

Policy Agreed:

To be reviewed:



Headteacher	Sign: 
	Date: 4/9/26
Chair of Governors	Sign: 
	Date: 4/9/26

Date	Description of any changes
4/9/26	New Policy following the implementation of Benedict's Law in Sept 26. Used Kitt Medical template policy as guide.

Definitions and Abbreviations:

Kitt Medical Portal	A secure online management system by Kitt Medical for schools and businesses that are subscribed to the service. Admin users can track staff CPD-training completion, monitor adrenaline auto-injector expiration dates, complete routine checkups, and access policy templates, allergy resources and incident report forms.
Allergy Lead	Person responsible for the overseeing and implementation of this policy. Hungerford Nursery School Allergy Lead: Chloe Summerville (Headteacher) Supported by: Gemma Baker (Office Administrator)
AAI	Adrenaline Auto-Injector (e.g. EpiPen or Jext)
CPR	Cardiopulmonary Resuscitation
FSA	Food Standards Agency
Anaphylaxis Kitt	The wall-mounted kit provided by Kitt Medical, containing the 'spare' adrenaline auto-injectors. It can be opened using one of the keys provided (either on a lanyard or in the 'Emergency Break for Access' box, also all provided by Kitt Medical.
Sharps bin	A rigid, puncture-resistant plastic box with a secure lid. It is used for the safe storage and disposal of sharp medical items - such as needles, syringes, lancets, and scalpels - to prevent accidental cuts, punctures, and the spread of infections.
Adrenaline trainer devices	A reusable, non-active practice tool that simulates a real adrenaline auto-injector. It contains no actual medication or hidden needle.
Allergy Action Plan	A personalised, written medical document created by a healthcare professional. It details a person's specific allergies, outlines how to identify mild-to-moderate versus severe (anaphylaxis) symptoms, and provides step-by-step instructions on emergency medication administration and contact protocols.

HSE	Health and Safety Executive.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. UK schools must report specific work-related accidents, occupational diseases, and near-miss dangerous occurrences to the Health and Safety Executive.
Individual Healthcare Plan (IHP or IHCP)	A formal written document that outlines a student's specific medical or health conditions and details how school staff should manage their daily care and handle potential emergencies.
IgE food allergy	A rapid, immune system-driven reaction where the body produces immunoglobulin E antibodies specific to a food protein. When the specific food is eaten, these antibodies trigger the release of histamine and other chemicals, causing symptoms within minutes to two hours.
Non-IgE food allergy	A delayed immune reaction to food proteins that usually affects the digestive tract or skin. Symptoms appear hours or days after eating.

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1. Introduction and core principles

Under Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026, amending Section 100 of the Children and Families Act 2014) Hungerford Nursery School is required to have, maintain and publish an allergy safety policy.

Hungerford Nursery School is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies, and this policy sets out how the school will support pupils with allergies so that they are safe and are not disadvantaged in any way whilst taking part in school life. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy. Staff should also understand the difference between food allergy, coeliac disease and food intolerance.

Anaphylactic reactions usually begin within minutes of contact with the allergen - for example eating a trigger food - though they can occur several hours later. Anaphylaxis involves difficulty breathing and affects the heart rhythm. In extreme cases, there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylactic reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30 minute window of opportunity during which steps can be taken to prevent death — therefore giving emergency adrenaline **immediately** and calling emergency services (999) is crucial.

Anaphylaxis always requires an emergency response.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of 'whole body' allergic reactions - including anaphylaxis - are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen); and
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

Hungerford Nursery School has a whole-school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions, and that procedures are in place to minimise the risk of exposure.

Coeliac disease and food intolerance can present symptoms similar to those of food allergy; it is important that these are managed through dietary avoidance, but they do not pose a risk of anaphylaxis and so are not within the scope of this allergy safety policy.

Eczema, asthma and allergies sometimes occur together - known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. An individual's asthma care plan needs to be included with their Individual Healthcare Plan. These conditions are not within the scope of this allergy safety policy.

Hungerford Nursery School understands that severe allergies are included in the Equality Act 2010. The Act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. Emergency treatment and management of anaphylaxis

What to look for

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body;
- a tingling or itchy feeling in the mouth;
- swelling of lips, face or eyes;
- stomach pain or vomiting;
- mild throat tightness; and
- a sudden change in behaviour.

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** — swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing);
- **BREATHING** — sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough; and
- **CIRCULATION** — dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE THE INDIVIDUAL FLAT WITH LEGS RAISED** — they can be propped up if struggling to breathe, but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. Adrenaline auto-injectors (AAI) should be given into the muscle in the outer thigh, or nasal devices into the nostril. Specific instructions vary by brand — always follow the instructions on the device.
- **CALL 999** and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer a second adrenaline device.
- If there are no signs of life, commence CPR.
- Call the parent/carers as soon as possible.

Whilst waiting for the ambulance, keep the individual where they are. Do not stand them up or sit them in a chair, even if they appear to be feeling better - this could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment.

3. Minimising risk and exposure to allergens

Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences, and Hungerford Nursery School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary — for example, the cooking room for the duration of the lesson when a pupil with allergy is cooking.

Hungerford Nursery School is allergy aware, ensuring that staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure, and have robust emergency response plans in place.

Hungerford Nursery School completes a school-wide allergy risk assessment annually, that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the pupil who has the allergy;
- risks of exposure to allergens for individuals when planning external visits or trips;
- identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff);
- identifying measures to manage risks of exposure to a food allergen through food provided by the school;
- putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens; and
- identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk - for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, and hygiene measures after pupils have worked with the therapy dog.

Hungerford Nursery School will ensure that allergy is included in all school risk assessments, to identify risks and plan control measures to minimise the risk of exposure.

Hungerford Nursery School will ensure that the risk of exposure is minimised by:

- all school staff completing allergy training every year;
- educating pupils as and when appropriate at an age appropriate level;
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy, and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response;
- working closely with parents/carers and health professionals to understand the pupil's allergy;
- monitoring this policy to ensure that agreed practices are implemented; and
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

4. Allergy awareness and nut bans

Hungerford Nursery School supports the approach advocated by Anaphylaxis UK towards nut bans/nut-free schools. Anaphylaxis UK does not necessarily support a blanket ban on any particular allergen in any establishment, including schools, because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen-free environment for a pupil living with food allergy. Blanket bans, especially on nuts, can create a false sense of security. Instead, Anaphylaxis UK advocates for schools to adopt a culture of allergy awareness and education.

A whole-school awareness of allergies approach is much more effective, ensuring teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding pupils' allergens, the signs and symptoms, how to deal with allergic reactions, and that policies and procedures are in place to minimise the risk of exposure.

5. Food provision

Hungerford Nursery School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- ensuring that we are compliant with the [Food Information Regulations 2014](#) allergen management requirements;
- ensuring we provide information on food allergens to parents/carers;
- providing pupils' allergen information to staff in a timely manner to ensure pupils can eat safely;
- liaising with parents to ensure that all information is shared and up to date;
- identifying pupils with allergies at the point of service by using class lists and place mats to identify children with allergies at all meal times;
- ensuring that food is always labelled, as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ('may contain') labelling. This applies to food used within the classroom curriculum (e.g. cooking) as well as food from the school kitchen or canteen; and
- teaching pupils not to share, trade or swap food, utensils or food containers, and why this matters.

When staff provide food for pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays), parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school-led breakfast and after-school provision.

All pupils currently bring a packed lunch to nursery school so that parents are able to control what their child eats. Adults sit with children when they eat and monitor what they eat.

6. Medication and adrenaline devices

Individuals at risk of anaphylaxis are prescribed two adrenaline devices. One device stays in school and is kept in the child's classroom is a safe place. The device is taken when children are taken off site.

Due to the age of the children who attend our school, the staff take responsibility for the named devices in the classrooms.

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes, so if the adrenaline device cannot be with the pupil in the classroom, it should be stored in an appropriate central location that is always unlocked and accessible (including during wrap-around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

It is the responsibility of the pupil's parents to ensure the adrenaline pens are up to date and clearly labelled; however, the Allergy lead will designate responsibility to a named member of office staff to check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAI's their child is prescribed, to ensure they can obtain replacement devices in good time.

7. Spare adrenaline devices

The [Human Medicines \(Amendment\) Regulations 2017](#) permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Hungerford Nursery School holds spare adrenaline devices, provided through its Kitt Medical Anaphylaxis Kitt, for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Emergency use of a 'spare' device may include a pupil at risk of anaphylaxis whose own devices are not available or not working (for example because they are out of date, or multiple doses are needed before emergency services arrive) or use on someone experiencing anaphylaxis for the first time who does not have their own prescribed AAI. A person's own prescribed AAI should never be used on another person, as this leaves them vulnerable.

Where a 'spare' AAI is used on a person without a known allergy, staff should feel confident to administer it. Under [Human Medicines Regulations 2012, Regulation 238](#), there is a legal exemption to administer a 'spare' or back-up AAI to any pupil or person (including staff and visitors) experiencing an unexpected, life-threatening anaphylactic emergency, even if that individual is not formally known to have a prescription or prior allergy diagnosis.

The number of 'spare' device pairs needed depends on school type and size. Larger sites, or schools operating across more than one site, may need additional sets to ensure no one is ever more than 5 minutes away from a device.

These are stored in the school's Anaphylaxis Kitt(s), which is clearly labelled 'Emergency Allergy Medication' to avoid any confusion with devices prescribed to a named person. These are kept safely, not locked away, and are **accessible and known to all staff**. The school holds several orange Kitt Medical keys with which they can access the medication, and also holds a spare key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.

Hungerford Nursery School holds 2x Jext adrenaline auto injector pens (150mcg) for 0-6yrs and 2x Jext adrenaline auto injector pens (300mcg) for 6yrs +.

These are located in an Anaphylaxis Kitt(s) in the following area:

- School Office

The Allergy Lead designates the responsibility for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis to a named member of office staff, using reminder prompts scheduled on the Kitt Medical Portal - this check must be logged as completed on the Kitt Medical Portal. Kitt Medical will track the expiry dates on the pens and send replenishments ahead of the expiration date at the end of the month. The receipt of the new adrenaline pens must be recorded promptly on the Kitt Medical Portal for compliance to the provided service, and to allow for the continuous tracking of the expiry dates on the adrenaline devices.

Adrenaline devices that are used will be disposed of in a sharps box, kept in the school office, or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box, the school should register with the Local Authority, which will arrange collection.

8. In the event of an anaphylactic reaction

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed devices or 'spare' devices).
- If the individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the individual **does not have prescribed adrenaline devices**, 'spare' adrenaline devices can be used. The correct dose must be selected and used. This is clearly labelled inside the Anaphylaxis Kitt.
- If the individual's **prescribed adrenaline devices are not available, out of date, or misfire**, 'spare' adrenaline devices can be used.
- If the individual has both a serious allergy and asthma, and there is any doubt whether they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The [Human Medicines \(Amendment\) Regulations 2017](#) does not require consent to have been obtained for 'spare' adrenaline devices to be used. It is good practice for the school to obtain advance consent from parents or the young person for 'spare' adrenaline devices to be used, so that in an emergency consent can be assumed to be in place. However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given.

9. Pupil self-management

Due to the age of the children who attend our school, responsibility for the adrenaline devices sits solely with staff. Named devices are kept in clear plastic folders with clear identification of who it belongs to.

10. Staff training and emergency response

All staff, including teaching staff, support staff, admin staff and others who may oversee pupils including at breakfast or after-school clubs, will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching and peripatetic staff have received allergy awareness training.

Chloe Summerville and Gemma Baker are the named staff members responsible for coordinating training via the Kitt Medical Portal, where online training is available at any time. There is no limit on the number of staff who complete it, nor the number of times they complete it. The training will be completed annually by all staff members.

Training can be online or face-to-face. The content of the training provided by Kitt Medical includes the following **(NB items with an '**' are not explicitly covered with the Kitt Medical training, and must be communicated by the named staff members above to all staff):**

- allergy awareness, the risks it poses, how allergic reactions occur and how to manage them;
- that allergy includes multiple co-existing conditions: asthma, eczema, hay fever;
- understanding the difference between food allergy, intolerance and coeliac disease;
- that an individual can be allergic to any food, not just the 'top 14' allergens;
- knowing the symptoms of allergic reactions and how to treat them;
- knowing the symptoms of anaphylaxis and how to treat it;
- how to locate and administer adrenaline or an asthma inhaler;
- practising with all types of adrenaline device held in school, as an individual pupil's own device may differ from the 'spare' devices;
- how to report an allergic reaction, whether mild to moderate, anaphylaxis, or a near miss/incident;
- understanding their responsibilities in risk reduction, to prevent pupils coming into contact with their allergens;
- understanding the impact allergy can have on a pupil's wellbeing;
- understanding the school's allergy safety policy;*
- how to check whether a pupil is on the record of those with a known allergy;* and
- how to use an Allergy or Asthma Action Plan.*

Hungerford Nursery School ensures that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk.

Emergency preparedness

Hungerford Nursery School will annually hold a practice response to anaphylaxis, review how the practice went, and update policy and procedures accordingly.

Throughout the year, staff will be reminded of key aspects of the policy, such as:

- how to find out who has an allergy;
- the storage of spare adrenaline; and
- practice with adrenaline trainer devices.

Hungerford Nursery School will communicate key messages regarding risk reduction leading up to festivals, trips and end-of-term celebrations.

During fire drills and lockdown practices, Hungerford Nursery School will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during the evacuation.

11. Roles and responsibilities

Governing body:

The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body monitor this policy, with it being a standing agenda item at meetings. Hungerford Nursery School has a named governor who works closely with the allergy lead/school nurse/medical officer and reports to those meetings.

Hungerford Nursery School includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Allergy lead

Hungerford Nursery School has a named member of the senior leadership team who is responsible for allergy safety, which includes driving the implementation of this policy and contributing to its review.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring this information is shared with catering; outside of the normal admission point, ensuring information is shared with staff and catering teams as soon as possible but within two weeks of the pupil starting;
- holding a register of pupils and staff with allergies, including whether they hold adrenaline and whether they have an Allergy Action Plan, together with a record of any use of AAI(s) and the emergency treatment given;
- ensuring that systems are robust for the identification of pupils at mealtimes;
- communication about the policy, the pupils on the register of those with allergies, and the importance of recording and reporting near misses and incidents;
- communication with governors to provide updates about policy implementation;
- communication with Health and Safety and Designated Safeguarding Leads, to keep allergy safety part of their roles;
- communication with outside agencies such as the Health and Safety Executive (HSE), if a report under RIDDOR is needed;
- communication with the caterer regarding kitchen procedures and ensuring pupils with allergies are provided with a safe meal;
- communication with parents/carers, to enable them to input into Individual Healthcare Plans and to request Allergy Action Plans when appropriate;
- communication with pupils, to develop an understanding of allergy through information assemblies and workshops, and participation in awareness days and weeks;
- checking spare adrenaline devices and making sure these are in date, with replacements secured before the current ones expire;

- ensuring IHPs are created and communicated;
- ensuring that the up-to-date Allergy Action Plan and Individual Healthcare Plan are kept with each pupil's medication;
- checking that pupils' individually prescribed medication is in date on a termly basis, and sending a reminder to parents where medication is approaching expiry — noting it remains the parent's responsibility to ensure medication is in date;
- ensuring that any reaction or near miss is recorded and reported internally and to parents, and in accordance with RIDDOR where applicable (see section 15); and
- training — ensuring all staff complete annual training, that allergy is included in induction even for short-term staff, and that all staff have the opportunity to practise with trainer adrenaline devices at least annually, ideally a few times a year.

Where these responsibilities are shared between the allergy lead and another staff member, the school should ensure it is clear internally who is responsible for which aspects.

All staff

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency;
- supporting the creation of a pupil's IHP;
- implementing a pupil's IHP;
- creating an inclusive curriculum;
- curriculum adaptation to minimise risks;
- completing risk assessments for curriculum activities involving food, and for trips and visits including sporting events;
- being aware of the pupils in their care who have known allergies — an allergic reaction could occur at any time, not just at mealtimes — and planning any food-related, craft, science, musical or cooking activity, or activity involving animals, with allergy risk in mind, supervised with due caution;
- building proactive relationships with parents/carers; and
- reporting near misses and incidents.

Parents

Responsible for:

- adhering to this policy;
- providing the school with the information it needs to create Individual Healthcare Plans;
- updating the school when reactions happen outside of school, or when there are any changes to the pupil's allergy and its management; and
- ensuring the pupil always has in-date medication with them at school.

Pupil responsibilities

- Pupils are encouraged to have a good age appropriate awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

12. Identification of individuals with allergies

Admissions data collection

Hungerford Nursery School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. This is done by the completion of forms detailing all known medical information.

Information sharing

UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary, in a controlled way, with teaching staff, support staff, supply/cover staff, while maintaining appropriate data privacy. This is done through: Individual class information folders and food place mats. Photos of children and staff who are prescribed adrenaline devices are displayed in key areas around the school.

Transition

Allergy information and existing care plans are shared as part of a pupil's transition. Hungerford Nursery School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Hungerford Nursery School works with parents/carers to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff

Pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure the member of staff has a safe working environment.

Visitors and regular volunteers

Visitors and regular volunteers will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure the visitor or volunteer has a safe working environment.

13. Individual Healthcare Plans and Allergy Action Plans

Allergy Action Plans

- These are clinical documents created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer, as this is the parental authority to administer medication, including administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, which could be annually or five-yearly. Parents/carers or the school need to update the pupil's photo annually so that they remain recognisable.

Allergy Action Plans are issued for pupils who have an IgE food allergy, and often a venom allergy, that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies do not experience anaphylaxis, so an Allergy Action Plan is not issued.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure a pupil is fully included in the life of the school. They identify the exact risk-mitigation measures that need to be followed.

IHPs are school-owned documents that are co-created by the school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested from the allergy lead/school nurse/medical officer if needed.

Where a pupil has an Allergy Action Plan and/or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change; however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff, and passed on during transition to a new school.

Hungerford Nursery School will ensure that:

- pupils with an Allergy Action Plan and/or an asthma plan have an IHP;
- pupils without an Allergy Action Plan or asthma plan, but who have an allergy that needs active management over and above what other pupils need, will have an IHP; and
- IHPs are created whilst pupils are waiting for a diagnosis.

14. School trips and external visits

Hungerford Nursery School ensures that pupils with allergies are fully included in every trip, sporting event or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken, with control measures identified. In order to ensure the pupil is safe and included, alternative activities will be planned where necessary. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication, including adrenaline devices, with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The school will provide additional spare adrenaline devices should the risk assessment for the trip deem this necessary, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

15. Serious incidents and 'near misses'

Hungerford Nursery School approaches serious incidents and 'near misses' in a 'no blame' spirit, seeking to learn lessons and address any issues the incident identified, so that pupils are better protected in future.

Hungerford Nursery School is aware that, when an incident occurs, materials such as residues of food consumed or handled, or samples of fluids, may constitute evidence which may need to be seized and retained.

Hungerford Nursery School School uses CREST to record allergic reactions (incidents) and near misses (e.g. accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

If Hungerford Nursery School required to use the spare AAIs from its Anaphylaxis Kitt(s), a designated portal admin must complete the Incident Report Form on the Kitt Medical Portal. This is shared directly with the Kitt Medical team, who will follow up with the person who submitted the form to confirm further details, and will then arrange for replacement adrenaline pens to be sent to the school, ensuring it has the correct amount of in-date adrenaline at all times.

Hungerford Nursery School will share the report with the pupil's parents/carers, the pupil, and the individual involved. They should be given the opportunity to discuss what happened and to contribute their

views to the consequent lessons-learned review. Hungerford Nursery School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

16. Wellbeing and support

At Hungerford Nursery School, allergy safety is a priority, and actions to ensure pupils are included and safe are embedded into the school's culture. Pupils with allergy can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Hungerford Nursery School:

- regularly communicates to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;
- displays allergy awareness posters around the school, available to download from the Kitt Medical Portal;
- plans school celebrations, rewards, and communal events inclusively from the outset, to eliminate social isolation;
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- understands that allergy bullying is extremely serious, and actively monitors, prevents and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints;
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available.

17. Safeguarding

Hungerford Nursery School recognises that a safeguarding referral may be needed if an incident highlights concern that a pupil might be at increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting them at risk.

18. Unacceptable practice

Hungerford Nursery School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing pupils from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every pupil with the same condition requires the same support;
- ignoring the views of the pupil or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;

- assuming a pupil does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- leaving a pupil without suitable supervision — in the case of an emergency or suspected emergency (for example anaphylaxis), help should come to the pupil;
- penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management, including excluding pupils from rewards for 100% attendance where their non-attendance is the result of a medical condition — this should be reflected in attendance policies;
- requiring parents/carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing pupils from participating, or creating unnecessary barriers to their participation, in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

19. Policy review and publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidance.

20. Statutory duties

The duties under section 34 of the [Children's Wellbeing and Schools Act 2026](#) place a requirement on LA-maintained schools, academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child.

The duties to safeguard and promote the welfare of pupils under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#).

The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure employees are not exposed to risks to their health and safety.

The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).

The [Early Years Foundation Stage \(EYFS\) statutory framework](#).

21. Links with other policies

- Supporting children with medical conditions
- Safeguarding and Child Protection
- Positive relationships
- EYFS

Appendix 1 – IHP for allergy Template



Hungerford Nursery School

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date: