



LIGHTHOUSE
SCHOOLS PARTNERSHIP

Allergy Safety Policy

Statutory

Policy Approved by the Board of Trustees	
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Authorised for Issue	
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Document History

Version	Author/Owner	Drafted	Comments
1.0	Trust Services	July 2026	New Policy - issued

Review Cycle	Annually
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This policy applies to all schools within Lighthouse Schools Partnership.

This policy remains valid, and in operation, until a new or updated policy is published.

Allergy Safety Policy

Statutory

1. Policy Statement

Lighthouse Schools Partnership is committed to providing a safe, inclusive and supportive environment for all children and young people with allergies. We recognise that allergies can have a significant impact on a pupil's health, wellbeing, attendance and participation in school life, and that severe allergic reactions (anaphylaxis) can be life-threatening.

Our schools will take a whole-school approach to allergy safety, ensuring that:

- Pupils with allergy are identified and supported
- Appropriate risk reduction measures are in place
- Staff receive allergy awareness and emergency response training
- Individual Healthcare Plans (IHPs) are implemented where appropriate
- Emergency procedures are robust and understood by staff
- Spare adrenaline auto-injectors (AAIs) are available for emergency use
- Allergy incidents and near misses are recorded and reviewed

This policy applies to all pupils, staff, governors, volunteers, contractors and visitors.

2. Legal Framework

This policy is based on the following legislation and guidance:

- Children's Wellbeing and Schools Act 2026
- Department for Education *Allergy Safety in Schools Statutory Guidance (July 2026)*.
- Department for Education *Supporting Pupils at School with Medical Conditions 2014*

In addition, other statutory duties are of relevance to children and young people with allergy, including:

- Children Act 1989
- Education Act 2002
- Education Regulations 2014
- Keeping Children Safe in Education (KCSIE)
- Working Together to Safeguard Children

- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Human Medicines (Amendment) Regulations 2017
- Data Protection Act 2018
- Children and Families Act 2014
- Special Educational Needs and Disability Code of Practice

3. Definitions

Adrenaline Auto-Injector (AAI): A medical device designed to deliver a single, pre-measured dose of adrenaline in an emergency (e.g. an EpiPen).

Allergy: An immune system response to a normally harmless substance (allergen). Allergens may include food, medicines, insect venom, latex and environmental triggers.

Allergy Action Plans: Official medical documents that have been completed by a registered healthcare professional. The plans give details of the allergy, any treatment required and emergency procedures.

Anaphylaxis: A serious and potentially life-threatening allergic reaction requiring immediate treatment with adrenaline.

Asthma Action Plans: Official medical documents that have been completed by a registered healthcare professional. The plans give details of daily medications, triggers and emergency procedures.

Individual Healthcare Plan (IHP): A document setting out how a pupil's allergy will be managed in school, including emergency arrangements. If a pupil has an Allergy and/or Asthma Action Plan it should also be attached to their IHP.

4. Roles and Responsibilities

4.1 Governing Body

The Governing Body will assure themselves that:

- The school has fully implemented the Allergy Safety Policy
- Robust procedures are in place for identifying, recording, and communicating pupil's allergy information
- Risk assessments are undertaken for activities where allergen exposure may occur

- They are aware of and that appropriate action is taken in relation to any allergy related incidents
- Sufficient resources are available to implement training and provision of emergency medication

4.2 Headteacher

The Headteacher will:

- Ensure statutory requirements are met through the comprehensive implementation of this Allergy Safety Policy
- Implement procedures to identify, record, and regularly review pupil's allergy information. IHPs are implemented where appropriate.
- Ensure suitable risk assessments are completed for pupils with allergies, including for educational visits, extracurricular activities, practical lessons, and other school events.
- Appoint a qualified Allergy Safety Lead
- Ensure all staff receive appropriate allergy awareness and anaphylaxis training, including administering AAls in an emergency.
- Ensure emergency medication is always readily accessible, on or off site, and appropriately stored
- Ensure clear communication systems regarding allergies while maintaining appropriate confidentiality

4.3 Allergy Safety Lead

A named member of the school's Senior Leadership Team will have responsibility for allergy safety (Allergy Safety Lead). The Allergy Safety Lead will:

- Ensure implementation of the Allergy Safety Policy
- Maintain the school allergy record
- Coordinate IHPs
- Organise staff training
- Organise the monitoring of medication expiry dates
- Review allergy incidents and near misses and lead the resulting actions
- Liaise with families, healthcare professionals and catering providers
- Report to the Health & Safety Committee

4.4 Staff

All staff will:

- Complete Allergy Awareness training
- Follow pupils' IHPs
- Be able to recognise allergic reactions
- Know how to access and administer emergency medication
- Take immediate action in accordance with this policy

4.5 Parents and Carers

Parents and carers are required to:

- Promptly inform the school, and any other provider based in the school (such as wrap around care or pre-school), of any allergies
- Provide accurate medical information
- Supply prescribed medication where required
- Ensure appropriate arrangements are in place while their child is travelling to and from school
- Notify the school of changes in a child's condition
- Participate in IHP reviews

4.6 Pupils

Where age and understanding allow, pupils will be supported to:

- Understand their allergy/allergies
- Avoid their known allergens
- Report concerns immediately
- Carry and use prescribed medication, where agreed

5. Staff Training

5.1 Staff to be trained

All staff present during times when pupils are scheduled to be on site will receive allergy awareness training. This includes supply staff, trainee teachers, peripatetic staff, agency workers and regular volunteers. This also includes catering staff, wraparound care staff and others who may oversee children and young people at breakfast or after school clubs and any extra-curricular activities. It is not intended to include contractors carrying out work with no pupil-facing role, such as builders and electricians.

5.2 Ensuring compliance

The school will have a process in place to ensure that all relevant staff and volunteers (as noted in 5.1 above) have completed appropriate allergy training, and are aware of emergency arrangements and known allergy information about specific pupils, before they assume responsibility.

5.3 Training content

Allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks posed, and how allergic reactions can occur
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever)
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - How to locate and administer emergency medication
 - Calling emergency services and informing parents
- Understand the impact allergy can have on a child or young person's wellbeing
- Understand the school Allergy Safety Policy
- Know how to check whether an individual has a known allergy and how to use an Allergy Action Plan, Asthma Action Plans and IHPs
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergen(s)
- Understand how to report an allergic reaction or case of anaphylaxis (following either an incident or a near miss)

Training will be provided:

- As part of induction
- At regular intervals, at least annually, determined by risk assessment and school needs
- Following significant incidents where lessons are identified

This training does not replace any other arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level arrangements.

5.4 Allergy Safety Drills

Schools are encouraged to conduct allergy safety drills, in the same way as they undertake fire drills or in an active training exercise. A simulated case of anaphylaxis can be used to test how staff respond, without risk to any individual. The results of the drill should be recorded in a similar way to an incident or “near miss” and used to inform the ongoing review of the allergy safety policy. In some cases, it may be appropriate to include children and young people in such tests, for example where one of their peers has a high risk of anaphylaxis. If so, the child or young person should be involved in the planning of the drill to avoid a negative impact on their wellbeing. This can support the person at risk of anaphylaxis and provide reassurance to them and their family.

5.5 Training records

Training records will be maintained by the school (including for all relevant staff and volunteers noted in 5.1 above).

6. Inclusion, Wellbeing and Bullying

Our schools are committed to ensuring pupils with allergies are included in all aspects of school life. The risk posed by allergy can be a significant cause of anxiety.

The school will:

- Promote understanding of allergy, and encourage empathy and inclusion
- Avoid unnecessary exclusion by making reasonable adjustments so pupils can safely take part in school activities
- Address allergy-related bullying
- Support pupils who experience anxiety relating to allergy
- Make reasonable adjustments to activities, learning environments and procedures, to meet individual needs where required

Any deliberate exposure of another person to a known allergen will be treated as a serious behavioural matter.

7. Reducing Risk of Allergen Exposure

The school recognises that it is generally not possible to create an allergen-free environment. Risk reduction measures will therefore be proportionate, practical and based on individual needs and risk assessments.

While the school may choose to discourage certain foods being brought on site, it is more important to remain actively aware of the risk posed by allergens, take steps to minimise the risk of exposure, and to have a robust emergency response plan in place.

The school will communicate with the whole school community and any site users, as identified in any individual risk assessments, about necessary risk reduction measures in place on the school site.

7.1 Classrooms

The school will:

- Ask parents to clearly label lunch boxes and drinks bottles with the name of the person for whom they are intended
- Where food is brought into school to be shared with others, parental engagement and permission will be sought in advance to ensure inclusion and safety of children with allergy
- Promote regular handwashing
- Encourage good hygiene practices
- Clean eating surfaces appropriately
- Assess curriculum activities involving food or allergens
- Make reasonable adjustments where required

7.2 Dining Areas

The school will:

- Work with catering providers to ensure that risks are identified, minimised and managed effectively. School caterers must provide information on food allergens to parents/carers and have this available for the child to be able to check independently.
- Ensure allergen information is available in school
- Consider seating arrangements where a risk has been identified through risk assessment
- Implement measures to reduce cross-contamination where reasonably practicable

7.3 Food Technology and Practical Lessons

Teachers will:

- Consider allergy risks in lesson planning
- Make suitable adjustments

- Ensure alternative ingredients are available where necessary
- Follow relevant IHP requirements

7.4 School Events

Allergy risks will be considered for:

- Parties
- Fundraising events
- Cultural celebrations
- Food tasting activities
- External provider activities

7.4 Other users of the school site

Schools will share this policy, to be clear on expectations, with other users on the school site.

8. Educational Visits and Off-Site Activities

No pupil will be excluded from activities solely because of an allergy.

Visit leaders will:

- Review relevant IHPs, allergy needs and emergency procedures for pupils attending the visit
- Undertake allergy risk assessments and communicate with all relevant parties
- Ensure emergency medication accompanies pupils on the visit, is readily accessible, and is stored appropriately at all times
- Ensure appropriately trained adults are present (i.e. can recognise and respond to allergic reactions and administer emergency medication), and they are aware of any known allergy
- Identify emergency medical arrangements before the visit
- Consider whether it is appropriate to take 'spare' AAls on the trip, for use in case of emergency. (This should not cause a lack of 'spare' AAI on school premises. See also section 11.2 Spare Adrenaline Auto-Injectors.)

9. Identification

The school will keep a record of all individuals with allergy (not just children and young people, but also members of staff and visitors, where appropriate). The record will include:

- Pupil full name and photograph
- Staff or visitor full name

- Allergen(s)
- Severity of allergy
- Medication requirements
- Location of prescribed medication
- Details of IHP

The record will be:

- Updated with new pupil information on admission
- Updated with new staff or visitor information
- Reviewed at least termly
- Updated whenever information changes
- Available to relevant staff
- Shared with supply staff and temporary workers where necessary

The school will also consider how staff and visitors with allergy are identified and supported.

10. Individual Healthcare Plans (IHPs)

The school will work with parents, carers and relevant healthcare professionals to determine whether an IHP is required. Children and young people should have an IHP if:

- They have an allergy which has a functional impact on them in their school
- They are at risk of harm as a result of their allergy
- They require arrangements which are additional to, or different from, those made generally

Where required, the IHP will include:

- Confirmed allergens
- Signs and symptoms of reaction
- Medication required
- Emergency treatment procedures
- Arrangements for trips, sports and extracurricular activities
- Level of supervision required
- Self-management arrangements where appropriate
- Emergency contact details

- Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to it or attach it

For more guidance on IHPs please refer to the Allergy Safety in Schools guidance.

A template IHP for allergy can be found at Appendix 1 to this policy.

IHPs will be reviewed:

- Annually
- Following any allergic reaction
- Following changes in medical advice or treatment

11. Medication

11.1 Pupil Medication

Pupils will have rapid access to prescribed medication at all times. This includes while travelling to and from school, in the lunch area, playground and sports field or when on visits or trips.

Children and young people should be encouraged to keep their AAls with them in their school bags. If this is not possible due to age or other considerations, then the devices will be stored in an appropriate central location that is unlocked and accessible at all times.

11.2 Spare Adrenaline Auto-Injectors (AAls)

Our schools will maintain spare AAls for emergency use in accordance with statutory guidance, as follows:

School type	AAls for children under age 6 years (150 micrograms) e.g. EpiPen Junior	AAls for individuals over age 6 years (300 micrograms) e.g. EpiPen
Primary school	One pair of 'spare' AAls (i.e. 2 pens)	One pair of 'spare' AAls (i.e. 2 pens)
Secondary school	N/a	Two pairs of 'spare' AAls (i.e. 4 pens)

The school will:

- Store AAls securely but accessibly at room temperature. They will not be refrigerated or left in direct sunlight (exposed to extreme temperatures).
- Ensure all staff are aware of the location of spare AAls
- Maintain an inventory of spare AAls
- Monitor expiry dates of spare AAls
- Replace expired medication promptly

- Keep records of spare AAI use and disposal
- Dispose of AAls according to manufacturer's guidelines as they contain active ingredients. They can be given to ambulance paramedics or taken to a pharmacy.

The above also applies to educational visits and other off-site activities.

If the school operates across more than one site, they will ensure there are spare AAls of the appropriate dosage on each site.

11.3 Spare Salbutamol Inhalers

The school will maintain spare asthma inhalers (salbutamol inhaler device and spacer) for use in emergencies.

The spare inhalers can only be used by children who have a prescription for a salbutamol inhaler, but where their own prescribed inhaler is not available (for example because it is broken or empty). This is a different legal position from the use of 'spare' AAls, for which pupils do not need to have a prescription or a known allergy.

Emergency asthma inhalers can only be used where written consent has been obtained.

12. Emergency Response for Suspected Anaphylaxis

Staff will:

1. Ensure that the child, young person or individual is placed flat, with legs raised. If breathing is difficult, allow them to sit. Bring AAls to the patient, as opposed to the patient being taken to where the AAI is. Administer adrenaline as soon as possible, within 5 minutes. Make a note of the time the AAI was administered and retain the used AAI(s).
2. Call 999 immediately and request an ambulance and state anaphylaxis
3. Send someone to obtain additional medication if required
4. Monitor the patient continuously
5. If there is no improvement after 5 minutes, administer a second AAI dose.
6. Inform parents or carers as soon as practicable

Staff will not delay administration of adrenaline when anaphylaxis is suspected.

13. Recording Incidents and Near Misses

The school will record any incident relating to allergy in the school compliance system (iAM Compliant), including details of:

- Allergic reactions
- Administration of emergency medication

- Use of spare AAls
- Near misses
- Hospital attendance related to allergic reactions

Following a significant incident, the school will:

- Conduct a review
- Identify contributing factors
- Share lessons learned where appropriate
- Update risk assessments, procedures and training

14. Communication

This policy will be:

- Published on the school website
- Available on request
- Communicated to staff during induction and training
- Reviewed with parents where relevant

Allergy information will be shared with all staff, however consideration will be given to maintaining confidentiality and data protection requirements.

A pupil or other individual's health information is considered special category data under UK GDPR.

15. Monitoring and Review

The Allergy Safety Lead will maintain evidence of compliance with allergy safety requirements and will provide reports to the Health & Safety committee for inclusion in their meetings, to include:

- Number of pupils with allergy
- Number of pupils with an IHP
- Staff training compliance
- Allergy incidents and near misses
- Use of emergency medication
- Allergy Safety Policy reviews, effectiveness and recommended improvements

This policy will be reviewed by the Central Team and re-issued to schools:

- Annually
- Following significant allergy incidents

- Following changes to legislation or statutory guidance

16. Further Guidance

Further guidance can be found at: [Allergy safety in schools statutory guidance](#)

17. Links with other policies

This policy is linked to the following:

- Health, Safety and Welfare Policy
- Supporting Pupils with Medical Conditions and Allergies at School Statutory Guidance
- First Aid Policy
- Safeguarding and Child Protection Policy
- Restrictive Interventions, Safe Touch and Use of Reasonable Force Policy
- Educational Visits Policy
- Behaviour Policy