Connected Futures Partnership

Authoring our story.

Dorothy Gardner Nursery School
Mary Paterson Nursery School
Tachbrook Nursery School
Essendine Primary School
Hallfield Primary School
Oxford Gardens Primary School
Queen's Park Primary School
Queen's Park Family Hub
Bayswater Children's Centre

Allergen Safety Policy

SEPTEMBER 2026

Table of Contents

1. Purpose and scope....3
2. Statutory framework....3
3. Allergy-safe culture and principles....3
4. Roles and responsibilities....3
4.1 Governing Board....3
4.2 Executive Headteacher....4
4.3 Named Allergy Safety Lead at each setting....4
4.4 Staff....4
4.5 Parents and carers....4
4.6 Children and young people....4
4.7 Catering providers....4
5. Identifying allergies and individual planning....4
6. Minimising exposure to allergens....5
7. Food allergy and catering....5
8. Prescribed medication and adrenaline auto-injectors....5
9. Spare adrenaline devices and emergency kits....6
10. Responding to allergic reactions and anaphylaxis....6
11. Visits, trips and activities....6
12. Training and induction....7
13. Wellbeing, inclusion and bullying....7
14. Serious incidents and near misses....7
15. Information sharing and confidentiality....7
16. Communication and awareness....8
17. Monitoring, governance and review....8
18. Related policies....8
Appendix 1: Setting-level allergy safety record....9
Appendix 2: Allergy incident / near-miss review....10
Appendix 3: Annual allergy safety assurance checklist....10

Approved by	Governing Board
Approval date	September 2026
Policy lead	Executive Headteacher / Allergy Safety Lead at each setting
Next review due	September 2027

1. Purpose and scope

Connected Futures Partnership Federation (CFP) is committed to ensuring that children and young people with allergies are safe, included and able to participate fully in education and wider setting life. Allergy can be life-threatening and requires a whole-setting approach combining prevention, individual planning, rapid emergency response, training and a culture in which allergy is understood and taken seriously.

This federation policy establishes common expectations across CFP. It applies to the four primary schools and, as good practice, to CFP nursery schools, the Queen's Park Family Hub and Bayswater Children's Centre. Each setting must supplement this policy with its own current operational information, including its named Allergy Safety Lead, children requiring individual arrangements, medication locations, catering arrangements and emergency equipment.

The statutory duty introduced by section 34 of the Children's Wellbeing and Schools Act 2026 applies to the schools within scope of section 100 of the Children and Families Act 2014. The DfE guidance also identifies its approach as useful for early years settings. CFP therefore adopts the same core safety standard across the partnership, while recognising the precise statutory status of each setting.

2. Statutory framework

This policy has been written with particular regard to the Department for Education statutory guidance Allergy safety in schools, published in July 2026, and its accompanying Allergy Safety Policy template.

It also takes account of section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026; statutory guidance on supporting pupils with medical conditions at school; Department of Health and Social Care guidance on emergency adrenaline auto-injectors in schools; the Food Information Regulations 2014; the Food Information (Amendment) (England) Regulations 2019; the Equality Act 2010; UK GDPR and the Data Protection Act 2018; and relevant safeguarding, first-aid and food-safety requirements.

The governing body must ensure the allergy safety policy is reviewed at least annually, made known within the school and to parents, brought to the attention of pupils, parents and people working at the school at least annually, and published on the school website.

3. Allergy-safe culture and principles

- Allergy safety is everyone's responsibility and is embedded in day-to-day practice rather than treated solely as a medical issue.
- Children with allergy must be supported to participate fully and should not be unnecessarily singled out, stigmatised or excluded from activities.
- CFP does not describe any setting as completely 'allergen-free' because this cannot be guaranteed. Risk is reduced through proportionate controls based on known needs.
- Allergy includes food allergy and other allergic conditions and may co-exist with asthma, eczema or hay fever. Food allergy is different from coeliac disease and food intolerance.
- Individual needs, age, understanding, communication and SEND will inform planning and reasonable adjustments.
- Known allergy risks will be shared with staff on a need-to-know basis and managed respectfully.
- Anaphylaxis is a medical emergency. Adrenaline must be readily accessible and emergency action must not be delayed.

4. Roles and responsibilities

4.1 Governing Board

- ensures the statutory allergy safety duties are met across the schools for which it is responsible;

- approves and reviews this policy at least annually;
- receives assurance about training, medication, incidents and near misses;
- ensures the policy is published and appropriately publicised; and
- holds leaders to account for learning from incidents and for completing identified actions.

4.2 Executive Headteacher

The Executive Headteacher provides federation-wide strategic oversight, ensures consistent expectations and reports assurance and significant risks to the Governing Board.

4.3 Named Allergy Safety Lead at each setting

Each CFP setting will identify a named member of senior leadership with responsibility for allergy safety. The name and role will be recorded in Appendix 1 and communicated locally.

- driving implementation of this policy;
- maintaining oversight of the setting's allergy register and individual arrangements;
- ensuring Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans are current and accessible;
- ensuring appropriate medication and spare devices are available, stored correctly and checked;
- co-ordinating annual staff training, induction and arrangements for supply/cover staff;
- ensuring allergy risks are considered in activities, food provision, trips and events;
- recording and reviewing incidents and near misses; and
- contributing to the annual policy and provision review.

4.4 Staff

All staff present when children are scheduled to be on site must understand their responsibilities under this policy. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, catering staff, relevant club staff and regular volunteers.

- know how to identify children in their care with known allergies and where their plans and medication are located;
- recognise allergic reactions and anaphylaxis and know the emergency response;
- reduce foreseeable exposure to known allergens in their practice and activity planning;
- follow individual plans and reasonable adjustments; and
- report allergic reactions, medication use, safety failures and near misses promptly.

4.5 Parents and carers

- provide accurate, current information about their child's allergy, triggers, previous reactions and treatment;
- provide current healthcare professional plans and notify the setting promptly of changes;
- provide prescribed medication where required and support arrangements for replacement before expiry;
- work with the setting on Individual Healthcare Plans and risk management; and

- follow local guidance on food brought into the setting.

4.6 Children and young people

Children will be supported, according to age and understanding, to know their allergens, avoid sharing food or medication, seek adult help immediately if they feel unwell, and develop appropriate independence in managing their condition. Responsibility for emergency safety remains with adults.

4.7 Catering providers

Catering providers must comply with food-allergen and labelling law, maintain effective allergen controls and cross-contamination procedures, ensure relevant staff are trained, and work with the setting to identify and safely meet individual dietary requirements.

5. Identifying allergies and individual planning

Each setting will maintain a current record of children with known allergies, relevant triggers and medication. Information will be gathered at admission and updated when families, health professionals or previous settings provide new information.

A child or young person will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in the setting, places them at risk of harm, and requires arrangements additional to or different from those made generally. The IHP will set out day-to-day and emergency arrangements, reasonable adjustments and responsibilities.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be referred to or attached to the IHP. The IHP will be reviewed when an updated action plan is received and at other appropriate review points.

Records will identify prescribed adrenaline devices, dosage/brand where relevant, storage or carrying arrangements, consent for use of a school spare device where required, and any additional medication. Photographs may be used where necessary and proportionate to support rapid identification, in accordance with data-protection requirements.

6. Minimising exposure to allergens

Each setting will take reasonable, proportionate steps to reduce exposure to known allergens. Controls will be based on actual needs and risk rather than unsupported blanket assumptions.

- handwashing and appropriate cleaning before and after eating and food activities;
- discouraging or prohibiting food sharing where this creates risk;
- safe management of food brought from home, celebrations and community events;
- consideration of airborne and contact allergens where these are known risks;
- checking ingredients and materials used in cooking, craft, science, sensory play, music or other activities;
- considering animals, plants, latex, insect stings and other non-food allergens where relevant;
- ensuring visiting providers and activity leaders are given necessary allergy information; and
- individual risk assessment where a child's allergy requires controls beyond normal setting arrangements.

A blanket ban on all allergens is not normally realistic and must not create false reassurance. Where a setting introduces a specific restriction because of an identified serious risk, the reason and required controls will be communicated clearly and reviewed.

7. Food allergy and catering

Food provided by or on behalf of CFP must be managed so that children and adults can access accurate allergen information and individual dietary requirements can be met safely.

- catering staff must be able to identify children with recorded food allergies and understand their dietary requirements;
- menus, substitutions and recipe changes must continue to meet agreed special dietary needs;
- the 14 regulated allergens and other relevant ingredients must be identifiable in accordance with food-information law;
- pre-packed for direct sale and other packaged food must meet applicable allergen-labelling requirements;
- food preparation, serving and cleaning procedures must reduce cross-contamination risk;
- children with allergy must not be excluded from meals or activities where safe reasonable arrangements can be made; and
- where uncertainty exists about ingredients or contamination risk, food must not be served to the affected individual until safety has been established.

8. Prescribed medication and adrenaline auto-injectors

Children prescribed adrenaline auto-injectors (AAIs) must have rapid access to them at all times, including during lunch, play, PE, sports, trips and other activities. Arrangements must be designed so that adrenaline can be administered as soon as possible and in practice within five minutes where anaphylaxis occurs.

Where age and competence allow, children may carry their own prescribed AAIs in accordance with their plan. For younger children or where self-carrying is inappropriate, devices must remain readily accessible to staff and close to the child.

Parents/carers and the setting will agree arrangements for prescribed devices to travel between home and the setting where necessary. The setting will maintain a record of prescribed AAIs and plans and will have a clear process for checking expiry dates and requesting replacements.

Prescribed AAIs should be available in the quantity advised by the child's healthcare plan. Emergency response must never be delayed while searching unnecessarily for a particular device if an appropriate authorised device is immediately available.

9. Spare adrenaline devices and emergency kits

CFP schools will maintain spare adrenaline devices in accordance with current national requirements and guidance. Each school will determine the appropriate dosage and number of devices for its population and site layout. Where CFP early years or community settings are permitted and equipped to hold emergency devices, equivalent safe arrangements will be followed.

- spare AAIs will be stocked and stored in pairs;
- devices will be clearly labelled as school emergency/spare devices and kept separate from named prescribed medication;
- they will be readily accessible and not locked away;
- no child should be more than five minutes from appropriate adrenaline provision; larger or multi-area sites will hold additional pairs where necessary;
- location(s) will be known to all relevant staff and recorded in Appendix 1;

- devices will be stored in accordance with manufacturer requirements, protected from unsuitable temperatures and direct sunlight;
- expiry dates and stock will be checked regularly, with a named person and deputy responsible locally;
- used or expired devices will be replaced promptly and disposed of safely as sharps; and
- where an emergency anaphylaxis kit is used it will contain appropriate instructions, stock/expiry records and the information needed for lawful emergency use.

10. Responding to allergic reactions and anaphylaxis

All staff will be trained to recognise the range of allergic reactions and the signs of anaphylaxis. Where anaphylaxis is suspected, staff must act immediately in accordance with the individual's action plan and emergency training.

- Administer adrenaline without delay where anaphylaxis is suspected and an AAI is indicated. Do not wait to see whether symptoms worsen.
- Call 999 immediately after administering adrenaline and state that anaphylaxis is suspected.
- Follow the individual's Allergy Action Plan where available and use the person's prescribed device first where immediately available; use an authorised school spare device where appropriate under current arrangements.
- Give a second dose if indicated by the action plan/emergency guidance and symptoms have not improved or have returned, using the second available device.
- Keep the child appropriately positioned and under continuous adult supervision; do not allow them to stand or walk suddenly.
- Inform parents/carers as soon as practicable after emergency action has begun.
- An adult will accompany or remain with the child until responsibility is transferred safely to parents/carers or healthcare professionals.
- Record the incident, medication administered, timings and subsequent action, and complete the incident/near-miss review process.

Milder allergic reactions will be managed in accordance with the child's plan, with close observation and escalation if symptoms develop. Staff must recognise that anaphylaxis can occur without skin symptoms and that deterioration can be rapid.

11. Visits, trips and activities

Allergy must not be used as a reason to exclude a child from a visit, residential, performance, sporting event or other activity where reasonable safety arrangements can be made.

A specific risk assessment will be completed for any child at risk of anaphylaxis taking part in an off-site visit. Planning will consider food, travel, accommodation, emergency access, communication, staff competence and the availability of medication. The child's own adrenaline devices must accompany them and staff able to respond to an emergency must be present.

Activity planning on site must also consider potential allergens in food preparation, craft, science, sensory materials, musical activities, animals and external providers.

12. Training and induction

All staff present during times when children are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. New staff will receive appropriate induction and arrangements

will ensure temporary, supply and cover staff have the information and training needed before assuming responsibility for children.

Training will ensure staff understand:

- what allergy is, how reactions occur and the range of allergic conditions;
- the difference between food allergy, coeliac disease and food intolerance;
- common symptoms of allergic reaction and how to recognise anaphylaxis;
- how to call emergency services and inform parents/carers;
- where prescribed and spare emergency medication is located;
- how to administer the relevant AAI device(s) and emergency asthma medication where applicable;
- how to use Allergy and Asthma Action Plans and identify children with known allergy;
- their role in reducing exposure to allergens;
- the potential impact of allergy on wellbeing and inclusion; and
- how to report an incident or near miss and contribute to learning from it.

Allergy awareness training does not replace any separate clinical competency, delegation or governance arrangements required for individual healthcare procedures.

13. Wellbeing, inclusion and bullying

Living with allergy and the risk of anaphylaxis can cause significant anxiety. CFP will promote a culture in which children are supported without being unnecessarily singled out or made to feel responsible for managing adult safety systems.

Bullying, teasing, deliberate exposure to an allergen, interference with medication or using a child's allergy to frighten or humiliate them will be taken seriously and addressed through safeguarding and behaviour procedures as appropriate. Deliberate exposure may create a medical emergency and must be responded to immediately.

14. Serious incidents and near misses

Every serious allergic reaction, anaphylaxis event and significant near miss will be recorded, reported to the Allergy Safety Lead and reviewed. Reports may arise after the child has left the setting because some consequences or exposure may only become apparent later.

The review will establish what happened, whether policy and individual plans were followed, the effectiveness and accessibility of medication, communication and training, and what must change. Actions will have named owners and timescales. Significant learning will inform the annual policy review and be reported to senior leaders and governors.

The purpose of review is learning and prevention. It does not replace safeguarding, health and safety, RIDDOR, medication-error or other reporting processes where those separately apply.

15. Information sharing and confidentiality

Information about allergy is health information and special category personal data. CFP will hold, use and share it only where there is a lawful basis and where necessary for safety, care and education.

Relevant staff must have rapid access to the information needed to keep a child safe, but information will not be shared more widely than necessary. Plans, photographs and registers will be stored and displayed only in ways that balance immediate safety with dignity and privacy. Families and children will be involved in decisions about wider awareness wherever appropriate.

16. Communication and awareness

This policy will be published on the relevant CFP websites and made available in hard copy on request. At least annually, the allergy safety arrangements will be brought to the attention of pupils, parents/carers and people who work at the schools, in accordance with statutory requirements.

Age-appropriate allergy awareness will be promoted among children. Where useful, and with appropriate discussion with the child and parents/carers, peers may be taught how to summon adult help in an emergency. Peer awareness never replaces adult responsibility or trained emergency response.

Families will be told how to notify the setting of an allergy, provide updated plans and medication, report an incident or near miss, and raise concerns about allergy safety.

17. Monitoring, governance and review

This policy will be reviewed at least annually and sooner where an incident, near miss, change in guidance, new medical information or change in local provision indicates that review is needed.

The annual review will consider training completion, the allergy register, IHPs and action plans, medication availability and expiry, spare-device coverage, catering controls, trips and activities, incidents and near misses, children and family feedback, and whether local actions have been completed.

The Governing Board will receive sufficient assurance to satisfy itself that the statutory allergy safety duties are being implemented effectively across CFP schools.

18. Related policies

- Supporting Pupils with Medical Conditions / Administration of Medicines Policy
- Child Protection and Safeguarding Policy
- Health and Safety Policy
- First Aid Policy
- Food / Catering arrangements
- Educational Visits Policy
- SEND Policy
- Equality Policy and Objectives
- Behaviour Policy and Child-on-Child Abuse Policy
- Data Protection Policy

Appendix 1: Setting-level allergy safety record

Local information	Current arrangement
Setting	To be completed locally
Named Allergy Safety Lead (SLT)	To be completed locally
Deputy / cover lead	To be completed locally
Person responsible for medication checks	To be completed locally
Location(s) of prescribed medication	To be completed locally
Location(s) of spare AAI pairs / emergency kits	To be completed locally
Spare AAI doses / brands held	To be completed locally
Emergency salbutamol inhaler location (if held)	To be completed locally
Catering provider / catering lead	To be completed locally
Allergy register location / access route	To be completed locally
Date staff training completed	To be completed locally
Training provider / method	To be completed locally
Date of last medication and five-minute access check	To be completed locally
Date of last annual allergy safety review	To be completed locally

Appendix 2: Allergy incident / near-miss review

☐ Date, time and setting / location
☐ Child or person involved and known allergen(s)
☐ What happened / potential exposure
☐ Symptoms and sequence of events
☐ Medication given, device used and exact time(s)
☐ Time 999 called / healthcare advice sought
☐ Parent/carer communication
☐ Was the action plan / IHP followed?
☐ Was prescribed medication immediately accessible?
☐ Was spare medication required and was it accessible within five minutes?
☐ Were food, activity, supervision or communication controls effective?
☐ Was this an incident or near miss?
☐ Immediate action taken
☐ Learning identified
☐ Further actions, named owner and deadline
☐ Date reviewed by Allergy Safety Lead
☐ Date significant learning reported to Executive Headteacher / governors

Appendix 3: Annual allergy safety assurance checklist

☐ Named SLT Allergy Safety Lead confirmed at every setting.
☐ Policy published and annual awareness arrangements completed.
☐ All staff in scope have completed annual allergy awareness and emergency-response training.
☐ Induction / supply / temporary staff arrangements are effective.
☐ Allergy register is current.
☐ Required IHPs and professional Allergy/Asthma Action Plans are current and accessible.
☐ Prescribed medication arrangements are current and expiry dates monitored.
☐ Spare AAIs are stocked in appropriate pairs and doses, clearly labelled, accessible and in date.
☐ Five-minute access to adrenaline has been tested across relevant areas of each site.
☐ Catering and food-allergen controls have been reviewed.
☐ Food brought from home / celebrations / events arrangements are clear.
☐ Non-food allergens and activity-planning risks are considered.
☐ Trip and off-site risk-assessment arrangements are effective.
☐ Incidents and near misses have been reviewed and actions completed.
☐ Wellbeing, bullying and inclusion have been considered.
☐ Health-data sharing is necessary, proportionate and secure.
☐ Parents/carers know how to update allergy information and report concerns or incidents.
☐ Governor assurance has been recorded.