Riversdale Primary School

A nurturing, ambitious and values led school.

ALLERGY SAFETY POLICY

DATE: 1st September 2026

REVIEW DATE: 1st September 2027

PURPOSE & LEGAL FRAMEWORK

Riversdale Primary School is committed to ensuring that pupils with allergies are safe, fully included in school life and able to participate in learning, meals, trips and wider activities alongside their peers. Allergic reactions can be unpredictable and, in the case of anaphylaxis, can become life-threatening very quickly. The school will therefore take reasonable steps to reduce exposure to known allergens while maintaining robust arrangements for recognising and responding to allergic reactions.

This policy is informed by the following legislation and statutory guidance:

- Children and Families Act 2014, section 100, as amended by section 34 of the 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 – statutory guidance;
- Early Years Foundation Stage statutory framework, including safer eating requirements;
- Equality Act 2010 and the school's duties to avoid discrimination and make reasonable adjustments;
- Food Information Regulations 2014 and relevant allergen-labelling requirements, including prepacked for direct sale food; and
- relevant health and safety, safeguarding and data-protection duties.

From 1 September 2026, schools within scope must have an allergy safety policy, review it at least annually, publicise it within the school community and publish it on the school website. The school will have particular regard to the Department for Education statutory guidance when implementing this policy.

SCOPE

This policy applies across the school day and to school-organised activities, including breakfast and after-school provision, clubs, educational visits, residential visits, sports, performances and other events. It applies to pupils and, where relevant, to staff, volunteers and visitors.

DEFINITIONS

Allergy	An immune-system reaction to a normally harmless substance, such as food, insect venom, medication, latex, animal dander or an airborne allergen.
Allergen	A substance capable of triggering an allergic reaction.
Anaphylaxis	A potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation.
Adrenaline device (AD)	A prescribed device used to give emergency adrenaline. This may be an adrenaline auto-injector (AAI) or another licensed device prescribed by a healthcare professional.
Individual Healthcare Plan (IHP)	A school plan setting out the additional or different arrangements required to support an individual pupil with an allergy.
Allergy Action Plan	A healthcare-professional-issued plan giving clinical instructions for recognising and treating an allergic reaction, including anaphylaxis.

Food intolerance and coeliac disease are not allergies and do not cause anaphylaxis. They are managed through the school's wider medical-conditions arrangements, although similar food-avoidance and cross-contact controls may be required. If a pupil also has an allergy, the relevant parts of this policy apply.

CORE PRINCIPLES

- Allergy safety is a whole-school responsibility. It must not sit solely with the catering team, first aiders or an individual member of staff.
- The school will reduce risk but cannot guarantee an entirely allergen-free environment.
- Pupils with allergies will be included in normal school life wherever reasonably possible and will not be unnecessarily segregated or excluded.
- Emergency medication must be rapidly accessible. In anaphylaxis, help and medication are brought to the pupil; the pupil is not sent to find help.
- If anaphylaxis is suspected, adrenaline is given without delay and 999 is called. If in doubt, staff will treat as anaphylaxis.
- Serious incidents and near misses will be recorded, reviewed and used to improve practice.

ROLES & RESPONSIBILITIES

The Senior Leader with responsibility for Allergy Safety is **Tracey Tattersall** (DHT/SENCo), with support from Rachel Ellis (Admin) and Sandra Moody (Learning Menor)

Governing Board

- Ensure that the school has, reviews and publishes a compliant allergy safety policy and has regard to statutory guidance.
- Maintain strategic oversight of allergy-related risk and receive information about serious incidents and near misses.
- Ensure that adequate resources, training and emergency arrangements are in place.

Headteacher & Senior Leader with Allergy Safety Responsibility

- Lead implementation of this policy and ensure allergy safety is embedded across teaching, catering, wraparound care, trips and school events.
- Ensure a current record of pupils with allergies is maintained and that appropriate IHPs and Action Plans are in place.
- Ensure all relevant staff receive allergy awareness and emergency-response training at least annually and as part of induction.
- Ensure prescribed and spare adrenaline devices are accessible, in date and managed appropriately.
- Lead or commission review of serious incidents and near misses and ensure learning is acted upon.

SENCo / SEND Support Officer / Designated Medical Staff

- Coordinate information from parents, pupils, previous settings and healthcare professionals.
- Support the creation, distribution and review of IHPs and ensure relevant Allergy or Asthma Action Plans are attached.
- Maintain medication and allergy records, including expiry checks and emergency contact details.
- Ensure relevant information is shared with class staff, lunchtime staff, wraparound staff, catering staff and trip leaders on a need-to-know basis.

Catering Staff

- Comply with food-allergen legislation and the catering provider's allergen-management procedures.
- Maintain accurate information about allergens in school food and make this information accessible to the school and parents/carers.
- Prevent avoidable cross-contact during preparation, storage and service and follow agreed procedures for allergen-safe meals.
- Carry out the lunchtime allergy checks set out in section 9, including the blue-lanyard check before serving a pupil with a food allergy.

All Staff, Supply Staff, Agency Staff and Regular Volunteers

- Know how to recognise an allergic reaction and anaphylaxis and how to summon help.
- Know where emergency medication and spare adrenaline devices are kept.
- Follow pupils' IHPs and Action Plans and the risk-reduction measures in this policy.
- Consider allergens when planning lessons, cooking, craft, science, celebrations, trips and other activities.
- Report allergic reactions, food-allergen errors and near misses promptly.

Parents and Carers

- Provide accurate and up-to-date information about their child's allergy, known triggers, symptoms and treatment.
- Provide copies of any Allergy Action Plan, Asthma Action Plan or relevant clinical advice available to them.
- Provide the pupil's prescribed medication and replace it before expiry. Prescribed adrenaline devices remain the pupil's primary emergency medication; school spare devices do not replace this responsibility.
- Inform the school immediately of changes to diagnosis, triggers, medication or treatment.
- Work with the school and caterer where dietary adjustments are needed.

IDENTIFYING PUPILS WITH ALLERGIES

The school will actively seek information about allergies at admission and whenever a pupil joins or transfers within the school. Allergy information will be checked at least annually and parents/carers must notify the school of changes during the year.

- A central allergy register will record the pupil's name, recent photograph, known allergens, prescribed emergency medication, whether an IHP is in place and whether an Allergy Action Plan is held.
- Relevant staff will have controlled access to current allergy information. Staff-only photo lists may be displayed in agreed food-handling or food-service areas where this is necessary for safety.

- Arrangements for a pupil joining at the start of a term should be in place before attendance begins. For an in-year admission or new diagnosis, the school will make interim safety arrangements immediately and will aim to formalise them within two weeks where appropriate.
- The school will not assume that a pupil is safe simply because a diagnosis is pending. Reasonable interim precautions will be taken where a serious allergy is suspected.

INDIVIDUAL HEALTHCARE PLANS AND ACTION PLANS

A pupil will have an Individual Healthcare Plan where their allergy has a functional impact in school, places them at risk of harm and requires arrangements that are additional to or different from the school's general allergy-safety arrangements. The IHP is a school document and will be developed with the pupil, parents/carers and, where appropriate, healthcare professionals.

The IHP will normally include:

- the pupil's known allergens and typical symptoms;
- specific avoidance measures and reasonable adjustments;
- the pupil's level of independence and any supervision needed;
- food and mealtime arrangements, including use of the blue allergy lanyard where relevant;
- details and location of prescribed medication;
- emergency response arrangements and emergency contacts;
- arrangements for trips, clubs, physical activity and changes to routine; and
- any interaction between the allergy and SEND, communication, sensory or wellbeing needs.

Where a healthcare professional has issued an Allergy Action Plan for a food or insect-sting allergy, it will be attached to the IHP. Where the pupil has asthma, any Asthma Action Plan will also be linked. IHPs will be reviewed at least annually and sooner following a reaction, near miss, change in medication or significant change in need.

ALLERGY AWARENESS AND EMERGENCY-RESPONSE TRAINING

All staff present when pupils are on site will receive regular allergy awareness and emergency-response training, at least annually. This includes teaching and support staff, office and premises staff with pupil-facing responsibilities, midday staff, catering staff, wraparound staff, temporary and supply staff, agency staff, peripatetic staff and regular volunteers. First-aid training alone is not treated as sufficient allergy training.

Training will cover, as a minimum:

- what allergy is and how allergic reactions can occur;
- the difference between allergy, food intolerance and coeliac disease;
- recognition of mild/moderate reactions and anaphylaxis, including airway, breathing and circulation symptoms;
- how to locate and use a pupil's Action Plan and emergency medication;
- how and when to administer adrenaline, including use of the school's spare AAIs;
- calling 999, informing parents/carers and maintaining supervision;
- the school's arrangements for reducing exposure to known allergens;
- food-service and lunchtime identification procedures;
- wellbeing, inclusion and the risk of allergy-related bullying; and
- how to record and report reactions and near misses.

New staff will receive allergy-safety information during induction. Supply and cover staff will be given a clear briefing before taking responsibility for pupils and will be told how to access current pupil-specific information and emergency medication.

MINIMISING EXPOSURE TO KNOWN ALLERGENS

Riversdale is an allergy-aware school. The school will take proportionate, pupil-specific steps to reduce exposure to known allergens without creating a false sense that the environment can be guaranteed to be allergen-free.

- Pupils must not share or trade food, drinks, utensils or food containers.
- Pupils and staff will be encouraged to wash hands before and after eating. Eating surfaces will be cleaned appropriately after use.
- Food and drink containers for pupils with food allergies should be clearly named.
- Staff planning cooking, craft, science, musical or sensory activities must consider possible food, latex, animal, airborne or contact allergens. Alternative materials will be used where required.
- Unlabelled food will be treated with particular caution. Food brought in for celebrations or sharing will not be given to a pupil with a food allergy unless its ingredients and suitability have been established in line with the pupil's IHP.

- External visits and trips will include a specific allergy risk assessment for pupils whose allergy creates a material risk.

Nut-Aware Approach

Families, pupils and staff must not knowingly bring products containing peanuts or tree nuts as a deliberate ingredient onto the school site. However, Riversdale does not describe itself as a “nut-free” school because the complete absence of nuts or trace contamination cannot be guaranteed. Staff will remain alert to all relevant allergens, not only nuts, and will maintain robust emergency-response arrangements.

FOOD PROVISION AND LUNCHTIME SAFETY

The school will work with its catering provider, pupils and families to identify, minimise and manage food-allergy risks so that pupils with allergies can eat with their peers. Catering staff will maintain accurate allergen information and appropriate controls for preparation, cross-contact and service.

Blue Allergy Lanyards at Lunchtime

All pupils with a food allergy that requires a mealtime control will wear a blue allergy lanyard during lunch service. The lanyard will show the pupil's recent photograph and the food allergens that must be avoided. This is a safety control for meal service and does not replace the pupil's IHP, Allergy Action Plan, catering allergen records or staff knowledge.

Lunchtime Identification and Checking Procedure

1. At the start of the pupil's lunch period, a member of school staff will issue the correct blue allergy lanyard to the pupil. The photograph must match the pupil.
2. Before any school meal is served, the catering member of staff serving the pupil must stop and check the blue lanyard, including the pupil's photograph and listed allergens.
3. The catering staff member must then complete a second independent check against the catering allergy register / agreed meal information before serving. The blue lanyard must never be the sole source of allergy information.
4. If there is any discrepancy, uncertainty, menu substitution or concern about ingredients or cross-contact, the pupil must not be served that item until the Catering Lead and an appropriate school staff member have confirmed that the meal is safe.
5. The pupil will not be required to sit separately from peers solely because of an allergy. Additional seating controls will only be used where an individual risk assessment identifies them as necessary.
6. The lanyard will be collected at the end of the lunch period and stored in a secure staff-only location. It will not routinely be worn outside the mealtime because health information should only be shared where necessary.
7. Where a pupil cannot safely or comfortably wear a lanyard because of sensory, SEND, communication or other individual needs, an equivalent identification method will be agreed and recorded in the pupil's IHP.

Information Governance

Allergy information is special category health data. The school will only display or share the minimum information necessary to keep the pupil safe. Lanyards and staff-only allergy lists will be stored securely when not in use. Parents/carers and pupils, where appropriate, will be informed about these arrangements as part of the IHP process.

PRESCRIBED ADRENALINE AND OTHER EMERGENCY MEDICATION

Pupils at risk of anaphylaxis should have rapid access to both prescribed adrenaline devices. Where a pupil is able to carry their medication safely, the school will encourage age-appropriate self-management in line with the IHP. Where this is not appropriate, medication will be stored in an unlocked, readily accessible location and must be capable of being brought to the pupil within five minutes.

- Prescribed medication must be clearly labelled for the pupil and accompanied by the current Action Plan where available.
- Parents/carers are responsible for supplying prescribed medication and replacing it before expiry. The school will monitor expiry dates and provide reminders as a safety check.
- A pupil will not be subject to an automatic blanket exclusion from school solely because a prescribed adrenaline device is missing or out of date. The school will contact parents/carers immediately and the named senior leader will undertake a same-day risk assessment. The school's spare AAIs are emergency back-up and are not intended to replace a pupil's own prescription.
- Emergency medication must remain accessible during lunch, break, PE, clubs, wraparound care, trips and other activities.

SCHOOL SPARE ADRENALINE AUTO-INJECTORS (AAIs)

Riversdale will maintain spare, in-date AAIs for emergency use. As a primary school, the school will hold at least one pair of 150 microgram AAIs and one pair of 300 microgram AAIs, subject to current Department of Health and Social Care guidance and the age profile of pupils on roll. Spare AAIs will always be stored in pairs.

- Spare AAIs will be readily accessible and will not be locked away.
- They will be clearly labelled as school emergency devices and kept separately from medication prescribed for a named pupil.
- Locations will be chosen so that adrenaline can be brought to any pupil experiencing anaphylaxis within five minutes.
- The school will check spare AAIs at least monthly and after any use, recording expiry dates and arranging timely replacement.
- Used AAIs will be handed to ambulance staff where possible or disposed of safely through an approved route.

SPARE AAI KIT LOCATION 1	General Office
SPARE AAI KIT LOCATION 2 (IF REQUIRED BY FIVE-MINUTE ACCESS ASSESSMENT)	Dining Hall – Near Serving Hatch
PERSON RESPONSIBLE FOR MONTHLY CHECKS	Sandra Moody

RESPONDING TO AN ALLERGIC REACTION OR ANAPHYLAXIS

Mild to Moderate Allergic Reaction

Symptoms can include swollen lips, face or eyes; itchy or tingling mouth; hives or an itchy rash; abdominal pain or vomiting; mild throat tightness; or a sudden change in behaviour. Staff will follow the pupil's Action Plan, administer medication where authorised, inform parents/carers and keep the pupil under direct observation. A pupil who has had a reaction will not be left unattended and will be observed for at least 60 minutes because symptoms can progress.

Signs of Anaphylaxis

Anaphylaxis affects the airway, breathing and/or circulation. Warning signs include:

- Airway: swelling of the throat or tongue, a hoarse voice, difficulty swallowing or significant throat tightness;
- Breathing: sudden wheeze, breathing difficulty, persistent cough or noisy breathing; and
- Circulation: dizziness, faintness, sudden sleepiness or confusion, pale/clammy skin, collapse or loss of consciousness.

Anaphylaxis can occur without a skin rash. Sudden breathing difficulty in a pupil with a known food allergy must be treated as possible anaphylaxis.

ANAPHYLAXIS IS A MEDICAL EMERGENCY
If in doubt, give adrenaline. Do not delay adrenaline while waiting to speak to a parent, the school office or 999. Help and medication must be brought to the pupil; the pupil must not be made to walk to the office or medical room.

1. Stay with the pupil and summon immediate help. Do not allow the pupil to stand or walk.
2. Position the pupil safely. They should normally lie flat with legs raised while help and medication are brought to them. Follow the current Action Plan / emergency guidance for positioning where breathing difficulty or reduced consciousness is present.
3. Administer the pupil's prescribed adrenaline immediately. If it is unavailable or misfires, use the school's spare AAI. Adrenaline should be administered as soon as possible and within five minutes.
4. Call 999 immediately and state “anaphylaxis”. Give the school address and access instructions.
5. Send a member of staff to meet the ambulance and another to bring any second prescribed or spare adrenaline device.
6. If there is no improvement after five minutes, give a second dose of adrenaline using a second device.
7. Contact parents/carers after emergency treatment has begun. Do not delay adrenaline or the 999 call in order to contact them.
8. Continue to monitor the pupil, follow the 999 operator's instructions and be prepared to commence CPR if required.

9. A member of staff will accompany the pupil to hospital if a parent/carer has not arrived before the ambulance leaves.

Where a pupil is known to have both food allergy and asthma, a reliever inhaler must never be used instead of adrenaline to treat suspected anaphylaxis. The pupil's Action Plan will be followed.

EDUCATIONAL VISITS, CLUBS AND ACTIVITIES AWAY FROM THE USUAL CLASSROOM

- Pupils with allergies will not be excluded from visits, residentials, clubs or other activities solely because of their allergy.
- The trip leader will review the pupil's IHP and complete an allergy-specific risk assessment in advance.
- Prescribed adrenaline devices and other emergency medication must travel with the pupil and remain rapidly accessible, not packed in inaccessible luggage.
- At least one accompanying adult must understand the pupil's needs and know how to administer emergency adrenaline. Where appropriate, a school spare AAI may also be taken, provided adequate spare provision remains on site.
- Food provision, transport, accommodation, emergency access and communication arrangements will be considered before the visit.

WELLBEING, INCLUSION AND ANTI-BULLYING

- The school recognises that living with allergy can cause anxiety for pupils and families. Staff will provide reassurance through consistent routines, clear emergency arrangements and age-appropriate support for pupils to understand and increasingly manage their allergy.
- Pupils will not be unnecessarily separated from peers at meals or activities.
- Allergy-related teasing, food threats, deliberate exposure or misuse of another pupil's medication will be treated seriously under the Behaviour and Anti-Bullying Policy and, where appropriate, safeguarding procedures.
- No pupil will be penalised for medically necessary absence or prevented from normal school participation because of their allergy.
- Parents/carers will not be required to attend school routinely to administer medication or accompany a trip simply because the school has failed to make reasonable support arrangements.

SERIOUS INCIDENTS, REACTIONS AND NEAR MISSES

Any allergic reaction, anaphylaxis, incorrect meal service, accidental exposure or significant near miss will be recorded as soon as practicable on the school's accident/medical recording system. The record will include who was affected, what happened, when and where, the known or suspected cause, the response taken, whether emergency services were called and how the incident concluded.

- Parents/carers will be informed as soon as possible.
- The named senior leader will review serious incidents and near misses, including whether the IHP, catering arrangements, training, supervision, medication access or this policy require change.
- Relevant learning will be shared with staff and the Governing Board, with appropriate regard to confidentiality.
- Where an incident may constitute an allergen-related food-safety issue, the school and catering provider will consider whether notification to the local authority / environmental health team or another competent authority is required.
- Following any use of adrenaline, the pupil's arrangements will be reviewed with parents/carers before or as soon as practicable after their return to school.

INFORMATION SHARING AND CONFIDENTIALITY

The school will share allergy information with staff who need it to keep the pupil safe and included. Health information will be handled as special category personal data under UK GDPR and the Data Protection Act 2018. Information sharing will be proportionate, necessary and respectful.

- Current pupil allergy information will be accessible to relevant teaching, support, lunchtime, wraparound, office and catering staff.
- Information displayed in staff-only areas will be limited to what is necessary for safety.
- Blue allergy lanyards are a targeted mealtime safety measure. They will display only the information needed for safe food service and will be stored securely when not in use.
- Wider awareness among pupils will be handled sensitively and, where individual health information may be shared, discussed with the pupil and parents/carers as appropriate.

UNACCEPTABLE PRACTICE

The following practices are not acceptable at Riversdale:

- delaying or preventing rapid access to prescribed or spare adrenaline;
- sending a pupil who may be having an allergic reaction to the office or medical room alone;
- waiting for a parent/carer to arrive before giving emergency treatment;
- assuming that all pupils with allergy require the same arrangements;
- ignoring clinical advice, a pupil's views or parents'/carers' information without a clear and defensible reason;
- excluding a pupil from lunch, trips, clubs or normal activities simply because they have an allergy;
- requiring parents/carers to attend school to provide routine support that the school can reasonably provide; or
- treating the school as “allergen-free” and allowing that label to replace active risk management and emergency preparedness.

COMMUNICATION, MONITORING AND REVIEW

- This policy will be published on the school website and a hard copy will be available on request.
- The policy will be brought to the attention of staff, pupils and parents/carers at least annually in an age-appropriate and proportionate way.
- Implementation will be monitored through medication checks, training records, catering checks, IHP reviews, trip documentation and incident / near-miss reviews.
- The policy will be reviewed at least annually and sooner following a serious incident, near miss, significant change in statutory guidance, or a material change in school arrangements.

RELATED SCHOOL POLICIES

- Supporting Pupils with Medical Conditions / Administration of Medicines Policy
- First Aid Policy
- Health and Safety Policy
- Behaviour and Anti-Bullying Policy
- Attendance Policy
- Educational Visits Policy / Risk-Assessment Procedures
- Data Protection and Information Security Policy
- Safeguarding and Child Protection Policy

REMEMBER: AIRWAY - BREATHING - CIRCULATION

Any sudden problem affecting airway, breathing or circulation may be anaphylaxis. A skin rash does not have to be present. If in doubt, treat with adrenaline and call 999.

- Do not let the pupil stand or walk. Bring help and medication to them.
- Give adrenaline immediately; prescribed device first, or a school spare AAI if needed.
- Call 999 and say “anaphylaxis”.
- If no improvement after 5 minutes, give a second dose of adrenaline.
- Stay with the pupil, monitor continuously and follow the 999 operator's advice.
- Contact parents/carers once emergency treatment is under way.

APPENDIX 2: QUICK REFERENCE – BLUE ALLERGY LANYARDS

1. Issue the correct blue lanyard at the start of lunch and confirm the photograph matches the pupil.
2. Catering staff check the photograph and allergens before serving.
3. Catering staff carry out the second check against the catering allergy register / approved meal information.
4. If anything does not match or there is uncertainty, do not serve until the Catering Lead and school staff confirm the food is safe.
5. Collect the lanyard after lunch and store it securely in the agreed staff-only location.

This lanyard procedure is an additional safety control and never replaces the pupil's IHP, Action Plan, prescribed medication or the catering provider's allergen controls.