Primrose Hill Primary School

Allergy Policy

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SLT Lead:	Aurora Roelofs- Assistant Headteacher
Committee:	C&PW
Statutory requirement:	Yes

Contents

- 1. Aims
- 2. Legislation and guidance
- 3. Roles and responsibilities
- 4. Identifying pupils and others at risk
- 5. Individual healthcare plans and action plans
- 6. Risk assessment
- 7. Minimising risk
- 8. Responding to an allergic reaction
- 9. Adrenaline auto-injectors and emergency kits
- 10. Serious incidents and near misses
- 11. Allergy awareness and training
- 12. Wellbeing and inclusion
- 13. Information sharing and confidentiality
- 14. Monitoring and review
- 15. Related policies and documents
- Appendix A. Primrose Hill actions to confirm before approval

1. Aims

This policy sets out Primrose Hill School's approach to allergy safety, including preventing and reducing exposure to known allergens and responding promptly to allergic reactions, including anaphylaxis.

- Support pupils with allergies so that they can participate safely, fully and inclusively in school life.
- Make responsibilities and emergency arrangements clear to staff, families, pupils, visitors and contractors where relevant.
- Promote and maintain allergy awareness throughout the school community.
- Provide a consistent approach to identifying pupils at risk, maintaining current medical information, assessing activities and learning from incidents.

The policy applies during the school day and whenever pupils are under the care or control of school staff, including school-organised trips, visits, events and activities.

2. Legislation and guidance

This policy is to be read with the following legislation and guidance, as applicable in England:

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026 (allergy safety policy duties).
- Children's Wellbeing and Schools Act 2026, including the allergy safety provisions brought fully into force on 1 September 2026.
- Department for Education (DfE), Allergy safety in schools: statutory guidance (published 6 July 2026).
- Department for Education, Supporting pupils at school with medical conditions: statutory guidance.
- Department of Health and Social Care, Guidance on the use of emergency adrenaline auto-injectors in schools.
- Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019.
- Food Standards Agency guidance on allergen information and food labelling, including the 14 regulated allergens.
- DfE, School food standards: allergy guide (published 14 September 2026).
- Equality Act 2010, where applicable, and relevant duties concerning reasonable adjustments and inclusion.
- UK GDPR and Data Protection Act 2018, in relation to health information.

The governing board/appropriate authority must have particular regard to the DfE statutory guidance. This policy must be reviewed at least annually, updated as appropriate, made generally known within the school and to parents, brought to the attention of pupils, parents and all persons working at the school at least annually, and published on the school website.

This policy is a working school document. The school should check that any later regulations, statutory guidance or local requirements are reflected when the policy is reviewed.

3. Roles and responsibilities

3.1 Governing board / appropriate authority

- Ensure the school has and implements an allergy safety policy covering risk reduction and emergency response, including anaphylaxis.
- Review and approve the policy at least annually and following significant incidents or changes in law or guidance, making changes considered appropriate.

- Ensure the policy is publicised as described in section 2 and published on the school website.
- Ensure allergy-related risks are included in the school's risk management arrangements and actively managed.
- Delegate day-to-day implementation to the allergy leads and relevant senior leader.

3.2 Allergy leads

Our allergy leads are the Assistant Head of Inclusion: Aurora Roelofs and the School Business Manager: Pippa Higgins

- Implement this policy and contribute to its review.
- Promote and maintain allergy awareness across the school community.
- Record and collate allergy and special dietary information for relevant pupils and ensure it is current and readily available to staff who need it.
- Ensure pupils with known food or insect-sting allergies have an up-to-date allergy action plan issued by a medical professional; ensure pupils with asthma have an asthma action plan where applicable.
- Ensure pupils who meet the criteria in section 5 have an up-to-date individual healthcare plan (IHP).
- Ensure staff receive annual allergy awareness training and understand the school's procedures; ensure new starters and supply/cover staff receive appropriate induction before supervising pupils.
- Identify activities requiring allergy risk assessments and ensure relevant staff know the controls.
- Oversee safe storage, checking, replacement and disposal arrangements for school spare adrenaline auto-injectors (AAIs).
- Ensure serious incidents and near misses are recorded, reported and reviewed, and that learning and required changes are shared appropriately.

3.3 Medical needs officer

Mia Crispin is our medical needs officer. They will:

- Coordinate paperwork and medical information received from families.
- Coordinate medication arrangements with families and maintain the relevant medication records.
- Check spare AAIs are in date and present, and maintain expiry-date and replacement records.
- Undertake delegated tasks, which may include medicine labelling and storage, sharing medical/allergy registers with staff, maintaining electronic medical records and maintaining the allergy register.

3.4 Named AAI checkers

Our Medical Needs Co-ordinator will check spare AAIs monthly, record checks and arrange timely replacements under the direction of our allergy leads: Aurora Roelofs (Assistant Head of Inclusion) and Pippa Higgins (school business manager)

3.5 Headteacher

- Decide, in discussion with parents/carers and relevant healthcare professionals, whether a pupil's allergy can be managed through the school's general medical-conditions arrangements or whether an IHP is required.
- Ensure adequate staffing, training, communication and practical arrangements are in place to implement this policy.
- Ensure reasonable adjustments are considered and pupils with allergies are not excluded from trips, events or ordinary school activities solely because of their allergy.

3.6 Teaching, support and other pupil-facing staff

- Promote allergy awareness and maintain familiarity with this policy and relevant emergency procedures.
- Recognise signs of allergic reactions and anaphylaxis, and know how to obtain and administer emergency medication without avoidable delay.
- Know which pupils in their care have allergies, their known triggers and the relevant action plan/IHP, while respecting confidentiality.
- Reduce the risk of exposure to known allergens and consider allergens when planning lessons, food-related activities, events and visits.
- Ensure pupils' wellbeing and inclusion and report all suspected allergic reactions, medication administration, incidents and near misses promptly.
- Record administration of allergy medicines on Meditracker and/or the school's medical record forms, in accordance with school procedure.
- Pass incident information to the allergy leads/medical needs officer and ensure parents are informed in line with the incident procedures.
- Log relevant medication on Meditracker and/or medical record forms, and to pass on allergy incidents, including minor incidents, to parents directly or to the staff member responsible for contacting them.

3.7 Parents and carers

- Provide complete and up-to-date information about the child's allergies, reactions, medical needs, dietary requirements and medication, including relevant medical reports or hospital letters.
- Provide two in-date prescribed AAIs where the child has been prescribed them, together with other prescribed or agreed medication, and replace them before expiry or after use.
- Provide current medical-professional allergy action plans and advise the school promptly of any change in the child's condition or treatment.
- Ensure the child's medication is clearly labelled and supplied in accordance with school arrangements.
- Follow school guidance about packed lunches, snacks and food brought in to be shared.
- Consider the food provided in packed lunches and snacks, to try to limit allergens where practicable, and to follow the school's arrangements for food brought in to be shared.

3.8 Pupils with allergies

- Where age- and developmentally appropriate, understand their allergens and the risks they pose.
- Where appropriate, know how and when to use their prescribed AAI and carry it with them or know how to access it immediately.
- Tell a member of staff if they feel unwell, suspect exposure or notice symptoms, and never delay seeking help.

3.9 Pupils without allergies

Pupils are expected to be aware that allergens can pose a serious risk to peers, not to share food, and to follow staff instructions. Older pupils may be encouraged to alert staff and support peers in an emergency, but must not be relied upon in place of trained adults.

4. Identifying pupils and others at risk

4.1 Identifying pupils

- The school will use its admissions, medical-needs and annual update processes to identify pupils with known or suspected allergies.
- Before a new pupil starts, the school will request information from parents/carers about allergies, previous reactions, medication, dietary needs and whether the pupil carries an AAI.
- For pupils joining mid-year or receiving a new diagnosis, the school will seek information promptly and put necessary interim safety arrangements in place without waiting for every document to be completed.
- At the start of each school year, the school will remind parents/carers to review and update medical and allergy information.
- Parents/carers should notify the school promptly of any change during the year, by contacting the school office, using their email address: admin@primrosehillcamden.co.uk
- For new starters joining at the beginning of a term, arrangements should be in place before the start of the term and will usually be identified during the admissions process.
- Pupil joining mid-term or receiving a new diagnosis, every effort should be made to put arrangements in place within two weeks.
- For any immediate allergy risk, interim safety measures must be put in place immediately, without waiting for the two-week deadline.

4.2 Staff and visitors

- Staff should be given a confidential route to notify the school of an allergy that may affect their safety at work or their ability to respond to an emergency.
- Where practicable, visitors should be invited to notify the school in advance of an allergy or relevant access need, including a guide dog where this may affect a pupil with an allergy.
- Information should be shared only with those who need it to manage risk or respond safely.

4.3 Allergy register

The school will maintain an accurate, accessible allergy register linked to its medical-needs records. As relevant to each pupil, it will include known allergens and risk factors for anaphylaxis; prescribed medication, type and dose; whether consent for emergency medication has been recorded; action plan/IHP status; and a photograph where parental consent has been obtained.

This register is to be kept in the classroom where staff can access it quickly but where it is not visible to children, with an electronic copy emailed to relevant staff. This is reviewed termly and whenever relevant information is changed or updated (including new starters or diagnosis).

5. Individual healthcare plans and action plans

5.1 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 that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child 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 be passed on during transition to a new school.

Primrose Hill will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

IHPs must be reviewed at least annually and sooner if the pupil's needs, medication, action plan or school arrangements change. Relevant plans should be shared with a receiving school as part of transition, in accordance with data protection requirements.

5.2 Allergy action plans and asthma action plans

- Every pupil with a known food or insect-sting allergy should have an appropriate allergy action plan issued by a healthcare professional.
- Pupils with asthma should have an asthma action plan issued by a healthcare professional, where applicable.
- Plans should include emergency treatment instructions and relevant consent for staff to administer medication. A copy should be attached to or clearly linked with the pupil's IHP and kept with or readily accessible alongside medication.
- When an action plan is updated, the IHP and school records must be reviewed and updated accordingly.

6. Risk assessment

The school will carry out and record an individual risk assessment for a pupil at risk of anaphylaxis before they take part in activities that may expose them to allergens, including:

- Food technology, cooking, baking, food tasting or food-based rewards.
- Science experiments involving foods, ingredients or other relevant allergens.
- Art, craft or design activities using food packaging or materials containing allergens.
- Animal visits, animal handling, school pets or activities involving animals.
- School trips, residential visits, sports fixtures, off-site events, performances and enrichment activities.
- Activities or visits involving a guide dog where a pupil may be at risk.

Risk assessments must identify the pupil and allergen-related hazards, assess exposure routes, set out controls, confirm who is responsible, ensure medication and trained staff are available, and specify contingency arrangements. They should be reviewed when circumstances change.

7. Minimising risk

7.1 Hygiene and food brought from home

- Pupils are reminded to wash their hands before and after eating.
- Food, food containers, utensils and drinks must not be shared.
- Pupils should use their own named water bottles. Food containers supplied for a pupil with an allergy should be clearly labelled for that pupil.
- Where food is not provided directly by the school, staff should consider allergy risks in advance and engage parents/carers as appropriate.
- Food used in lessons, celebrations, clubs and events must be considered in advance; staff must not assume that a food is safe because it is described as vegetarian, vegan, gluten-free or 'free from'.

7.2 Catering and food information

- The school will work with caterlink to provide safe food options for pupils with allergies and to ensure staff preparing and serving food understand relevant controls.
- Menus and ingredient/allergen information will be available to parents/carers and pupils. Catering staff should be available to discuss safe meal provision and any changes or substitutions.
- Allergen information for the 14 regulated allergens must be provided and labelled as required by law. Staff must check product labels and current supplier information rather than relying on memory or previous packaging.
- Changes to menus, recipes, suppliers or ingredients must be checked before service to ensure pupils' special dietary needs continue to be met.
- Food preparation and service must follow appropriate hygiene and cross-contamination controls, including cleaning, handwashing, equipment separation where needed, and clear communication between kitchen and serving staff.
- Staff must not give a pupil food where ingredients or cross-contamination risks are uncertain; they should check with the catering lead and follow the pupil's plan.
- Catering staff receive appropriate training, allergen information is provided for the 14 regulated allergens (including sesame), and cross-contamination procedures are followed.

7.3 Food restrictions and allergen-free claims

Primrose Hill recognises that it is impractical to guarantee an allergen-free school environment.

The school will not describe the whole site as allergen-free unless it can substantiate and maintain that claim. Instead, it will use individual risk assessments, practical exposure-reduction measures, accurate food information and emergency readiness. The presence of an allergen on site does not remove the school's duty to make reasonable adjustments and manage individual risks.

7.4 Insect bites and stings

When outdoors, pupils should wear shoes and food and drink should be covered where practicable. If a pupil is stung or bitten, staff should assess symptoms promptly, obtain first-aid support and follow the pupil's allergy action plan. Do not assume that a reaction is mild solely because it begins with local symptoms.

7.5 Animals

- Activities involving animals must be risk assessed in advance.
- Pupils with a relevant animal allergy must not be required to interact with the animal; alternative participation should be arranged.
- All pupils should wash their hands after animal contact, and staff should manage clothing, surfaces and equipment to reduce transfer of allergens.

7.6 Trips, visits and events

- No pupil with an allergy will be excluded from a trip, visit, event or activity solely because of their allergy.
- Planning must take account of each pupil's IHP/action plan, the venue, food, transport, activities, emergency access and communication arrangements.
- Staff accompanying the group must know which pupils have allergies, their triggers and emergency procedures, and must have received appropriate training.
- Pupils at risk of anaphylaxis should have their prescribed medication with them or immediately accessible. Spare school AAIs should be taken in accordance with section 9 and the trip risk assessment.
- At least one staff member trained to recognise anaphylaxis and administer an AAI must be present, with sufficient trained cover for the activity and foreseeable staff absence.
- One set of spare AAI medication of the appropriate dosage for the age range is taken on trips alongside pupils' normal medication. The school will ensure trip leaders will ensure the AAI's are returned after their trips.

8. Responding to an allergic reaction

Treat suspected anaphylaxis as a medical emergency. Do not wait for symptoms to become severe, for a parent to arrive, or for a second opinion. Follow the pupil's allergy action plan where available and the emergency steps below.

8.1 Emergency response: suspected anaphylaxis

1. Stay with the pupil and call for help. Send a colleague to bring the pupil's prescribed AAI and/or the nearest school spare AAI and emergency kit.
2. Administer the pupil's prescribed AAI immediately if anaphylaxis is suspected, following the pupil's action plan and the device instructions. If the prescribed device is unavailable, has misfired, is out of date or otherwise cannot be used, use an appropriate school spare AAI in line with the emergency protocol.
3. Call 999 immediately and state that the person is having suspected anaphylaxis. Tell the call handler that adrenaline has been administered and follow their instructions.

4. Help the pupil lie flat with legs raised where possible. If breathing is difficult, allow them to sit with legs outstretched; do not allow them to stand or walk. Follow emergency-service advice for pregnancy, unconsciousness or other circumstances.
5. If symptoms have not improved after 5 minutes, administer a second AAI if available, following the action plan and emergency-service instructions.
6. Monitor breathing and responsiveness continuously. If the pupil becomes unresponsive and is not breathing normally, begin CPR and use an AED as directed by emergency services and staff training.
7. Keep used devices for the ambulance crew if safe to do so. Record the time and dose/device used. Do not leave the pupil alone.
8. Inform the parent/carer as soon as practicable, without delaying treatment or the 999 call. A member of staff should accompany the pupil to hospital if required and remain until handover arrangements are made.

A pupil who has received adrenaline must be assessed by emergency medical services and taken to hospital, even if symptoms improve. Follow the emergency call handler and ambulance crew's instructions.

8.2 Mild or uncertain symptoms

For symptoms that appear mild, staff should remain with and monitor the pupil, consult the pupil's allergy action plan, seek first-aid/medical support and contact parents/carers. If symptoms progress, involve more than one body system, or staff suspect anaphylaxis, use the emergency response immediately. Antihistamines do not treat anaphylaxis and must not delay adrenaline or the 999 call.

8.3 No action plan available

If a pupil has a suspected allergic reaction and no action plan is available, staff should follow this emergency procedure and the school's first-aid arrangements. Where anaphylaxis is suspected, call 999 and administer an available school spare AAI in accordance with the school's emergency protocol and current statutory guidance. Do not delay lifesaving action while seeking consent or locating paperwork.

8.4 Medication recording and follow-up

All medication administration must be recorded promptly, including the person, time, symptoms, medication/device and dose, staff involved, emergency services contacted and outcome. At Primrose Hill, staff record allergy medication on Meditracker and/or medical record forms, and notify the allergy leads/medical needs officer and parents/carers.

9. Adrenaline auto-injectors and emergency kits

9.1 Pupils' prescribed AAIs

- Pupils prescribed AAIs should, where age and maturity allow, carry them on or near their person at all times, including during transitions, play, PE, lunch, travel to and from school and off-site activities. Two devices should be carried where prescribed/recommended.
- Where a pupil cannot carry their devices, they must be stored in an agreed, clearly labelled, unlocked and readily accessible location, available to staff at all times and no more than 5 minutes from where they may be needed. Larger sites or dispersed activities may require more than one storage point.

- Devices must be stored at the manufacturer-recommended room temperature, protected from direct sunlight and extremes of temperature. They must not be locked away or placed where access is delayed.
- A copy of the pupil's current allergy action plan should be kept with or immediately accessible alongside the medication.
- Parents/carers are responsible for ensuring prescribed devices remain in date and are replaced promptly after use or before expiry. The school will communicate with families about expiry checks and collection/home arrangements.
- Primrose Hill's AAIs are stored centrally, safely, out of children's sight and reach, unlocked, accessible to staff at all times and within 5 minutes of where needed. These are located in the school's central medical cupboard on the ground floor by the main office. A child's second AAIs should be placed in their classrooms and carried with them if travelling more than 5 minutes from either locations where their AAI's are stored.

9.2 School spare AAIs

The school will maintain spare AAIs in accordance with current DfE and DHSC guidance. Only adrenaline auto-injectors may currently be stocked as school spare devices; a pupil's individually prescribed alternative formulation does not replace the school's spare AAI arrangements.

Spare AAIs are sourced from Primrose Hill Pharmacy and that the school holds two sets of spare AAIs (four total).

These spare AAI's will follow the following requirements below:

Device	Dose	Recommended primary-school stock
EpiPen Junior	150 micrograms (0.15 mg)	2 devices
EpiPen	300 micrograms (0.3 mg)	2 devices
Total		4 spare devices

- Spare AAIs will be kept in pairs, clearly labelled as school spares and separate from pupils' prescribed medication.
- They will be in the central medical cupboard, where it is in an unlocked, staff-accessible location, out of children's sight and reach, no more than 5 minutes from where they may be needed, and protected from sunlight and temperature extremes.
- For children in early years, all medication is stored in their classrooms

- The allergy lead and medical needs officer will check presence, condition and expiry dates at least monthly and after every use, and keep an electronic record will be kept on the system.
- Replacement devices must be obtained before expiry and immediately after use, loss or damage. The school should maintain an adequate supply while replacements are being obtained.
- The school must keep a record of batch number, expiry date, location, checks, use and replacement.

9.3 Consent and use in an emergency

The school will seek and record advance parental/carer or pupil consent, as appropriate, for use of spare AAIs and will keep relevant consent information accessible. However, in a life-threatening emergency, staff must not delay reasonable action to save life while checking consent or locating records. Spare AAIs may be used in an emergency in accordance with applicable legislation, current guidance and the school's emergency protocol.

9.4 Emergency anaphylaxis kit

Primrose Hill holds an emergency anaphylaxis kit. The kit includes:

- spare AAIs;
- device-use instructions;
- and a record of AAI administration.

The allergy lead and medical officer is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of in a sharps box 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.

Our emergency anaphylaxis kit is stored in our central medical cupboard.

9.5 Disposal

AAIs are single-use. Used or expired devices must be handled and disposed of safely in accordance with manufacturer instructions and local arrangements for sharps/medical waste. Used devices should be handed to ambulance staff where requested. Record disposal and arrange prompt replacement.

9.6 Off-site use

For trips and off-site events, pupils who can self-carry should carry their own prescribed AAIs. Staff must take spare AAIs as required by the risk assessment and school procedure, keep them accessible throughout the activity, and ensure trained staff and emergency contact arrangements are in place.

The Trip Leader must take one of the school's spare AAIs where required by the risk assessment and school procedure. Here, they will take one of the spare AAIs on trips alongside pupils' normal medication. This will leave one set of spare AAI's in the school.

10. Serious incidents and near misses

A serious incident includes an allergy-related event in which a pupil, staff member or visitor is harmed or placed at immediate and significant risk of harm, including an event requiring emergency medication, urgent clinical intervention or emergency-service attendance. A near miss is an event that did not result in harm but had clear potential to do so, such as a food/medication error or failure in a control.

10.1 Recording

Record serious incidents and near misses as soon as practicable using the school's accident/incident reporting system and relevant medical record. Include:

- Who was affected and relevant pupil/staff details.
- What happened, when and where, including suspected allergen/exposure route.
- Known or possible cause and any system failure, omission or error, as far as known.
- Symptoms, actions taken, medication and dose, times, emergency services called and outcome.
- How the pupil and others were supported and who was informed.
- Any immediate controls introduced and follow-up actions required.
- Medication administration should also be recorded on Meditracker and/or medical record forms.

10.2 Reporting and learning

- Parents/carers of pupils under 16 should be informed as soon as possible. For pupils aged 16 or over, seek the pupil's agreement before contacting parents/carers, subject to safeguarding or other lawful exceptions.
- Share the incident record with the pupil and parents/carers as appropriate and give them an opportunity to contribute to the review and lessons learned.
- The allergy leads should review whether the risk assessment, IHP, action plan, medication access, staff training, catering controls or policy need to change. Communicate relevant learning to staff.
- Where an incident may be a food safety issue, notify the relevant local authority/environmental health team as required. Report to the Health and Safety Executive under RIDDOR where the legal reporting criteria are met.
- Notify the relevant healthcare professional where the event relates to the implementation of a clinical care plan or action plan.
- Governors will also be informed via report from meditracker

The school will use a no-blame, learning-focused approach while still addressing any necessary safeguarding, employment, health and safety or regulatory responsibilities.

11. Allergy awareness and training

11.1 Staff training

All staff expected to be present when pupils are on site must receive allergy awareness and asthma training at least annually. New staff must complete training as part of induction and before taking responsibility for pupils. This includes teaching and support staff, supply and cover staff, agency/peripatetic staff, regular volunteers, catering staff and staff supervising breakfast, after-school or other pupil activities.

Training must cover:

- Allergy and anaphylaxis, including triggers, exposure routes and the fact that allergic reactions can be life-threatening.
- Common symptoms and signs of anaphylaxis and the need to act quickly.
- How to reduce risk, use allergy registers and IHPs/action plans, and follow individual controls.
- How to call 999, locate and administer AAIs, use training devices and follow emergency response steps.
- Where prescribed and spare medication is stored and how to access it promptly.
- Medication recording, parent notification, incident and near-miss reporting.
- Wellbeing, inclusion, bullying prevention and the effect of allergy-related anxiety.

11.2 Emergency preparedness

Primrose Hill will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

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
- practice with adrenaline trainer devices

Primrose Hill will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

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

11.3 Communicating the policy and educating pupils

- Publish this policy on the school website and share it with parents/carers at the start of each school year.
- Bring the policy to the attention of all pupils, parents/carers and all persons working at the school at least annually.
- Include allergy awareness in age-appropriate pupil education, emphasising not sharing food, respecting peers' needs, seeking adult help and avoiding stigma or bullying.

12. Wellbeing and inclusion

- The school recognises that allergies may affect a pupil's confidence, participation and emotional wellbeing and may be associated with anxiety or bullying.
- Pupils with allergies will have access to pastoral support and regular check-ins with an appropriate member of staff.
- Staff should reassure pupils and families that individual risks are being assessed, reasonable controls are in place and staff know how to respond in an emergency.

- Allergy-related bullying or harassment will be addressed under the school's behaviour and anti-bullying procedures.
- Following an incident or near miss, the school will consider the wellbeing of the pupil, their family, responding staff and witnesses and provide appropriate support.

13. Information sharing and confidentiality

Information about a person's allergy and health is special category personal data. The school will handle it in accordance with UK GDPR, the Data Protection Act 2018 and its data protection policy.

- Share information with staff and others only to the extent necessary to protect the pupil, deliver care or respond to an emergency.
- Ensure staff who supervise pupils, provide meals, lead trips or cover classes can access the relevant information when needed.
- Keep registers, photographs, IHPs, action plans and medication records secure and prevent access by pupils or unauthorised persons.
- Explain to families how information is used and shared, and obtain consent where required, including for photographs used in allergy registers.

14. Monitoring and review

The allergy leads will monitor implementation of this policy, including the accuracy of registers and plans, staff training, medication checks, risk assessments, incident reporting and the effectiveness of controls.

The governing board/appropriate authority will review and approve the policy at least annually and sooner if a serious incident or near miss, a change in a pupil's needs, a change in school provision, or new legislation or guidance identifies a need for review.

The policy must be publicised and published in accordance with section 2. The school will retain records of approval, review, staff training, AAI checks, incidents and actions taken.

15. Related policies and documents

- Supporting pupils with medical conditions policy
- Health and safety policy
- School food policy
- First aid and emergency procedures
- Educational visits / off-site visits policy
- Behaviour and anti-bullying policy
- Data protection and privacy policy
- Medication administration procedures
- Individual healthcare plans and allergy/asthma action plans

Complaints procedure

Where parents have concerns about our school's allergy provision, they should raise this with the allergy leads and can contact them via the email admin@primrosehill.camden.sch.uk

We will try to resolve the complaint informally in the first instance. If this does not resolve concerns, parents are welcome to submit their complaint formally.

Formal complaints about allergy provision in our school should be made to the Head Teacher in the first instance. They will be handled in line with the school's complaints policy. This policy can be found on our website alongside all other relevant policies about the school's running.

If the parent or carer is not satisfied with the school's response, they can escalate the complaint. In some circumstances, this right also applies to the pupil themselves.

Legislation and guidance relevant to this policy:

- Children's Wellbeing and Schools Act 2026, section 34 (allergy safety policy for pupils at schools), including the amendments to the Children and Families Act 2014.
- Children's Wellbeing and Schools Act 2026 (Commencement No. 3) (England) Regulations 2026, SI 2026/933, bringing section 34 fully into force on 1 September 2026.
- Department for Education, Allergy safety in schools: statutory guidance, published 6 July 2026.
- Department for Education, School food standards: allergy guide, published 14 September 2026.
- Department of Health and Social Care, Guidance on the use of emergency adrenaline auto-injectors in schools.