

Old Oak Primary School

Allergy Safety Action Plan 2026-27

Operational plan aligned with Department for Education statutory allergy safety guidance (July 2026)

School	Old Oak Primary School
Review date	At least annually and after any serious allergy incident or near miss

Purpose

This action plan translates the school's allergy safety policy into practical actions. It is designed to reduce exposure to known allergens, ensure staff can recognise and respond to allergic reactions, and make sure pupils with allergies can participate safely and inclusively in school life.

Important: this whole-school action plan does not replace a pupil's Individual Healthcare Plan (IHP) or an individual Allergy Action Plan issued by a healthcare professional. Where a pupil has an Allergy Action Plan, it must be attached to and reflected in the pupil's IHP.

Immediate priorities for September 2026

- Publish and implement the school's allergy safety policy and make it accessible to staff and families.
- Nominate a senior allergy safety lead and identify who deputises in their absence.
- Audit all pupils with known allergies and ensure records, photographs, allergens, medicines and emergency contacts are current.
- Check that pupils who require an IHP have one in place and that any healthcare-professional Allergy Action Plan is attached.
- Ensure all staff receive allergy awareness training covering recognition of symptoms, emergency response and use of adrenaline auto-injectors (AAIs).
- Confirm the school's arrangements for spare AAIs, including location, accessibility, stock checks, expiry dates and staff awareness.
- Review catering, breakfast club, after-school club, trips, curriculum food activities and celebration-food procedures.
- Establish a system to record, investigate and learn from allergic reactions and near misses.

Whole-school action plan

Priority / DfE expectation	Actions for Old Oak	Lead	Timescale	Evidence / monitoring	Status
Leadership and policy	Maintain a separate published allergy safety policy. Identify a senior allergy lead.	HT / Allergy Lead	Autumn 1; annual review	Published policy; governor minutes; annual audit	☐

	Ensure governors receive assurance on implementation and review the policy at least annually and after relevant incidents.				
Identify pupils with allergies	At admission and whenever information changes, obtain allergy information from parents/carers. Maintain an up-to-date confidential staff-accessible list with pupil photographs and known allergens in relevant areas where food is handled or served.	Office / Allergy Lead	On admission; termly check	Allergy register; admission forms; termly audit	☐
Individual Healthcare Plans	Identify pupils requiring an IHP. Develop plans with parents/carers and relevant healthcare input. Attach any healthcare-professional Allergy Action Plan and review when information or treatment changes.	Allergy Lead / SENCO	Before/at admission; ongoing	Signed IHPs; attached Action Plans; review dates	☐
Staff training	Provide allergy awareness training for all staff, including symptoms, anaphylaxis, emergency response and use of AAIs. Ensure	HT / Allergy Lead	At least annually; induction	Training log; attendance sheet; induction checklist	☐

	new and temporary staff receive essential information before working unsupervised with pupils.				
Emergency response	Ensure staff know to follow the pupil's Allergy Action Plan/IHP, administer prescribed emergency medication promptly when indicated, call 999 for suspected anaphylaxis, and follow emergency-service instructions. Do not delay emergency treatment while trying to contact parents.	All staff	Immediate / ongoing	Emergency procedure displayed; scenario drill/briefing	☐
Adrenaline auto-injectors	Maintain arrangements for prescribed AAIs and the school's spare AAI stock in accordance with current legal requirements and DfE guidance. Store so they are secure but quickly accessible, never locked away where access could be delayed. Check expiry dates and stock routinely.	Allergy Lead / First Aid Lead	Monthly checks	AAI register; expiry log; stock record	☐

Medication accessibility	Make sure individual emergency medication is readily accessible to trained staff throughout the school day and accompanies pupils on trips/activities as required by the IHP.	Class staff / Office	Daily / before trips	Medication audit; trip checklist	☐
Catering and food service	Share accurate allergy information with catering staff using secure systems. Caterers must manage allergen information and special dietary needs. No menu substitution should be made for an allergic pupil unless its suitability has been checked.	SBM / Caterer / Allergy Lead	Daily; menu changes	Dietary register; catering records; menu checks	☐
Food brought into school	Set clear rules for snacks, packed lunches, birthday/celebration food and food donations. Families must not be given a false assurance that the school is completely 'allergen-free'; risk is managed through proportionate controls and individual plans.	HT / Allergy Lead	Autumn 1	Parent communication; policy wording	☐
Curriculum activities	Risk assess cooking, food	Teachers / Subject Leads	Before activity	Planning/risk assessments	☐

	tasting, science, art/craft and other activities involving potential allergens. Staff must check ingredients and individual plans before participation and make reasonable adjustments.				
Trips and off-site activities	Include allergy needs in trip risk assessments. Ensure appropriate medication, trained adults, emergency contacts and food arrangements travel with the pupil. Pupils with allergies should not be excluded from activities because of their allergy where reasonable adjustments can make participation safe.	Trip Lead / EVC	Before every trip	Trip RA; medication checklist	☐
Wraparound provision	Ensure breakfast club, after-school provision and external providers operating on site receive necessary allergy information, understand emergency procedures and have access to appropriate emergency medication arrangements.	HT / Club Leads and Aktiva	Termly / on change	Provider briefing records; registers	☐

Visitors and events	Where relevant, seek allergy information in advance for visiting children and communicate school arrangements to visitors, contractors and event providers handling or supplying food.	Office / Event Leader	Before event	Event checklist / communications	☐
Incident and near-miss reporting	Record allergic reactions and near misses promptly. Review what happened, whether the IHP/policy was followed, contributing factors, medication use and any changes required. Escalate serious incidents through safeguarding/health and safety procedures as appropriate.	HT / Allergy Lead	After every event	Incident/near-miss form; review notes; actions	☐
Pupil voice and inclusion	Help pupils understand their allergy in an age-appropriate way, encourage self-advocacy without placing responsibility for safety solely on the child, and promote an inclusive culture that prevents stigma or bullying.	Class teachers / PSHE lead	Ongoing	Pupil voice; curriculum evidence	☐

Communication with families	Parents/carers should provide accurate, current information and in-date medication, and notify school of changes. School will communicate changes to relevant staff promptly and maintain confidentiality.	Office / Allergy Lead	Ongoing	Parent communications; record updates	☐
Quality assurance	Carry out a termly allergy safety check covering pupil records, IHPs, staff training, medication/AAls, catering arrangements, trips and incidents. Report significant findings and actions to governors.	HT / Governor	Termly	Termly checklist; governor report	☐

Emergency response - suspected allergic reaction

Staff must follow the pupil's individual Allergy Action Plan and IHP. If anaphylaxis is suspected, treat it as a medical emergency.

- 1. Recognise** - Look for symptoms described in the pupil's plan. Anaphylaxis can develop rapidly and may involve airway, breathing or circulation problems, or a severe reaction affecting more than one body system.
- 2. Act** - Give the pupil's adrenaline auto-injector immediately when indicated by the individual plan/training. Follow the device instructions.
- 3. Call 999** - State 'anaphylaxis' and follow ambulance-service instructions. Send someone to direct the ambulance to the pupil.
- 4. Position and supervise** - Keep the pupil under continuous adult supervision and position them in line with first-aid training and emergency-service advice. Do not allow them to stand or walk unnecessarily.
- 5. Further adrenaline** - If symptoms persist or return, use a second AAI when indicated by the pupil's plan, staff training and emergency-service guidance.
- 6. Contact family** - Contact parents/carers as soon as practicable, but do not delay emergency treatment or the 999 call.
- 7. After the incident** - Record the incident, medication administered and timings; replenish used/expired stock; review the IHP, Allergy Action Plan arrangements, risk controls and any near-miss learning.

Reference framework

Prepared with reference to: Department for Education, Allergy safety in schools: statutory guidance (published 6 July 2026); DfE School food standards: allergy guide (published 14 September 2026); section 100 of the Children and Families Act 2014 as amended by the Children's Wellbeing and Schools Act 2026; and current DfE guidance on supporting pupils with medical conditions.

The DfE guidance provides an Allergy Safety Policy template and an Individual Healthcare Plan template. For a child with a known food or insect-sting allergy, the individual Allergy Action Plan should be issued by the child's healthcare professional; the school should not create or alter the clinical treatment instructions itself.