



ELT Whole-School Allergy Safety Policy

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Date	Author	Version	Comment
September 2026		1	New policy

School name: **[INSERT SCHOOL NAME]**

Policy owner: **[INSERT NAME AND ROLE OF SENIOR ALLERGY LEAD AT THE SCHOOL]**

Additional allergy-coordination staff: **[INSERT NAME]** and **[INSERT NAME]**

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Document control

Item	School completion
Policy title	Whole-School Allergy Safety Policy
Responsible senior leader	[INSERT NAME AND ROLE]
Allergy lead or medical officer	[INSERT NAME AND ROLE]
Catering manager or cook	[INSERT NAME AND ROLE]
Review frequency	At least annually, and sooner following an incident, near miss, material change or updated guidance.
Related policies	[INSERT LINKS, ISAFEGUARDING, HEALTH AND SAFETY, BEHAVIOUR, ANTI-BULLYING, EDUCATIONAL VISITS AND ATTENDANCE POLICIES]
Information-management system	BROMCOM, Family, SharePoint
Incident-reporting system	ELT Allergen Breach Form

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1. Introduction and core principles

[INSERT SCHOOL NAME] is committed to providing a safe, inclusive and welcoming environment for pupils, staff, volunteers and visitors with allergies. The purpose of this policy is to minimise the risk of exposure to allergens, protect pupils and adults from avoidable harm, provide safe and inclusive access to school life, and ensure that staff respond promptly and effectively to an allergic reaction, including anaphylaxis. Thereby preventing pupils with allergies from being disadvantaged or unnecessarily excluded from school life.

The policy applies across the whole school and includes teaching and learning, food technology and other curriculum activities, school meals, packed lunches, breakfast clubs, after-school provision, wrap-around care, EYFS, celebrations, sporting activities, educational visits, transport, residential visits and activities delivered by third parties.

Allergy safety is a shared responsibility. The school will work collaboratively with pupils, parents and carers, healthcare professionals, the Enquire Learning Trust, catering teams and external providers. Procedures will be proportionate, practical and based on current medical information. Pupils with allergies or other dietary requirements will be supported to participate fully in school life without unnecessary restrictions or stigma.

Allergy is a broad term covering different allergic diseases. Food allergy, asthma, eczema and seasonal rhinitis may coexist. Food allergy must be distinguished from food intolerance and coeliac disease. Intolerance and coeliac disease may require dietary management but do not, in themselves, create a risk of anaphylaxis. Any individual medical condition must nevertheless be managed in accordance with appropriate clinical advice and the individual's care arrangements.

Anaphylaxis is a severe, rapidly developing allergic reaction. It may follow exposure to food, insect venom, medication, latex or another allergen. Symptoms can progress quickly and may occur without a rash. Suspected anaphylaxis is always an emergency: adrenaline must be administered without delay and emergency services must be called.

The school recognises that severe allergies may meet the definition of disability under the Equality Act 2010. Reasonable adjustments, inclusive planning and non-discriminatory treatment will be considered for pupils and staff who require them. Allergy management will be linked with safeguarding, health and safety, medical conditions, special educational needs and disability, behaviour, anti-bullying, attendance, educational visits and food-safety arrangements.

2. Emergency treatment and management of anaphylaxis

2.1 Mild-to-moderate symptoms

- hives or a red, raised rash;
- itching or tingling in the mouth;
- swelling of the lips, face or eyes;
- stomach pain or vomiting;
- mild throat tightness; and
- a sudden change in behaviour.

Follow the person's Allergy Action Plan or IHP. Antihistamines must only be given in accordance with the plan, school procedures and the medicine's instructions. Continue close observation because symptoms may progress.

2.2 ABC symptoms of anaphylaxis

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

Anaphylaxis may be present even when there is no rash. If a person with a known allergy develops sudden breathing difficulty, treat the situation as suspected anaphylaxis.

2.3 Immediate action

1. Stay with the person, call for assistance and bring their prescribed adrenaline device or the nearest appropriate spare device.
2. Keep the person where they are. Do not send them to the medical room or office without suitable supervision.
3. Lay the person flat with their legs raised. If they are struggling to breathe, allow them to sit with legs extended for the shortest possible time.
4. Administer adrenaline without delay, following the instructions on the device. Note the time of administration.
5. Call 999 and state clearly: "**Anaphylaxis.**" Give the school address and follow the operator's instructions.
6. If there is no improvement after five minutes, administer a second adrenaline device if available and appropriate.
7. If the person has no signs of life, begin CPR and follow the emergency operator's instructions.
8. Contact the parent or carer as soon as practicable, without delaying treatment.
9. Keep the person under continuous supervision and do not stand them up or move them unnecessarily.
10. Ensure that the person attends hospital for observation, even if symptoms improve.

Where a person has both asthma and a serious allergy, administer adrenaline first if there is doubt whether the episode is an asthma attack or anaphylaxis. The person must not be left alone while awaiting the ambulance.

3. Minimising allergen exposure

[INSERT SCHOOL NAME] will complete and review a whole-school allergy risk assessment at least annually and after a significant incident or near miss. The assessment will cover:

- food used in lessons, practical work, cooking, science, art and technology;
- food brought from home or supplied for celebrations and rewards;
- catering, dining, packed lunches and food service;
- breakfast clubs, after-school provision and third-party providers;
- trips, sports fixtures, residential visits and transport;

- non-food allergens, including latex, medication, plants, animals and therapy or school dogs;
- cleaning, hand hygiene and cross-contamination;
- visitors, volunteers, contractors, temporary staff and cover staff;
- festivals, parties, communal events and fundraising activities; and
- access to emergency medication and proximity to emergency care.

Control measures may include adapting activities, restricting an allergen to the smallest area and shortest period reasonably necessary, improving cleaning, separating preparation by area or time, providing clear information, briefing staff and ensuring immediate access to medication. No food will be prohibited across the whole school without a documented risk assessment and appropriate advice.

4. Allergy awareness and nut bans

The school will promote an allergy-aware culture rather than relying on a false guarantee that the environment is allergen-free. Nuts are only one of many possible allergens, and a blanket nut ban cannot guarantee that exposure will not occur. The school will communicate expectations to pupils, families, staff, visitors, volunteers, PTAs and contractors and will provide age-appropriate education through assemblies, PSHE, tutor time and induction.

Food must not be shared, swapped or traded. Bullying, stigmatisation, deliberate exposure, unsafe pranks or exclusion linked to allergy or dietary requirements will be treated seriously under safeguarding, behaviour and anti-bullying procedures.

5. Food provision and catering

The school and its catering team will comply with applicable food-information and food-safety requirements and will ensure that allergen information is accurate, current and accessible. The school will provide catering teams with timely, accurate information about pupils' allergies and dietary requirements.

Catering arrangements will include:

- approved recipes and an up-to-date allergen matrix;
- supplier and manufacturer information for every ingredient;
- checking substitute-product packaging before use;
- accurate menus and allergen information for families and pupils;
- parent or carer access to the cook or catering manager where clarification is needed;
- clear labelling of all food, including food used in classrooms;
- communication of packed-lunch requirements for trips and fixtures;
- safe arrangements for breakfast clubs, after-school provision and celebrations;
- two-person checking where a meal is matched to a pupil; and
- immediate escalation where staff are uncertain.

Catering staff must never guess about an ingredient, recipe or allergen. If information is incomplete or uncertain, the food must not be served until the matter has been checked and resolved. The supplied catering procedure requires recipes to be followed, allergen information to be maintained, catering staff to be briefed and concerns to be reported immediately.

6. Special-diet traffic-light system

Category	Meaning	Minimum control
RED	Severe allergy or disclosed anaphylaxis risk, normally involving prescribed adrenaline.	Individually confirmed meal, covered and labelled with the pupil's name, prepared using enhanced controls and served by an allocated member of staff.
AMBER	Food intolerance or other non-anaphylactic medical dietary requirement.	Individually confirmed meal prepared using suitable controls and served by an allocated member of staff.
BLUE	Lifestyle, religious or ethical dietary preference.	Suitable meal selected and served from the counter, with normal allergen and cross-contamination controls.

The traffic-light system is an operational catering tool. It does not replace clinical advice, an Allergy Action Plan, an IHP, a medical diet form or an individual risk assessment. The category must be reviewed when new information is received and at least termly. The supplied catering policy uses the RED, AMBER and BLUE system and requires current photographs, dietary information and agreed controls to be available to the kitchen.

7. Catering operational controls

7.1 Notification and recording

1. The parent or carer informs **[INSERT SCHOOL NAME]** of the allergy or dietary requirement as soon as possible.
2. The parent or carer completes the special-diet and allergen information form and supplies medical evidence where appropriate.
3. The school records the information on **BromCom / Family** and informs the allergy lead, relevant staff, wraparound providers and catering team.
4. The kitchen receives the current form, photograph, agreed menu and relevant care-plan information.
5. The purple allergen folder and kitchen allergen board are updated.
6. The school reviews information at least termly and whenever circumstances change.

7.2 Preparation and service

[INSERT SCHOOL NAME] will ensure we provide accurate allergen information about the foods that we produce and serve. To support this process, we will provide the catering team with up to date and accurate information of pupils that have allergies or intolerances.

Where we have been informed of a pupil with severe allergies or who has suffered from anaphylactic symptoms they will be categorised as **RED** and will be treated in line with the procedures set out. Other pupils with an intolerance will be categorised as **AMBER**.

Some families and pupils may have a dietary preference based on religious or lifestyle, choosing to exclude or include certain foods. These pupils will be categorised as **BLUE**.

We will make the relevant information available to parents/carers of pupils who have food allergies.

Photos and allergy requirements of pupils should be supplied by the **Allergy Lead / School Business Manager** to the kitchen, in hard copies.

Pupil images must be on a coloured backing which corresponds to the type of special diet they have (**RED**, **AMBER**, **BLUE**) A copy of these images should be clearly displayed in the kitchen (if space allows) or retained in the 'purple allergen folder' along with any medication requirements.

The whole school must be briefed on requirements and made aware of allergies and special dietary requirements.

Pupils with severe allergens (**RED**) and intolerance (**AMBER**) will be identified by a lanyard in the corresponding colour.

Lanyards will be issued each lunchtime by a member of the school team, prior to pupils entering the dining room.

The catering team and the dining room staff will then check the corresponding images for the pupil they are serving, to ensure they receive the correct meal.

When pupils have finished their meals, they will hand their lanyards back to a member of the school team, to be returned to the office and redistributed the following day.

EYFS Specific variation

Within EYFS settings, a designated lead will be responsible for overseeing meals for any pupils that have allergens or special dietary requirements. Pupil information will be contained within a 'purple folder' specifically for EYFS pupils only. A copy of the information will be maintained within the kitchen allergen folder and also on Brom Com/Family.

Wrap Around

Where food is provided during wrap around care the same processes identified within this document should be followed.

Celebrations / Treats

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays), parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

Should there be a near miss or allergen breach this must be reported immediately to the Principal. If an allergen breach occurs the academy must report this the same day using SharePoint [ELT Allergen Breach Form](#).

8. Medication and prescribed adrenaline devices

Pupils at risk of anaphylaxis may be prescribed two adrenaline auto-injectors. Prescribed devices must be available whenever the pupil is at school or taking part in a school-related activity, including movement between classrooms, lunch, play, sport, trips, transport and wrap-around care.

Where a pupil is able and competent to self-manage, they should be encouraged to carry their devices safely and consistently. Younger pupils or pupils who are not ready to self-manage must have their medication accessible to staff and within five minutes of them. Medication must not be locked away in a way that delays emergency treatment.

Adrenaline devices must be stored in accordance with the manufacturer's instructions, at room temperature and away from direct sunlight and extremes of heat. They must not be refrigerated unless specifically required by the manufacturer.

Parents and carers are responsible for providing in-date, clearly labelled prescribed medication. The school will check medication held on site at least termly and will remind parents or carers when replacement medication is approaching expiry. Expired or damaged devices must not be used except where emergency clinical guidance specifically requires action and the device remains the only available option.

9. Spare adrenaline devices and Anaphylaxis kits

The [Human Medicines \(Amendment\) Regulations 2017](#) permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

[INSERT SCHOOL NAME] holds spare adrenaline devices, provided through its Kitt Medical Anaphylaxis Kitt, for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency. Emergency use of a 'spare' device may include a pupil at risk of anaphylaxis whose own devices are not available or not working (for example because they are out of date, or multiple doses are needed before emergency services arrive), or use on someone experiencing anaphylaxis for the first time who does not have their own prescribed AAI. A person's own prescribed AAI should never be used on another person, as this leaves them vulnerable.

Where a 'spare' AAI is used on a person without a known allergy, staff should feel confident to administer it. Under [Human Medicines Regulations 2012, Regulation 238](#), there is a legal exemption to administer a 'spare' or back-up AAI to any pupil or person (including staff and visitors) experiencing an unexpected, life-threatening anaphylactic emergency, even if that individual is not formally known to have a prescription or prior allergy diagnosis.

The number of 'spare' device pairs needed depends on school type and size. Larger sites, or schools operating across more than one site, may need additional sets to ensure no one is ever more than 5 minutes away from a device.

These are stored in the school's Anaphylaxis Kitt(s), which is clearly labelled 'Emergency Allergy Medication' to avoid any confusion with devices prescribed to a named person.

These are kept safely, not locked away, and are **accessible and known to all staff**. The school holds several orange Kitt Medical keys with which they can access the medication, and also holds a spare key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.

[INSERT SCHOOL NAME] holds **[INSERT BRAND, DOSES AND QUANTITIES]**

These are located in an Anaphylaxis Kitt(s) in the following area(s):

[INSERT LOCATION]

[ALLERGY LEAD/SCHOOL NURSE/BUSINESS MANAGER – DELETE, SUBSTITUTE AS NECESSARY] is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis, using reminder prompts scheduled on the Kitt Medical Portal - this check must be logged as completed on the Kitt Medical Portal. Kitt Medical will track the expiry dates on the pens and send replenishments ahead of the expiration date at the end of the month. The receipt of the new adrenaline pens must be recorded promptly on the Kitt Medical Portal for compliance to the provided service, and to allow for the continuous tracking of the expiry dates on the adrenaline devices.

Adrenaline devices that are used will be disposed of in a sharps box, kept **[INSERT LOCATION OF SHARPES BIN]**, 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. In order to receive a sharps box, the school should register with the Local Authority, which will arrange collection.

10. Emergency response procedure

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed devices or 'spare' devices).
- If the individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the individual **does not have prescribed adrenaline devices**, 'spare' adrenaline devices can be used. The correct dose must be selected and used. This is clearly labelled inside the Anaphylaxis Kitt.
- If the individual's **prescribed adrenaline devices are not available, out of date, or misfire**, 'spare' adrenaline devices can be used.
- If the individual has both a serious allergy and asthma, and there is any doubt whether they are presenting with anaphylaxis or having an asthma attack, always administer the adrenaline first.

The [Human Medicines \(Amendment\) Regulations 2017](#) does not require consent to have been obtained for 'spare' adrenaline devices to be used. It is good practice for the school to obtain advance consent from parents or the young person for 'spare' adrenaline devices to be used, so that in an emergency consent can be assumed to be in place. However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given.

11. Pupil self-management

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for, and to always carry, their own two adrenaline devices in a suitable bag/container **[Red EpiPen CARRY CASE]**

However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

12. Staff training and emergency preparedness

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after-school clubs, will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching and peripatetic staff have received allergy awareness training.

All new starters, supply staff and agency staff will receive allergy awareness information and access to emergency procedures before supervising pupils.

[INSERT NAME] and **[INSERT NAME]** are the named staff members responsible for coordinating training via the Kitt Medical Portal, where online training is available at any time. There is no limit on the number of staff who complete it, nor the number of times they complete it. The training will be completed annually by all staff members.

Training can be online or face-to-face. The content of the training provided by Kitt Medical includes the following **(NB items with an “*” are not explicitly covered with the Kitt Medical training, and must be communicated by the named staff members above to all staff):**

- allergy awareness, the risks it poses, how allergic reactions occur and how to manage them;
- that allergy includes multiple co-existing conditions: asthma, eczema, hay fever;
- understanding the difference between food allergy, intolerance and coeliac disease;
- that an individual can be allergic to any food, not just the 'top 14' allergens;
- knowing the symptoms of allergic reactions and how to treat them;
- knowing the symptoms of anaphylaxis and how to treat it;
- how to locate and administer adrenaline or an asthma inhaler;
- practising with all types of adrenaline device held in school, as an individual pupil's own device may differ from the 'spare' devices;
- how to report an allergic reaction, whether mild to moderate, anaphylaxis, or a near miss/incident;
- understanding their responsibilities in risk reduction, to prevent pupils coming into contact with their allergens;
- understanding the impact allergy can have on a pupil's wellbeing;
- understanding the school's allergy safety policy;*
- how to check whether a pupil is on the record of those with a known allergy;* and
- how to use an Allergy or Asthma Action Plan.*

[INSERT SCHOOL NAME] ensures that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk.

Emergency preparedness

[INSERT SCHOOL NAME] will annually hold a practice response to anaphylaxis, review how the practice went, and update policy and procedures accordingly.

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; and
- practice with adrenaline trainer devices.

[INSERT SCHOOL NAME] will communicate key messages regarding risk reduction leading up to festivals, trips and end-of-term celebrations.

During fire drills and lockdown practices, **[INSERT SCHOOL NAME]** will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during the evacuation.

13. Roles and Responsibilities

Trustees and the Trust are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The Trust monitor this policy, with it being a standing agenda item at meetings. **[INSERT SCHOOL NAME]** has an allergy lead who reports to the Academy Improvement Committee via the Academy Profile.

[INSERT SCHOOL NAME] includes the risks pertaining to pupils and staff with allergy on the school's risk register.

[INSERT SCHOOL NAME] has a named member of the senior leadership team who is responsible for allergy safety, which includes driving the implementation of this policy and contributing to its review.

The **[ALLERGY LEAD /SCHOOL NURSE / BUSINESS MANAGER – DELETE AS APPROPRIATE]** is responsible for:

- systems to collect allergy information during the enrolment process, ensuring this information is shared with catering; outside of the normal admission point, ensuring information is shared with staff and catering teams as soon as possible but within two weeks of the pupil starting;

- holding a register of pupils and staff with allergies, including whether they hold adrenaline and whether they have an Allergy Action Plan, together with a record of any use of AAI(s) and the emergency treatment given;
- ensuring that systems are robust for the identification of pupils at mealtimes;
- communication about the policy, the pupils on the register of those with allergies, and the importance of recording and reporting near misses and incidents;
- communication with governors to provide updates about policy implementation;
- communication with Health and Safety and Designated Safeguarding Leads, to keep allergy safety part of their roles;
- communication with outside agencies such as the Health and Safety Executive (HSE), if a report under RIDDOR is needed;
- communication with the caterer regarding kitchen procedures and ensuring pupils with allergies are provided with a safe meal;
- communication with parents/carers, to enable them to input into Individual Healthcare Plans and to request Allergy Action Plans when appropriate;
- communication with pupils, to develop an understanding of allergy through information assemblies and workshops, and participation in awareness days and weeks;
- checking spare adrenaline devices and making sure these are in date, with replacements secured before the current ones expire;
- ensuring IHPs are created and communicated;
- ensuring that the up-to-date Allergy Action Plan and Individual Healthcare Plan are kept with each pupil's medication;
- checking that pupils' individually prescribed medication is in date on a termly basis, and sending a reminder to parents where medication is approaching expiry — noting it remains the parent's responsibility to ensure medication is in date;
- ensuring that any reaction or near miss is recorded and reported internally and to parents, and in accordance with RIDDOR where applicable (see section 15); and
- training — ensuring all staff complete annual training, that allergy is included in induction even for short-term staff, and that all staff have the opportunity to practise with trainer adrenaline devices at least annually, ideally a few times a year.

Where these responsibilities are shared between the allergy lead, school nurse and/or medical officer, the school should ensure it is clear internally who is responsible for which aspects.

All staff

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency;
- supporting the creation of a pupil's IHP;
- implementing a pupil's IHP;
- creating an inclusive curriculum;
- curriculum adaptation to minimise risks;
- completing risk assessments for curriculum activities involving food, and for trips and visits including sporting events;
- being aware of the pupils in their care who have known allergies — an allergic reaction could occur at any time, not just at mealtimes — and planning any food-related, craft, science, musical or cooking activity, or activity involving animals, with allergy risk in mind, supervised with due caution;

- building proactive relationships with parents/carers; and
- reporting near misses and incidents.

Parents

Responsible for:

- adhering to this policy;
- providing the school with the information it needs to create Individual Healthcare Plans;
- updating the school when reactions happen outside of school, or when there are any changes to the pupil's allergy and its management; and
- ensuring the pupil always has in-date medication with them at school.

Pupil responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

14. Identification and Information Sharing

Admissions data collection

[INSERT SCHOOL NAME] collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission.

[INSERT DETAIL ON HOW]

Information sharing

UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary, in a controlled way, with teaching staff, support staff, supply/cover staff, and catering teams, while maintaining appropriate data privacy. This is done through: **BromCom / Famly**.

Transition

Allergy information and existing care plans are shared as part of a pupil's transition. **[INSERT SCHOOL NAME]** will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement.

[INSERT SCHOOL NAME] works with parents/carers and the pupil, if appropriate, to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff

Pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure the member of staff has a safe working environment. **[INSERT DETAIL ON HOW]**

Visitors and regular volunteers

Visitors and regular volunteers will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead/school nurse/medical officer will be notified, and this information will be communicated as necessary to ensure the visitor or volunteer has a safe working environment. **[INSERT DETAIL ON HOW]**

15. Individual Health Care Plans and Allergy Action Plans

Allergy Action Plans

- These are clinical documents created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer, as this is the parental authority to administer medication, including administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, which could be annually or five-yearly. Parents/carers or the school need to update the pupil's photo annually so that they remain recognisable.

Allergy Action Plans are issued for pupils who have an IgE food allergy, and often a venom allergy, that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies do not experience anaphylaxis, so an Allergy Action Plan is not issued.

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 a pupil is fully included in the life of the school. They identify the exact risk-mitigation measures that need to be followed.

IHPs are school-owned documents that are co-created by the school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested from the allergy lead/school nurse/medical officer if needed.

Where a pupil 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 passed on during transition to a new school.

[INSERT SCHOOL NAME] will ensure that:

- pupils with an Allergy Action Plan and/or an asthma plan have an IHP;
- pupils without an Allergy Action Plan or asthma plan, but who have an allergy that needs active management over and above what other pupils need, will have an IHP; and
- IHPs are created whilst pupils are waiting for a diagnosis.

16. Trips, visits, sports and external activities

[INSERT SCHOOL NAME] ensures that pupils with allergies are fully included in every trip, sporting event or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken, with control measures identified. In order to ensure the pupil is safe and included, alternative activities will be planned where necessary. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication, including adrenaline devices, with them before departure. Where prescribed emergency medication is unavailable, the school will undertake an immediate review of the risks and available controls before determining whether attendance is safe.

In conjunction with the **allergy lead / business manager**, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The school will provide additional spare adrenaline devices should the risk assessment for the trip deem this necessary, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

[INSERT SCHOOL NAME] will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

[ADD ANY ADDITIONAL MEASURES]

17. Serious incidents and near misses

[INSERT SCHOOL NAME] approaches serious incidents and 'near misses' in a 'no blame' spirit, seeking to learn lessons and address any issues the incident identified, so that pupils are better protected in future.

[INSERT SCHOOL NAME] is aware that, when an incident occurs, materials such as residues of food consumed or handled, or samples of fluids, may constitute evidence which may need to be seized and retained.

[INSERT SCHOOL NAME] School uses **BromCom, Civica and Sharepoint** [ELT Allergen Breach Form](#) to record allergic reactions (incidents) and near misses (e.g. accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed by both the school and The Trust and where appropriate a report written and amendment to existing measures.

In the event of **ANY** allergen or a near miss incident please follow these steps:

1. Report any incident however small to the school's **Principal** (if unavailable report to Business Manager).
2. Report the incident to your **Area Support Manager** , if the incident took place in the kitchen or dining hall

3. If unable to reach your Area Support Manager. Please contact the central catering team (ELT Central Catering)
4. For near miss incidents please complete the appropriate form and share a copy with your business manager and the central catering email.
5. For breaches complete the Allergen Breach Reporting form on SharePoint – link below:

[ELT Allergen Breach Form](#)

If **[INSERT SCHOOL NAME]** is required to use the spare AAIs from its Anaphylaxis Kitt(s), a designated portal admin must complete the Incident Report Form on the Kitt Medical Portal. This is shared directly with the Kitt Medical team, who will follow up with the person who submitted the form to confirm further details, and will then arrange for replacement adrenaline pens to be sent to the school, ensuring it has the correct amount of in-date adrenaline at all times.

[INSERT SCHOOL NAME] will share the report with the pupil's parents/carers, the pupil, and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons-learned review. **[INSERT SCHOOL NAME]** will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

18. Wellbeing and support

At **[INSERT SCHOOL NAME]**, allergy safety is a priority, and actions to ensure pupils are included and safe are embedded into the school's culture. Pupils with allergy can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

[INSERT SCHOOL NAME – delete the below as appropriate]

- regularly communicates to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE — for example, allergy assemblies provided by Kitt Medical;
- displays allergy awareness posters around the school, available to download from the Kitt Medical Portal;
- plans school celebrations, rewards, and communal events inclusively from the outset, to eliminate social isolation;
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- understands that allergy bullying is extremely serious, and actively monitors, prevents and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints;

- promotes 'allergy champion' roles for staff and pupils (not just within the catering team), who act as a point of contact for pupils and staff with allergies, share feedback, and support new joiners or anxious pupils;
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment, which may help reduce anxiety and enable staff to identify pupils with allergies in the dining hall; and
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available.

19. Safeguarding

[INSERT SCHOOL NAME] recognises that a safeguarding referral may be needed if incident highlights concern that a pupil might be at increased risk of being neglected, abused or exploited by persons inside or outside their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to the school, or where they are repeatedly sent without essential medication, thereby putting them at risk.

20. Unacceptable practice

[INSERT SCHOOL NAME] staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing pupils from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every pupil with the same condition requires the same support;
- assuming that older pupils do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the pupil or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming a pupil does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a pupil who becomes unwell to a school office or medical room without suitable supervision — in the case of an emergency or suspected emergency (for example anaphylaxis), help should come to the pupil;
- penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management, including excluding pupils from rewards for 100% attendance where their non-attendance is the result of a medical condition — this should be reflected in attendance policies;
- requiring parents/carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- preventing pupils from participating, or creating unnecessary barriers to their participation, in any aspect of school life, including external visits and trips, e.g. by requiring parents to accompany the child.

21. Statutory duties

The duties under section 34 of the [Children's Wellbeing and Schools Act 2026](#) place a requirement on LA-maintained schools, academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child.

The duties to safeguard and promote the welfare of pupils under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#).

The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure employees are not exposed to risks to their health and safety.

The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).

The [Early Years Foundation Stage \(EYFS\) statutory framework](#).

22. Further reading and useful links

Kitt Medical — <https://www.kittmedical.com/>

Anaphylaxis UK: for teachers by teachers, the one-stop shop for all school allergy needs — <https://www.anaphylaxis.org.uk/education>

Allergy UK — <https://www.allergyuk.org/about-allergy/types-of-allergies>

Section 34 of the Children's Wellbeing and Schools Act 2026 — <https://www.legislation.gov.uk/ukpga/2026/21/section/34/enacted>

Statutory guidance: Allergy Safety in Schools (Department for Education, 2026) — <https://www.gov.uk/government/publications/allergy-safety-in-schools> (**template Individual Healthcare Plans can also be found here**)

Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012 (March 2023) — https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148583/AAI_HMR238_Clarification_Dr_P_Turner.pdf

Guidance on the use of adrenaline auto-injectors in schools — https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Spare Pens in Schools — <https://www.sparepensinschools.uk>

Benedict's Law — <https://benedictblythe.com/benedicts-law> and <https://www.anaphylaxis.org.uk/education/benedicts-law>

Allergy Guidance for Schools — <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Allergy Guidance for food businesses —
<https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses>

The Food Information Regulations 2014 —
<https://www.legislation.gov.uk/uksi/2014/1855/contents>