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Allergy & Anaphylaxis Policy

Fully revised for the DfE Allergy safety in schools statutory guidance (July 2026)

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Policy status: revised school policy for approval

Contents

1. Statement of intent

King Edwin is committed to protecting the health, safety, dignity, wellbeing and inclusion of pupils with allergies. The school will take reasonable and proportionate steps to identify allergy-related risks, minimise exposure to known allergens, ensure rapid access to emergency medication, and respond effectively to allergic reactions and anaphylaxis.

The school recognises that allergy is a spectrum of conditions and that a severe reaction may occur in a pupil with a known allergy or, occasionally, as a first presentation. Allergy safety is therefore a whole-school responsibility and is not limited to pupils already known to be at risk of anaphylaxis.

The school does not claim to provide a completely allergen-free environment. It operates an allergy-aware approach based on individual risk assessment, safe systems of work, clear communication, appropriate food controls, staff training, inclusion and robust emergency arrangements.

Core principle
If anaphylaxis is suspected, adrenaline must be administered without delay. Do not wait to contact emergency services before giving adrenaline. Call 999 immediately after administration and follow the pupil's Allergy Action Plan / IHP where available.

2. Scope and policy status

This policy applies to all pupils, staff, volunteers, temporary and supply staff, agency workers, peripatetic staff, catering staff, relevant transport staff, visitors and contractors where their work may affect allergy safety. It applies during the school day, breakfast and after-school provision, curriculum activities, enrichment, school transport arrangements where the school is responsible, educational visits and residential activities.

The Department for Education (DfE) Allergy safety in schools guidance, published July 2026, is statutory guidance for local-authority-maintained schools, academies and pupil referral units. Where those duties apply, the relevant governing body, proprietor or management committee must have regard to the guidance. The DfE states that equivalent requirements are intended for independent schools and non-maintained special schools through the relevant regulatory standards. King Edwin adopts the 2026 guidance as its school standard of practice.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions / Administering Medication Policy, Health and Safety Policy, First Aid Policy, Safeguarding and Child Protection Policy, Behaviour / Anti-Bullying Policy, Educational Visits Policy, Food Policy, Data Protection Policy and relevant risk assessments.

3. Legal and regulatory framework

This policy has regard, where applicable, to the following legislation and statutory or official guidance:

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- Children's Wellbeing and Schools Act 2026 – allergy safety provisions.
- DfE: Allergy safety in schools – statutory guidance (July 2026).
- DfE: Supporting pupils at school with medical conditions – statutory guidance.
- Human Medicines Regulations 2012, as amended, including provisions permitting schools to obtain emergency salbutamol inhalers and spare adrenaline auto-injectors.
- Human Medicines (Amendment) Regulations 2017.
- Equality Act 2010, including the duty to make reasonable adjustments where applicable.
- Health and Safety at Work etc. Act 1974 and the school's common law duty of care.
- Education Act 2002 safeguarding duties and Keeping Children Safe in Education 2026, where applicable.
- Food Information Regulations 2014 and retained/assimilated food information requirements.
- Food Information (Amendment) (England) Regulations 2019 (commonly known as Natasha's Law), effective for PPDS food from October 2021.
- Food Standards Agency guidance on food allergen information and prepacked for direct sale (PPDS) food.
- DHSC guidance on using emergency adrenaline auto-injectors in schools and MHRA advice on safe use of adrenaline devices.
- UK GDPR and Data Protection Act 2018 in relation to special category health data.
- SEND Code of Practice: 0 to 25 years, where relevant.

4. Definitions and conditions in scope

Term	Meaning for this policy
Allergy	A medical condition in which the immune system reacts abnormally to a normally harmless substance such as food, insect venom, medicine, latex, animal dander or an airborne allergen.
Allergen	A substance capable of triggering an allergic reaction in a susceptible person.
Allergic reaction	A reaction caused by exposure to an allergen. Symptoms can be mild, moderate or severe and may progress.
Anaphylaxis	A potentially fatal allergic reaction affecting Airway, Breathing and/or Circulation (ABC). It requires immediate adrenaline and emergency medical assistance.
Adrenaline device (AD)	A prescribed device delivering adrenaline for anaphylaxis. Prescribed devices may include an adrenaline auto-injector and, where clinically prescribed, a non-injectable nasal adrenaline device.
Spare AAI	An adrenaline auto-injector purchased by the school without a prescription for emergency use in accordance with law and guidance. It is additional to, not a substitute for, a pupil's prescribed devices.
Individual Healthcare Plan (IHP)	A school plan setting out the practical arrangements required to support an individual pupil safely and inclusively. It is not a clinical document and should attach relevant healthcare professional action plans.
Serious incident	An allergy-related event in which a person is harmed or placed at immediate and significant risk of harm, including events requiring emergency medication, urgent clinical intervention or emergency services.
Near miss	An allergy-related event that did not cause harm but had clear potential to do so because of an error, omission, exposure or system failure.

Food intolerance and coeliac disease are not allergic conditions and cannot cause anaphylaxis. They still require safe and appropriate dietary management through the school's wider medical conditions and food arrangements. Coeliac disease is an autoimmune condition, not an allergy or simple intolerance.

5. Roles and responsibilities

5.1 Governing body / proprietor

- Ensure arrangements are in place to support pupils with allergies and that the policy, systems and resources are adequate, implemented and reviewed.
- Ensure a dedicated allergy safety policy is maintained and, where required, published and kept under review.
- Scrutinise implementation, including training, emergency arrangements, spare AAI provision, serious incidents and near misses.
- Ensure pupils with allergies are not unnecessarily excluded from education, meals, trips or extracurricular activities and that equality duties are considered.
- Receive reports on serious allergy incidents and near misses and assure itself that lessons have been learned.

5.2 Headteacher / named senior leader

- Own and oversee implementation of this policy and ensure a named senior leader has day-to-day responsibility where delegated.
- Ensure processes exist to identify pupils with allergies at admission and whenever health information changes.
- Ensure appropriate IHPs are produced, shared, implemented and reviewed.
- Ensure all pupil-facing staff receive allergy awareness and emergency response training at least annually, with appropriate induction and arrangements for supply/cover staff.
- Ensure spare AAIs of suitable doses are purchased, stored in pairs, checked, accessible and replaced when used or expiring.
- Ensure emergency procedures are visible, understood and practised appropriately.
- Ensure serious incidents and near misses are recorded, reported, investigated in a no-blame learning culture and used to improve systems.

5.3 School liaison / medical lead

- Maintain the school allergy register and relevant health records.
- Coordinate IHP development and review with pupils, parents and relevant healthcare professionals.
- Maintain records of prescribed adrenaline devices, Allergy Action Plans and consent information.
- Coordinate medication checks and replacement reminders, without transferring parental responsibility for supplying prescribed medication.
- Ensure key information is available to staff who need it while respecting confidentiality.

5.4 All staff

- Complete required training and know how to recognise and respond to allergic reactions and anaphylaxis.
- Know how to access emergency medication and how to summon help.
- Follow pupils' IHPs and attached Allergy/Asthma Action Plans.
- Take reasonable steps to reduce exposure to known allergens and follow safe food/activity controls.
- Never send a pupil experiencing a suspected allergic emergency to seek help alone; help must come to the pupil.
- Report reactions, errors, concerns and near misses promptly.

5.5 Catering manager and catering staff

- Comply with food allergen information law and PPDS labelling requirements.
- Maintain robust allergen information and traceability, including ingredient changes and substitutions.
- Prevent cross-contact through safe storage, preparation, cleaning and service procedures.
- Ensure allergen information is readily available to pupils, parents and staff as appropriate.
- Record and escalate allergen incidents and near misses and seek environmental health / Primary Authority advice when required.

5.6 Parents and carers

- Provide accurate and current information about their child's allergy, triggers, symptoms, medication and clinical advice.
- Provide prescribed medication in date and in original packaging where appropriate, together with current action plans and instructions.
- Inform the school promptly of changes in diagnosis, treatment, medication or risk.
- Participate in IHP development and review and raise concerns promptly.

5.7 Pupils

- Be supported, according to age, communication needs, understanding and capacity, to recognise and communicate symptoms and triggers.
- Avoid sharing or trading food, drinks, utensils or containers.
- Carry and self-administer prescribed medication where this has been individually agreed and is safe.
- Seek adult help immediately if they feel unwell, believe they have been exposed to an allergen, or observe a peer having a reaction.

6. Identifying pupils with allergy

The school will use more than one opportunity to identify allergies. Information will be sought on admission, at transition, through annual medical updates and whenever parents, pupils or healthcare professionals notify the school of a new or changed condition.

- The school allergy register will identify known allergens, relevant symptoms, emergency medication, whether an Allergy/Asthma Action Plan is held, and whether an IHP is required.
- Where an allergy is suspected but formal clinical advice is not yet available, the school will not dismiss the information. Interim reasonable arrangements will be put in place based on the best available information while further healthcare advice is sought.
- Where a pupil's allergy has a functional impact or requires arrangements additional to normal school provision, an IHP will be created.
- Information used at mealtimes will be accurate, current and proportionate. At least two robust identification methods should be considered where food allergy creates significant risk, while avoiding unnecessary stigma or segregation.

7. Individual Healthcare Plans (IHPs)

An IHP will be used where a pupil's allergy requires specific supportive arrangements. The school will "hold the pen" on the IHP because it is responsible for the educational arrangements; the IHP will not replace clinical judgement or healthcare plans.

- Plans will be co-produced with the pupil, where appropriate, and parents/carers, and will take account of advice from relevant healthcare professionals.
- Any Allergy Action Plan and/or Asthma Action Plan supplied by healthcare professionals will be attached to the IHP and treated as the clinical instruction for emergency medication.
- The IHP will identify triggers, early symptoms, emergency symptoms, medication, where it is stored, who needs to know, reasonable adjustments, eating arrangements, curriculum/activity controls, trip arrangements and emergency actions.
- IHPs will be reviewed at least annually and sooner after any serious incident, near miss, change in circumstances, change in medication/action plan, or transition.
- Where a pupil moves setting, a new IHP will be prepared for the new setting, using previous arrangements as useful information where appropriate.
- The IHP will be shared only with those who need the information to keep the pupil safe and included.

8. Allergy awareness training

All staff present when pupils are scheduled to be on site will receive regular allergy awareness and emergency response training at least annually. This includes permanent staff, temporary and supply staff, agency workers, peripatetic staff, relevant volunteers, catering staff and staff supervising breakfast or after-school provision. First aid training alone is not treated as sufficient allergy training.

Training will cover, as a minimum:

- what allergy is, how allergic reactions occur and the range of allergic conditions;
- difference between food allergy, coeliac disease and food intolerance;
- common triggers and where to find individual trigger information;
- symptoms of mild/moderate allergic reaction and how these may progress;
- recognition of anaphylaxis using Airway, Breathing and Circulation (ABC);
- emergency response, including calling 999, contacting parents and ensuring supervision;
- location and use of prescribed adrenaline devices, spare AAIs and emergency asthma medication where held;
- practical training on the adrenaline device types relevant to the school;
- use of IHPs, Allergy Action Plans and Asthma Action Plans;
- staff responsibilities for reducing exposure to known allergens;
- wellbeing, inclusion and allergy-related bullying;
- reporting of allergic reactions, serious incidents and near misses.

New staff will receive allergy safety information as part of induction. The school will have a process to ensure supply and cover staff receive essential allergy information and know emergency arrangements before taking responsibility for pupils.

9. Minimising exposure to known allergens

The school will take reasonable steps to minimise exposure to known allergens while recognising that complete elimination of all allergens is rarely possible. Risk controls will be proportionate to the individual pupil's risk and recorded in the IHP/risk assessment where specific arrangements are needed.

- Pupils will be taught not to share food, drinks, utensils, bottles or food containers.
- Food, drinks and lunchboxes intended for pupils with food allergy should be clearly identifiable where this is needed for safety.
- Hands and food-contact surfaces will be cleaned using appropriate methods; warm soapy water and effective cleaning processes will be used where cross-contact is a risk.
- Food used in lessons, cooking, science, crafts, celebrations, reward activities and cultural events will be considered as part of risk planning. Alternatives will be used where needed.
- Non-food sources of allergens will also be considered, including latex, animal dander, pollen, mould, some glues, play materials, packaging and bird feed.
- Where activities involve animals, plants, outdoor environments or other known triggers, the pupil's IHP and risk assessment will guide reasonable adjustments.
- The school will not normally describe itself as "allergen free" or "nut free". It will use an allergy-aware approach, which avoids a false sense of security and addresses the pupil's actual allergens.

10. Food allergy and allergen management

10.1 Food provision

- Caterers will provide accurate allergen information for food supplied and will be available, where appropriate, to discuss safe provision with parents/carers and pupils.
- Food substitutions or ingredient changes will be checked before service. Allergen information and related documentation will be updated promptly.
- Processes will be in place to reduce cross-contact during storage, preparation, cooking and serving, including suitable cleaning, segregation where needed and preparation order.
- Pupils with food allergy will not be routinely segregated from peers at mealtimes. Safety controls will be designed to support inclusion.
- Where school meals cannot safely meet an individual's documented needs, the school will work with the pupil, parents and caterer to agree a safe inclusive alternative.
- Food brought from home, treats, celebration food and classroom ingredients will be covered by clear school expectations and individual risk controls.

10.2 PPDS and allergen labelling

The Food Information Regulations require food businesses, including school caterers, to provide information about the 14 regulated allergens when present. For food prepacked for direct sale (PPDS), the food name and full ingredients list must be provided, with any of the 14 regulated allergens present clearly emphasised in the ingredients list.

- cereals containing gluten (such as wheat, rye, barley and oats);
- crustaceans;
- eggs;
- fish;
- peanuts;
- soybeans;
- milk;
- nuts;
- celery;
- mustard;
- sesame;
- sulphur dioxide and sulphites above the statutory threshold;
- lupin;
- molluscs.

Allergen declarations will be based on ingredients and legal requirements, not on whether a particular pupil with that allergy is currently on roll. "Free from" claims will only be used where the relevant legal and food safety requirements can be met.

10.3 Allergen incidents

Any food allergen error, undeclared allergen, cross-contact event or near miss will be recorded and reviewed. Where the school/caterer has reason to believe unsafe food may have left its immediate control and could pose a wider risk, the appropriate food safety authority will be contacted in accordance with legal requirements and Food Standards Agency guidance.

11. Other allergens, asthma and air quality

11.1 Animal, insect, contact and seasonal allergens

- Known severe animal, insect, latex, medicine or contact allergies will be reflected in the pupil's IHP and relevant activity/site risk assessments.
- Where animals visit or are kept on site, staff will identify pupils who may be affected and apply reasonable avoidance, hygiene and supervision controls.
- Wasp/bee nests or similar hazards will be reported and managed by the site team using appropriate professional support where necessary.
- Pollen and outdoor triggers will be managed through reasonable adjustments based on the pupil's needs and clinical advice; blanket exclusion from outdoor activity will be avoided where safer participation is possible.

11.2 Asthma and allergy

Asthma is frequently associated with allergy and can increase risk during anaphylaxis. Pupils with asthma should have rapid access to their prescribed reliever inhaler and an Asthma Action Plan where provided. Where the school holds an emergency salbutamol inhaler, it will be managed and used only in accordance with the applicable emergency inhaler guidance and consent requirements.

11.3 Air quality

The school will consider indoor and outdoor air quality as part of wider health and safety arrangements, particularly for pupils whose asthma or allergic symptoms are affected by air pollution, mould, poor ventilation or airborne allergens. Reasonable ventilation, maintenance and environmental controls will be used where practicable.

12. Prescribed medicines and adrenaline devices

People at risk of anaphylaxis are normally prescribed adrenaline for emergency self-administration. Current clinical advice recommends that a person at risk has access to two prescribed adrenaline devices because a second dose may be required.

- Pupils prescribed adrenaline devices must have rapid access to both prescribed devices throughout the day, including meals, playground, PE/sports, school transport arrangements for which the school is responsible, and visits/trips.
- Pupils should be encouraged to carry their devices themselves where appropriate, including in primary phases, subject to individual assessment of age, understanding, communication, safety and safeguarding needs.
- If a pupil cannot safely keep devices with them, they will be kept in an unlocked, readily accessible location close enough to be brought to the pupil within five minutes.
- A copy of the Allergy Action Plan should, where practicable, be stored with the medication.
- The school will record which pupils have prescribed adrenaline devices and the device type/dose as shown on their prescription/action plan.
- Parents remain responsible for supplying prescribed medication and keeping the school informed of replacements/changes; the school will operate reasonable checking and reminder systems.
- Antihistamines, inhalers, nasal sprays, eye drops and other medicines will be administered in accordance with the pupil's IHP/action plan and the school's medicines policy. The school will not rely on a generic stock of antihistamine for routine administration to pupils.

13. School spare adrenaline auto-injectors

The school will stock spare adrenaline auto-injectors (AAIs) for emergency use. Spare AAIs supplement, and do not replace, a pupil's two prescribed adrenaline devices.

- Spare AAIs will be purchased from an appropriate pharmaceutical supplier using a request signed by the headteacher/principal and will be of suitable dose(s) for the age range of pupils in accordance with current DHSC guidance.

- Spare AAIs will be stored in pairs so a second dose is immediately available if needed.
- Spare AAIs will be readily accessible, not locked away, clearly labelled and located so that adrenaline can be brought to a person with anaphylaxis and administered within five minutes.
- Where the school operates across multiple buildings or sites, enough pairs will be held to achieve the five-minute access standard.
- Spare AAIs will be stored in accordance with manufacturer instructions and protected from inappropriate heat, cold and direct sunlight.
- A named responsible person will check spare AAI pairs at least monthly, recording device type, dose, batch/serial information where available, expiry date, condition and replacement action.
- Used or expired AAIs will be disposed of safely in accordance with manufacturer and medicines waste requirements, including use of an appropriate sharps route where applicable.

13.1 Emergency use of a spare AAI

In a life-threatening emergency, a spare AAI may be used to save life in accordance with the Human Medicines provisions and current national guidance. Advance parental consent is good practice where it can be obtained and may be recorded in the IHP, but staff must not delay emergency treatment to check consent when anaphylaxis is suspected. Anyone may take reasonable action to save a life.

- Use the pupil's own prescribed adrenaline device first where immediately available and appropriate.
- Use a spare AAI if prescribed devices are unavailable, inaccessible, have misfired, or where an emergency situation otherwise requires its use in accordance with current guidance.
- If a pupil is prescribed a non-injectable nasal adrenaline device and it is unavailable, a school spare AAI may be used in an emergency in accordance with current guidance.
- Record the medication administered, dose/device, time, person administering and outcome, and inform emergency services/parents.

14. Mild to moderate allergic reactions

Symptoms may include swollen lips, face or eyes; itchy or tingling mouth; hives/itchy rash; abdominal pain or vomiting; mild throat tightness; or a sudden change in behaviour. Reactions can be unpredictable and may progress to anaphylaxis.

1. Stay with the pupil and summon appropriate help. Do not send the pupil to another room alone.

2. Follow the pupil's IHP / Allergy Action Plan and administer authorised medication as directed.

3. Monitor the pupil closely for progression. A reaction should be observed for the period stated in the pupil's plan; where no individual instruction exists, seek appropriate clinical advice and maintain close observation.

4. If any Airway, Breathing or Circulation features develop, treat as anaphylaxis immediately and follow section 15.

5. Inform parents/carers of the reaction and any medication administered, and record the event.

15. Anaphylaxis: emergency response

ANAPHYLAXIS = MEDICAL EMERGENCY
Airway: throat/tongue swelling, difficulty swallowing, hoarse voice, noisy breathing. Breathing: wheeze, persistent cough, breathing difficulty. Circulation: dizziness, collapse, pale/clammy appearance, reduced consciousness. Severe symptoms may occur with or without skin signs.

1. Call for help and bring adrenaline to the pupil. The pupil should not walk to the office or medical room.

2. Lay the pupil flat with legs raised. If breathing is difficult, they may sit up slightly. If unconscious, place in the recovery position if appropriate. Do not allow sudden standing or walking.

3. Administer adrenaline immediately, as soon as anaphylaxis is suspected and within five minutes. Do not wait to contact emergency services before giving adrenaline.

4. Immediately call 999, ask for an ambulance and state "anaphylaxis". Give the school location and access details.

5. Use the pupil's prescribed device first if immediately available; otherwise use a suitable school spare AAI. Do not delay life-saving treatment to check prior consent.

6. Note the exact time adrenaline was given. Continue close observation and maintain the safest position.

7. If there is no improvement or symptoms persist/recur, administer the second adrenaline dose in accordance with the pupil's Allergy Action Plan and current device/clinical guidance (commonly after 5 minutes).

8. If breathing or circulation stops, start CPR and use an AED if indicated and available, following emergency first aid guidance.

9. Contact parents/carers as soon as practicable without delaying emergency treatment.

10. Give ambulance staff the action plan, details of known allergens, time(s) and type/dose of adrenaline administered, other medication given and any suspected exposure. Used AAIs may be handed to paramedics.

11. A pupil treated for suspected anaphylaxis must be assessed by emergency medical services. A staff member will accompany the pupil where parents/carers are not present, in accordance with school safeguarding and staffing arrangements.

12. After the event, complete medication/accident records and the serious incident process in section 19.

16. Educational visits, transport and off-site activities

Pupils with allergies will be supported to participate in visits and extracurricular activities as fully as possible. Allergy will not be used as a reason to exclude a pupil where reasonable arrangements can make participation safe.

- Visit planning will include an individual risk assessment for pupils at risk of anaphylaxis and will consider food, travel, venue, activities, accommodation, access to emergency care and communication/mobile coverage.
- The pupil's two prescribed adrenaline devices will accompany them and remain rapidly accessible. Appropriate staff will know how to administer adrenaline.
- The school may take spare AAIs on a trip where appropriate, but this must not leave inadequate spare provision on the school site.
- Food arrangements will be agreed in advance where required. Unverified food will not be given to a pupil with a relevant food allergy.
- Parents will be involved in planning where useful, but will not be required to attend a trip merely because their child has an allergy.
- If required life-saving prescribed medication is unexpectedly unavailable, staff will contact parents/carers and conduct an immediate individual risk assessment to determine safe next steps. The school will avoid blanket exclusion rules and will seek a safe, proportionate solution.

17. Inclusion, wellbeing and allergy-related bullying

The school recognises that allergy can affect confidence, anxiety, attendance, eating, participation and peer relationships. Staff will actively support pupils to feel safe without being unnecessarily singled out.

- Reasonable adjustments will be made where an allergy has a substantial and long-term impact or otherwise requires additional arrangements.
- Pupils with food allergy will not routinely be required to sit separately from peers.
- Pupils will be supported to take increasing responsibility for their allergy where appropriate, while retaining suitable adult support.
- Allergy-related bullying, threats, deliberate exposure to allergens, teasing about medication or exclusion from activities will be treated seriously under the school's behaviour/anti-bullying and safeguarding arrangements.
- Any deliberate attempt to expose a pupil to a known allergen will be treated as a serious safety and safeguarding concern and responded to accordingly.

17.1 Unacceptable practice

- preventing easy access to prescribed emergency medication;
- ignoring a pupil's or parent's views or relevant medical advice;
- assuming all pupils with the same allergy need identical arrangements;
- assuming an older or more independent pupil needs no support;
- sending a pupil home frequently or excluding them from normal activities solely because of allergy where reasonable support can be provided;
- sending an unwell pupil to seek medical help without suitable supervision;
- requiring parents to attend school to administer medication because the school has failed to make appropriate arrangements;
- creating unnecessary barriers to trips, lunch, clubs or other aspects of school life.

18. Information sharing and confidentiality

Health information is special category personal data. The school will hold, use and share allergy information only where there is a lawful basis and it is necessary and proportionate to keep the pupil safe and included.

- Relevant staff, including temporary/supply staff and caterers, will receive the information they need to discharge their responsibilities.

- Photographs or allergy information displayed in kitchens, classrooms or emergency kits will be limited to what is necessary for safety and handled respectfully.
- Information will not be shared more widely than necessary. The pupil's age, understanding, wishes and dignity will be considered.
- External sharing with healthcare professionals, emergency services, transport providers or visit venues will be carried out where necessary and in accordance with data protection and safeguarding requirements.

19. Serious incidents and near misses

The school will record, report, review and learn from serious allergy incidents and near misses in a no-blame learning culture. Reports may originate from staff, pupils, parents/carers, caterers or healthcare professionals, including where the effect of exposure becomes apparent after the pupil has gone home.

19.1 Recording

As soon as practicable, the school will record:

- who was affected;
- what happened, when and where;
- the suspected cause or contributing factors, where known;
- how staff and pupils responded;
- what support/medication was provided and by whom;
- whether emergency services were called;
- how the incident concluded;
- immediate actions taken to prevent recurrence.

19.2 Reporting and escalation

- Parents/carers will be informed as soon as possible for pupils under 16. For young people aged 16 or over, information sharing with parents/carers will take account of the young person's wishes, capacity, safeguarding and legal requirements.
- The headteacher/named senior leader and governing body/proprietor will receive appropriate information about serious incidents and near misses.
- Applicable statutory reporting duties will be followed, including RIDDOR/HSE, safeguarding, food safety or other regulatory notifications where thresholds are met.
- Where unsafe food may pose a wider risk, the school/caterer will seek advice from the relevant environmental health or Primary Authority and make any required food safety notification.

19.3 Learning lessons

- The school will identify whether policies, training, communication, staffing, food controls, medication access, risk assessments or IHPs need to change.
- The relevant IHP and this policy will be reviewed after serious incidents and significant near misses.
- Actions will have an owner and completion date and will be monitored to closure.
- Appropriate wellbeing support will be offered to the affected pupil and others involved.

20. Complaints

Concerns about allergy safety should be raised promptly with the class teacher, school liaison/medical lead or headteacher so that immediate safety issues can be addressed. Formal complaints will be managed under the school's Complaints Policy. Complaints will not prevent the school from taking immediate action to protect a pupil's health or safety.

21. Monitoring, publication and review

- The headteacher / named senior leader will monitor implementation of this policy.
- The policy will be reviewed at least annually and sooner following a serious incident, significant near miss, material change in school arrangements, or change in legislation/statutory guidance.
- The policy will be published on the school website where required and, as school practice, will be made readily accessible to staff and parents/carers.
- All staff will be made aware of the policy through training and induction. The school will take age-appropriate steps to raise pupil awareness of allergy safety and respectful behaviour.

- Review will consider training completion, spare AAI checks, IHP quality/timeliness, incident data, catering controls, complaints, audit findings and pupil/parent feedback.

21.1 Reference sources

- Department for Education, Allergy safety in schools: statutory guidance, July 2026.
- Department for Education, Supporting pupils at school with medical conditions: statutory guidance.
- Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools.
- Medicines and Healthcare products Regulatory Agency, adrenaline auto-injector guidance and safety advice.
- Food Standards Agency, allergen information and PPDS labelling guidance.
- Children and Families Act 2014 and Children's Wellbeing and Schools Act 2026.

Appendix A – Pupil allergy information and consent form

This form records information provided by parents/carers. It does not replace an IHP or healthcare professional Allergy/Asthma Action Plan where one is required.

Information	Details
Pupil name	
Date of birth	
Year / class	
Parent/carer names and contact numbers	
GP / allergy service / relevant clinician	
Confirmed or suspected allergy / condition	
Known allergens / triggers	
Typical mild/moderate symptoms	
Anaphylaxis / ABC symptoms previously experienced	
Other relevant conditions (including asthma)	
Prescribed medication and dose	
Adrenaline device type and prescribed dose	
Where prescribed medication will be kept	
Is an Allergy Action Plan attached?	Yes / No
Is an Asthma Action Plan attached?	Yes / No / N/A

Information	Details
Specific avoidance / reasonable adjustment arrangements	
Dietary arrangements	
Educational visit / transport considerations	
Emergency contacts	

Advance consent for use of a school spare AAI

I understand that the school may hold spare adrenaline auto-injectors for emergency use. I consent to a suitable school spare AAI being administered to my child if required in an emergency. I understand that an emergency must not be delayed to check prior consent where staff reasonably believe life-saving treatment is required.

Consent	Yes / No
Parent/carer name	
Signature	
Date	

Appendix B – Minimum IHP content checklist

- Pupil details and communication needs.
- Diagnosis/status and known/suspected allergens or triggers.
- Functional impact on education, participation and wellbeing.
- Typical mild/moderate symptoms and anaphylaxis / ABC symptoms.
- Attached healthcare professional Allergy Action Plan / Asthma Action Plan and date/version.
- Prescribed medicines, device type/dose and storage/access arrangements.
- How the pupil will access both prescribed adrenaline devices within five minutes.
- Use of school spare AAIs and relevant advance consent information.
- Eating/catering arrangements and cross-contact controls.
- Curriculum, PE, outdoor, animal, craft/science and other activity adjustments.
- Travel, transport, educational visit and residential arrangements.
- Self-management arrangements and supervision level.
- Staff who need information and any individual competency/training needs.
- Emergency response and parental contact arrangements.
- Reasonable adjustments and wellbeing/bullying measures.
- Review date and triggers for early review.

Appendix C – Emergency anaphylaxis quick guide

Suspect anaphylaxis if Airway, Breathing or Circulation is affected
AIRWAY: throat/tongue swelling, hoarse voice, difficulty swallowing, noisy breathing. BREATHING: wheeze, persistent cough, breathing difficulty. CIRCULATION: dizziness, collapse, pale/clammy appearance, reduced consciousness. Skin signs may be absent.

1. Bring adrenaline to the pupil – do not make them walk for help.

2. Lay flat with legs raised; allow slight sitting only if breathing is difficult.
3. Give adrenaline immediately. Do not wait to call 999 first.
4. Call 999 immediately after adrenaline and state “anaphylaxis”.
5. Record the time. Use a second dose if symptoms persist/recur in line with the Action Plan/current guidance (commonly after 5 minutes).
6. Stay with the pupil; start CPR/AED if required.
7. Contact parents without delaying treatment.
8. Hand over to paramedics with times, device/dose and suspected allergen.

Appendix D – Serious incident / near miss record

Record field	Details
Date/time	
Location	
Person affected	
Type	Serious incident / Near miss / Other allergy event
Known allergy / trigger	
What happened	
Suspected cause / contributing factors	
Symptoms / potential harm	
Medication administered (type/dose/time/by whom)	
999 / emergency services involvement	
Immediate response and outcome	
Parent/carer informed – by whom/time	
Staff / witnesses involved	

Record field	Details
Catering / food safety issue?	Yes / No – action taken
Regulatory / safeguarding reporting required?	
Lessons identified	
Actions, owner and deadline	
IHP / risk assessment / policy review required?	
Senior leader review/date	
Governing body/proprietor informed/date	

Appendix E – Spare AAI monthly check record

Check each emergency kit/pair at least monthly and after any use. Confirm accessibility, storage, pair availability, device integrity and expiry.

Date	Location	Dose	Device / brand	Expiry	Pair present?	Condition OK?	Action / replacement	Initials

Date	Location	Dose	Device / brand	Expiry	Pair present?	Condition OK?	Action / replacement	Initials

Appendix F – Staff allergy training record

Staff name	Role	Training date	Training type/provider	Device practice completed	Next due / notes

Policy approval record

Approved by	
Approval date	
Minute / reference	
Next review	August 2027 or earlier if required