

Sandfield Close Primary School



Allergy Safety and Anaphylaxis Policy (2026-2027)

Policy Date:	August 2026	Version	1	
Policy Review Date:	August 2027	Smita Lad	Signed:	Date:
Ratified by Governing Body:	FGB -15 th Oct 2026	Paresh Ruparel	Signed:	Date:

This policy has been created in line with the DfE Allergy Safety in Schools statutory guidance, published July 2026.

1. Purpose and Statement of Intent

Sandfield Close Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including pupils with allergies and those at risk of anaphylaxis. We recognise that allergic reactions can occur unexpectedly and that anaphylaxis is a potentially life-threatening medical emergency requiring immediate action.

The purpose of this policy is to establish a consistent whole-school approach to identifying allergy risk, reducing avoidable exposure to known allergens, ensuring rapid access to emergency medication, supporting full participation in school life, and learning from incidents and near misses.

The school cannot guarantee an allergen-free environment. We therefore operate an allergy-aware approach: risks are identified and reduced as far as reasonably practicable, individual arrangements are documented, and staff are prepared to respond promptly and effectively in an emergency.

Named Allergy Safety Lead	Smita Lad, Headteacher
Governing Body oversight	Full Governing Body
Catering provider	ABM Catering
Online meal ordering	Tucasi SCOPAY

ANAPHYLAXIS IS A MEDICAL EMERGENCY

IF IN DOUBT, TREAT FOR ANAPHYLAXIS.

- Give adrenaline immediately. Do not wait to call 999 first.
- Call 999 and ask for an ambulance.
- Never make the person stand or walk. Bring help and medication to them.
- Give a second dose of adrenaline after 5 minutes if there is no improvement.

2. Statutory and Guidance Framework

This policy has been prepared with regard to the current statutory framework and national guidance, including:

- Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026;
- Department for Education (DfE), Allergy Safety in Schools: statutory guidance, published 6 July 2026;
- DfE, Allergy Safety Policy template, July 2026;
- DfE, Supporting Pupils at School with Medical Conditions statutory guidance;
- the Equality Act 2010 and the duty to make reasonable adjustments where applicable;
- the Human Medicines Regulations 2012, as amended in relation to emergency adrenaline auto-injectors and emergency asthma inhalers;
- the Requirements for School Food Regulations 2014 (School Food Standards);
- food allergen information requirements and relevant food safety legislation;
- the Early Years Foundation Stage statutory framework where applicable to Reception-age pupils; and
- wider health and safety, safeguarding and data protection duties.

The Governing Body must have regard to the DfE statutory guidance when carrying out its duty to put an allergy safety policy in place. The policy will be published on the school website, made available in hard copy on request and reviewed at least annually, or sooner following a serious incident, near miss, significant change in need or change in guidance.

3. Scope and Definitions

3.1 Scope

This policy applies across the school day and to school-organised activities, including breakfast or after-school provision where the school has responsibility, lunchtimes, clubs, educational visits, residential visits, sports events, performances and other off-site activities. It applies to permanent, temporary and supply staff, agency workers, peripatetic staff, regular volunteers, catering staff and other adults who supervise pupils.

3.2 Definitions

- Allergy: an immune-system reaction to a normally harmless substance such as food, insect venom, medicine, latex, pollen or another contact/airborne allergen.
- Anaphylaxis: a potentially fatal allergic reaction affecting the Airway, Breathing and/or Circulation (ABC). A rash does not need to be present.
- Adrenaline device (AD): prescribed emergency adrenaline, which may include an adrenaline auto-injector (AAI) or another prescribed delivery device.
- Food intolerance: a non-immune reaction to food. It cannot cause anaphylaxis, although it may require dietary management.
- Coeliac disease: an autoimmune condition requiring strict avoidance of gluten; it is not an allergy and cannot itself cause anaphylaxis. It is supported through the school's wider medical conditions arrangements.

Asthma is closely associated with allergy and can complicate anaphylaxis. Sudden breathing difficulty in a pupil who has both food allergy and asthma must always prompt consideration of anaphylaxis. A reliever inhaler must never be used instead of adrenaline where anaphylaxis is suspected.

4. Roles and Responsibilities

4.1 Governing Body

- ensure a dedicated allergy safety policy is in place, published and reviewed at least annually;
- ensure allergy risks are included in the school's risk management arrangements and actively monitored;
- ensure appropriate resources are available for training, emergency preparedness and spare AAIs;
- receive assurance that staff training, IHPs, medication access and catering controls are effective;
- receive reports concerning serious allergy incidents and near misses, while respecting confidentiality; and
- ensure lessons from incidents, drills and reviews are translated into improved practice.

4.2 Headteacher / Named Allergy Safety Lead

Smita Lad, Headteacher, is the Named Allergy Safety Lead and has overall responsibility for driving implementation of this policy. Responsibility for allergy safety will not be delegated solely to the catering provider.

- maintain oversight of the allergy register and Individual Healthcare Plans (IHPs);
- ensure prescribed and spare emergency medication is accessible, checked and in date;
- ensure annual allergy awareness and emergency response training is completed by relevant staff;
- ensure new, supply and temporary staff receive appropriate induction and briefing;
- liaise with parents/carers, healthcare professionals and ABM Catering where required;
- ensure allergy risks are considered in curriculum activities, educational visits and events;

- oversee recording, investigation and learning following serious incidents and near misses; and
- lead or contribute to the annual policy review.

4.3 All Staff

- complete required allergy awareness and emergency response training;
- know how to access the allergy register, relevant Action Plans and emergency medication;
- recognise the signs of an allergic reaction, anaphylaxis and acute asthma;
- act immediately in an emergency and summon help rather than moving an unwell pupil;
- follow risk-reduction measures and consider allergens when planning activities;
- take pupil and parent concerns seriously and report changes or concerns promptly;
- report allergic reactions, medication errors, incidents and near misses; and
- promote inclusion and challenge allergy-related teasing, threats or bullying.

4.4 Office and Administrative Staff

- gather allergy and medical information on admission and when details change;
- maintain accurate records and emergency contacts;
- support expiry-date monitoring and parent reminders for replacement medication;
- ensure information required for catering and trips is shared securely with relevant staff; and
- ensure emergency services and parents can be contacted without delay.

4.5 ABM Catering

ABM Catering is responsible for complying with food safety and allergen information requirements for the food it supplies and for following agreed school-caterer processes for special diets. The school and ABM will work together so that pupils with allergies can participate in school meals safely and without unnecessary segregation.

4.6 Parents and Carers

- inform the school of any diagnosed or suspected allergy and provide up-to-date medical information;
- provide current Allergy Action Plans/Asthma Action Plans where issued by a healthcare professional;
- provide prescribed medication in original, clearly labelled packaging and replace it before expiry;
- inform the school immediately of changes to triggers, treatment or emergency contact details;
- complete dietary information required by the school and ABM Catering; and
- work with the school to develop and review the pupil's IHP where required.

4.7 Pupils

Pupils will be supported, according to age, competence and communication needs, to understand their allergy, avoid known triggers, not share food or drink, tell an adult immediately if they feel unwell and know where their medication is kept. No pupil will be expected to carry sole responsibility for managing a potentially life-threatening allergy.

5. Identifying Allergies and Sharing Information

The school will maintain an up-to-date Allergy/Medical Register. Information will be obtained through admissions, transition information, parents/carers, previous settings, healthcare documents and updates during the year.

For pupils joining the school, arrangements should be in place for the start of the relevant term. Where a pupil joins or develops a new allergy mid-term, the school will make every reasonable effort to put appropriate arrangements in place promptly and, where relevant, within two weeks.

The register will record, as appropriate:

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- pupil name, class and photograph where appropriate;
 - known allergen(s) and type of allergy;
 - history and known signs of reaction, where provided;
 - prescribed medication and dosage/device type;
 - location of medication;
 - whether an IHP and/or Allergy/Asthma Action Plan is in place;
 - special dietary arrangements and ABM approval status; and
 - current emergency contacts.

Health information will be shared only with those who need it to keep the pupil safe and included. Relevant class, lunchtime, office, catering, trip and club staff will receive the information necessary for their role. Data will be handled in accordance with the school's data protection arrangements.

6. Individual Healthcare Plans (IHPs) and Action Plans

A pupil should have an IHP where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements additional to or different from those generally available. This includes pupils who require emergency or regular medication, reasonable adjustments, specific dietary controls or other individual arrangements.

The IHP will be developed with the pupil where appropriate, their parent/carer, relevant school staff and, where necessary, healthcare professionals. It will describe what support is needed, when, how and by whom, including emergency arrangements.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, the IHP will refer to or attach it. Whenever an updated Action Plan is provided, the IHP will be reviewed to incorporate the new instructions.

The school does not make clinical judgements. Clinical advice and prescribed treatment come from appropriately qualified healthcare professionals; the IHP describes how the school will implement that advice in its own setting.

IHPs will be reviewed at least annually and sooner where the pupil's needs, medication or medical advice changes, following a significant incident or near miss, or where existing arrangements are no longer effective.

7. Allergy Awareness and Emergency Response Training

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff who supervise breakfast or after-school provision. Ad hoc contractors with no pupil-facing role are not included in this requirement.

First aid training alone is not sufficient to meet the school's allergy awareness training arrangements.

Training will ensure staff can:

- understand allergy, common triggers and how reactions can occur;
- understand the difference between food allergy, food intolerance and coeliac disease;
- recognise mild-to-moderate allergic reactions and anaphylaxis;
- recognise acute asthma and understand the link between asthma and anaphylaxis;
- locate and follow Allergy/Asthma Action Plans and IHPs;
- locate and administer prescribed and spare emergency medication;
- use the types of adrenaline device likely to be encountered in school;
- call emergency services and communicate essential information;

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- understand the school's risk-reduction, food and information-sharing arrangements;
 - understand the effect allergy can have on wellbeing and inclusion; and
 - record and report allergic reactions, serious incidents and near misses.

New staff will receive allergy safety information as part of induction. Supply and cover staff will be briefed before taking responsibility for pupils. The school will retain a training record and will arrange additional pupil-specific training where required.

8. Minimising the Risk of Allergen Exposure

The school will take reasonable steps to minimise exposure to known allergens without unnecessarily excluding pupils from normal school life. Staff planning an activity must consider the allergy profile of participating pupils and adapt materials or procedures where needed.

Measures may include:

- effective handwashing before and after eating or food preparation where appropriate;
- appropriate cleaning of tables, equipment and food preparation/serving areas;
- discouraging food sharing and swapping;
- clearly labelling pupil-specific food, drinks and lunch boxes;
- considering allergens in cooking, science, art, craft, sensory play, gardening, animal activities and rewards;
- checking products such as play dough, glue, bird feed, balloons/latex products and packaging where relevant;
- putting reasonable measures in place for known airborne or contact allergens;
- using risk assessment for trips, residential, events and unfamiliar environments; and
- providing reasonable alternatives for the whole group where an activity would otherwise exclude a pupil because of a known allergen.

8.1 Nut-aware and allergy-aware approach

The school asks families not to send nuts or nut-based products into school. However, Sandfield Close Primary School does not describe itself as “nut-free” or “allergen-free”, because it is not possible to guarantee the complete absence of allergens. The emphasis is on active allergy awareness, sensible risk reduction and robust emergency preparedness.

9. Food Allergy, School Meals and ABM Catering

The school will work in partnership with ABM Catering, parents/carers and pupils to identify, minimise and manage food-allergy risks. Clear allergen information must be available for food provided by the catering service, and medically required special diets must be agreed before they are relied upon.

9.1 Online meal ordering through Tucasi SCOPAY

School meals are selected in advance through Tucasi SCOPAY. Online availability of a meal does not, by itself, confirm that it is safe for a pupil with an allergy. Where an individual special diet is required, the pupil should only order meals that ABM Catering has confirmed as suitable under the agreed special-diet arrangements.

If there is uncertainty about whether a meal or substitution is safe, it must not be served to the pupil until its suitability has been confirmed by the catering provider through the agreed process.

9.2 Identification at mealtimes

The school and ABM Catering will use at least two robust methods, appropriate to the age of pupils and the school context, to identify pupils with known food allergies at mealtimes. These may include:

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- an up-to-date photograph/allergy record available to authorised catering and supervising staff;
 - a staff verification/check at the point of service;
 - a discreet allergy wristband or other agreed identifier where appropriate; and
 - the approved special-diet record held by ABM Catering.

Identification methods will balance safety with dignity and inclusion. Pupils with food allergy will not be routinely segregated from their peers or required to sit at a separate table solely because of their allergy.

9.3 Menu changes and substitutions

Any short-notice menu change or substitution must still meet allergen-information requirements and the needs of pupils with approved special diets. Changes affecting an allergy-safe meal must be highlighted to relevant staff and the pupil/parent where appropriate.

9.4 Packed lunches, celebrations and food from home

- Pupils must not share or swap food or drinks.
- Parents/carers are asked not to send nuts or nut-based products into school.
- Food brought into school for celebrations or events must be managed in line with known allergies and ingredient information.
- A pupil with a known food allergy must not be offered unverified food. Homemade food or food without reliable ingredient/allergen information should not be given to that pupil unless specifically agreed through their individual arrangements.
- Staff food and refreshments at meetings or events must also be considered where a known contact or airborne risk exists.

10. Prescribed Medication and Adrenaline Devices

Pupils prescribed adrenaline devices must have rapid access to them at all times. In an anaphylaxis emergency, adrenaline should be administered as soon as possible and, in practice, within five minutes. This applies in classrooms, the dining hall, playgrounds, sports areas and on school visits or trips.

Where a pupil is prescribed two adrenaline devices, both should be available. Prescribed devices must be clearly labelled, in date, stored in accordance with manufacturer instructions and not exposed to inappropriate heat, cold or sunlight.

Emergency medication must not be locked away or stored in a location that could delay access. Decisions about whether a pupil carries their own medication will be made individually with the pupil, parent/carer and, where appropriate, healthcare professionals, taking account of age, competence, risk and safeguarding considerations.

Where pupils take their prescribed devices home for travel, the IHP will set out how the school and family will ensure the devices are available during the school day and journeys to and from school.

The school will maintain records of pupils prescribed adrenaline and their Action Plans, and will monitor expiry dates. Parents/carers remain responsible for replacing the pupil's prescribed medication before expiry or following use.

11. School Spare Adrenaline Auto-Injectors (AIs)

In line with current DfE statutory guidance and emergency preparedness expectations, Sandfield Close Primary School will maintain spare adrenaline auto-injectors for emergency use. Because this is a primary school, the school will maintain, as a minimum:

- one pair of 150 microgram spare AIs for children under 6 years; and
- one pair of 300 microgram spare AIs for individuals over 6 years.

The Headteacher will review the layout of the site and pupil profile to determine whether additional pairs are required so that appropriate adrenaline can be brought to any person experiencing anaphylaxis within five minutes.

11.1 Storage and checks

- Spare AAIs will be stored in clearly labelled emergency anaphylaxis kits in an unlocked, readily accessible location known to staff.
- Spare AAIs will always be stored in pairs.
- The main emergency anaphylaxis kit will be held in the school office/medical area, with any additional kit location determined by the five-minute access risk assessment.
- Kits will be clearly distinguishable from medication prescribed to a named pupil.
- Expiry dates and device condition will be checked regularly and recorded.
- Used or expired AAIs will be replaced promptly and disposed of safely through an appropriate pharmacy/clinical route because auto-injectors contain a needle.

11.2 When a spare AAI may be used

The pupil's own prescribed adrenaline device should normally be used first where it is immediately available. A school spare AAI may be used to save a life where the individual has anaphylaxis and:

- their prescribed device is unavailable, broken, empty or misfires;
- a further dose is needed and an appropriate spare is available; or
- they present with anaphylaxis for the first time and do not have prescribed adrenaline.

Prior consent is not required before reasonable action is taken to save a life in an emergency. Treatment must not be delayed while staff search for consent documentation.

12. Recognising and Responding to Allergic Reactions

12.1 Mild to moderate allergic reaction

Symptoms may include swollen lips, face or eyes; itchy/tingling mouth; mild throat tightness; hives or itchy skin rash; abdominal pain or vomiting; or a sudden change in behaviour. Follow the pupil's Action Plan and administer authorised medication as directed.

- Stay with the pupil and do not leave them unattended.
- Contact the parent/carer or emergency contact.
- Observe the pupil in a safe place for at least 60 minutes because a mild reaction can progress to anaphylaxis.
- If Airway, Breathing or Circulation symptoms develop, treat immediately as anaphylaxis.

12.2 Signs of anaphylaxis (ABC)

A – Airway	Swelling of the throat, tongue or upper airway; throat tightness; hoarse voice; difficulty swallowing.
B – Breathing	Sudden wheeze, breathing difficulty, persistent cough or noisy breathing.
C – Circulation	Dizziness, faintness, sudden sleepiness/tiredness, confusion, pale or clammy skin, collapse or loss of consciousness.

Important

Anaphylaxis can occur without a rash or other mild symptoms. If in doubt, treat with adrenaline.

12.3 Emergency anaphylaxis procedure

1. Stay with the person. Call for help and bring the prescribed/spare adrenaline devices to them. Do not make them walk to the office or medical room.
2. Place the person flat with legs raised where possible. If breathing is difficult, allow them to sit up, but do not let them stand or walk. If unconscious, place them in the recovery position as appropriate and monitor breathing.
3. Give adrenaline immediately. Do not wait until after the 999 call. Use the person's own prescribed device first if it is immediately available; otherwise use the appropriate school spare AAI.
4. Immediately call 999 and state "anaphylaxis". Give the school address and location of the casualty, and follow the emergency operator's instructions.
5. Send a member of staff to meet the ambulance at the school entrance and direct paramedics to the casualty.
6. Contact the parent/carer as soon as emergency treatment is underway. Do not delay adrenaline or the 999 call to contact parents.
7. If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device.
8. If the person has asthma and continues to wheeze, follow their Action Plan. A reliever inhaler may be given after adrenaline if directed, but never instead of adrenaline for anaphylaxis.
9. Stay with the person until emergency services take over. Record the medication/device used and the time each dose was given.

KEY RULE

A person experiencing anaphylaxis must NEVER be made to stand or walk.
Help and medication must be brought to the person.

13. Educational Visits, Residentials, Clubs and Off-site Activities

Pupils with allergies will be enabled to participate as fully as possible in trips, residentials, sports, clubs and other activities. A pupil will not normally be excluded solely because of an allergy, and parents/carers will not routinely be required to accompany their child as a condition of participation.

For pupils at risk of anaphylaxis, the visit leader/EVC will ensure:

- a suitable individual risk assessment is completed where required;
- the pupil's own prescribed adrenaline devices accompany them and remain immediately accessible;
- relevant staff know the pupil's triggers, Action Plan and emergency arrangements;
- staff able to respond to anaphylaxis are present;
- food and catering arrangements are checked in advance;
- emergency access, mobile communication and the location of medical assistance are considered;
- medication is available during transport, overnight and throughout residential activities; and
- a school spare AAI may be taken where appropriate, provided doing so does not leave inadequate provision on the school site.

External providers will receive relevant allergy information where they are responsible for a pupil, subject to appropriate information sharing and confidentiality arrangements.

14. Inclusion, Wellbeing and Allergy-related Bullying

Living with allergy can cause anxiety, fear of exposure and concern about being treated differently. The school will actively support pupils' emotional wellbeing as well as their physical safety.

- Pupils will be reassured that staff understand their allergy and have emergency arrangements in place.
- Pupils will be involved, in an age-appropriate way, in decisions about identification methods and self-management.
- Reasonable adjustments will be made to enable participation rather than excluding pupils from meals, lessons, trips or social activities.
- Pupils with SEND or communication needs may receive visual supports, social stories, additional rehearsal or adult support to help them understand allergy routines and report symptoms.
- Staff will be alert to teasing, exclusion, deliberate exposure to allergens, threats involving allergens or attempts to force-feed an allergen. Such behaviour will be treated seriously under the Behaviour and Anti-Bullying Policies and may also be a safeguarding concern.
- Following an incident or near miss, the school will consider the emotional impact on the pupil, family, staff and witnesses and provide appropriate support.

15. Unacceptable Practice

The following practices are unacceptable at Sandfield Close Primary School:

- preventing or delaying easy access to prescribed emergency medication;
- locking away adrenaline devices or storing them in a place that cannot be reached rapidly;
- ignoring the views of the pupil or parent/carer, or disregarding medical evidence and professional advice;
- assuming that all pupils with allergy require identical support;
- assuming a pupil has no allergy simply because diagnosis is still under investigation;
- sending a pupil experiencing an allergic emergency to the office or medical room without suitable supervision; help must come to the pupil;
- sending pupils home unnecessarily or excluding them from lunch, clubs, trips, residential or other school activities because of allergy;
- requiring parents/carers to attend school to administer medication or making them feel obliged to do so because the school has not made suitable arrangements;
- requiring a parent/carer to accompany a pupil on a trip simply because the pupil has an allergy;
- penalising pupils in attendance rewards or other systems where absence is related to their allergy or medical care; and
- segregating pupils with food allergy at mealtimes solely because of their allergy.

16. Serious Incidents, Near Misses and Learning Lessons

A serious incident is an event related to allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services. A near miss is an event that did not result in harm but clearly had the potential to do so.

All serious incidents and near misses will be recorded promptly. Reports may come from school staff, the pupil, parents/carers or healthcare professionals, including where a delayed reaction becomes apparent after the pupil has gone home.

The school will:

- provide any necessary immediate medical response and contact parents/carers;
- record the circumstances, allergen/exposure if known, symptoms, action taken, medication used and timings;

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- report serious allergy incidents and near misses to the Named Allergy Safety Lead and, where appropriate, the Governing Body and relevant statutory bodies;
 - review the event with the pupil and parents/carers and consider whether the IHP/Action Plan remains appropriate;
 - support staff and pupils affected by the incident;
 - identify whether reasonable preventive steps or system changes are required; and
 - review this policy or associated procedures where lessons indicate improvement is needed.

Reviews will be conducted in a no-blame, learning-focused manner while still addressing any deliberate or reckless conduct appropriately.

17. Allergy Emergency Drills

As good practice, the school will include simulated allergy/anaphylaxis scenarios within training or conduct an allergy emergency drill at least annually. The exercise will test recognition, communication, access to medication, the five-minute response objective and ambulance access. Learning will be recorded and used to improve arrangements.

18. Information Sharing and Confidentiality

Allergy information is sensitive personal data. The school will share relevant information with staff, ABM Catering, trip leaders, club staff and external providers only where necessary to keep the pupil safe and included. Information will be stored and shared in accordance with UK GDPR, the Data Protection Act 2018 and the school's data protection arrangements.

Where photographs or visual identifiers are used for allergy safety, access will be limited to staff who need the information. The school will balance privacy with the need for immediate and accurate identification in an emergency.

19. Communication and Publication

- This policy will be published on the school website and available in hard copy on request.
- Staff will be made aware of the policy through annual training and induction.
- Parents/carers will be informed of how to report allergies, provide medication and request special-diet arrangements.
- Pupils will receive age-appropriate messages about allergy awareness, not sharing food, seeking help and treating peers with respect.
- Changes to arrangements following a serious incident, near miss or updated guidance will be communicated to those who need to know.

20. Complaints

Concerns about allergy safety should be raised with the school as soon as possible so that they can be investigated and resolved. Formal complaints will be managed in accordance with the school's Complaints Policy. A serious incident or near miss will be investigated and reviewed regardless of whether a formal complaint is made.

21. Monitoring, Review and Governance

The Named Allergy Safety Lead will monitor implementation during the year. The policy will be reviewed at least annually and earlier where there is a serious incident or near miss, a significant change to school arrangements, relevant new medical advice, or updated legislation/guidance.

The annual review will consider:

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- the allergy register and whether IHPs are current;
 - training completion and induction arrangements;
 - availability, location, dosage and expiry of spare AAls;
 - the effectiveness of ABM Catering and SCOPAY special-diet processes;
 - feedback from pupils, parents/carers and staff;
 - any incidents, near misses, complaints or allergy drills; and
 - whether risk assessments, procedures or resources need to change.

22. Links to Other School Policies

- Supporting Pupils with Medical Conditions / Administration of Medicines Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Behaviour Policy
- Anti-Bullying Policy
- Attendance Policy
- Educational Visits Policy and risk assessment procedures
- Food / Healthy Eating / Packed Lunch guidance
- Data Protection Policy and Privacy Notices
- SEND Policy
- First Aid Policy / procedures

23. Key National References

- Department for Education – Allergy Safety in Schools: statutory guidance (published 6 July 2026).
- Department for Education – Allergy Safety Policy template (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.
- Department of Health and Social Care – Emergency Asthma Inhalers for Use in Schools.
- British Society for Allergy & Clinical Immunology (BSACI) / approved Allergy Action Plans and school resources.

Appendix 1 – Anaphylaxis Emergency Procedure

IF AIRWAY / BREATHING / CIRCULATION SYMPTOMS ARE PRESENT

1. IF IN DOUBT, TREAT FOR ANAPHYLAXIS.
2. Stay with the person. Bring the adrenaline to them – do not make them walk.
3. Lay them flat with legs raised where possible. If breathing is difficult, allow them to sit up, but do not let them stand or walk.
4. GIVE ADRENALINE IMMEDIATELY. Use their own prescribed device first if immediately available, otherwise use the appropriate school spare AAI.
5. CALL 999 – state “ANAPHYLAXIS”.
6. Contact parents/carers once emergency treatment and the 999 call are underway.
7. If no improvement after 5 minutes, GIVE A SECOND DOSE OF ADRENALINE.
8. Stay with the person, monitor breathing and follow the 999 operator/Action Plan until paramedics arrive.

Remember: anaphylaxis can occur without a rash. Sudden breathing difficulty in someone with known food allergy and asthma should be treated as possible anaphylaxis. Never give an asthma reliever inhaler instead of adrenaline for anaphylaxis.

Appendix 2 – Allergy / Anaphylaxis Serious Incident or Near-Miss Record

Field	Record
Date and time	
Pupil / person involved	
Class / role	
Location	
Known allergy / trigger	
Suspected allergen / exposure	
Symptoms observed	
Was this anaphylaxis?	Yes / No / Uncertain
Medication given (include device/dose)	
Time first adrenaline given	
Time second adrenaline given (if applicable)	
999 called – time	
Ambulance attended	Yes / No
Parent/carer contacted – time	
Outcome / medical treatment	
What happened immediately beforehand?	
What controls were expected to be in place?	



Field	Record
What worked well?	
What could be improved?	
Actions required / responsible person / deadline	
IHP / Action Plan reviewed?	Yes / No / N/A
Policy / risk assessment review required?	Yes / No
Reported to Named Allergy Safety Lead	
Governing Body / statutory reporting required?	
Completed by / date	



Appendix 3 – Spare AAI / Emergency Kit Check Log

Minimum school stock for a primary school: one pair of 150 microgram spare AAIs and one pair of 300 microgram spare AAIs, with additional stock if required by the five-minute access risk assessment.

Check date	Kit location	Dose	Device / brand	Expiry date	Condition / seal	Replacement needed?	Checked by

Appendix 4 – Allergy Register: Minimum Information

The school's confidential allergy register should contain enough information for staff to act safely without recording unnecessary medical detail. Suggested fields are:

- Pupil name, photograph (where appropriate) and class.
- Known allergen(s) and type of allergy.
- Known symptoms / signs and whether at risk of anaphylaxis.
- Whether asthma is also present.
- Prescribed emergency medication and device/dose.
- Exact medication location and whether the pupil self-carries.
- IHP status and review date.
- Allergy Action Plan / Asthma Action Plan status and review date.
- ABM special-diet approval and identification method at mealtimes.
- Emergency contacts.
- Any individual adjustments for lessons, trips, lunch or clubs.
- Date information last confirmed by parent/carer.

Access to the register must be restricted to staff who need the information to keep pupils safe and included.

Appendix 5 – Annual Allergy Safety Implementation Checklist

- ☐ Policy reviewed, approved and published on the school website.
- ☐ Named senior Allergy Safety Lead confirmed.
- ☐ Allergy risks reviewed on the school risk register.
- ☐ Allergy/medical register checked against current pupil information.
- ☐ IHPs and Action Plans reviewed and current.
- ☐ Parents/carers asked to confirm allergy information and emergency contacts.
- ☐ All staff annual allergy awareness and emergency response training completed.
- ☐ New/supply/agency/peripatetic staff induction process in place.
- ☐ ABM Catering holds current special-diet information.
- ☐ At least two robust pupil-identification methods agreed for mealtimes.
- ☐ Tucasi SCOPAY special-diet ordering process tested and communicated.
- ☐ Minimum spare AAIs available: pair 150 microgram + pair 300 microgram.
- ☐ Spare AAI locations satisfy the five-minute access requirement.
- ☐ AAI expiry dates and emergency kit contents checked.
- ☐ Educational visit procedures include allergy risk assessment and medication access.
- ☐ Allergy incident/near-miss reporting route understood by staff.
- ☐ Anaphylaxis drill / scenario exercise completed and lessons recorded.
- ☐ Pupil wellbeing and allergy-related bullying arrangements reviewed.
- ☐ Any serious incident, near miss or complaint has informed policy/procedure review.

Policy Approval

Approved by Governing Body:	
Headteacher: Smita Lad	Signed: _____ Date: _____
Chair of Governors: Paresh Ruparel	Signed: _____ Date: _____
Next Review Date:	August 2027