Allergy Safety Policy

Last reviewed on:	July 2026
Next review due by:	July 2027
Owner:	Head of Trust Inclusion
Approver:	ATB
Source:	British Society of Allergy and Clinical Immunology (BSACI), Allergy UK and Anaphylaxis UK and approved by the Department for Education.
Purpose:	To minimise the risk of any one in school suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies:	Supporting Children with Medical Conditions Safeguarding Behaviour Anti-bullying Health and Safety

This policy is compliant with the Allergy Safety in Schools statutory guidance published July 2026.

The policy MUST be tailored to each school and information to be personalised is in teal text.

Contents

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death - therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions - including anaphylaxis - are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Model School has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to e nsure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together - known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Model School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** - they can be propped up if struggling to breathe but this should be for as short a time as possible.

- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand - always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand themup, or sit them in a chair, even if they are feeling better. This could lower their bl ood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and **Model school** will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Model school is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Model school completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Model School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Model school will ensure that the risk of exposure is minimised by
Add in additional control measures and delete any that are not relevant to the school.

- All school staff allergy training every year
- Educating students through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

Food Provision and Catering:

Model school will manage the risk of food allergy and provide clear information on allergens in food provided by:
Add in additional control measures and delete any that are not relevant to the school.

- Ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Provide student's allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identify students with allergies at point of service by {insert methods of identification here. These could be allergy champions, coloured trays/plates, information cards that sit on the coloured tray, photos in the kitchen. The chosen method should not be reliant on one person with two people checking that the correct meal is going to the correct child.}
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

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

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, **Model School**, ensures that this policy is shared and the third-party provider meets the same procedures.

{best practice - can be deleted} Ensuring that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training).

Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

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.

Model School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Delete this text and the following table and complete the section below the table. Larger sites may need additional sets to ensure that they are not further than 5 minutes away from where they are needed.

School type	***AAI for children under age 6 years*** *(150 micrograms)* *e.g. EpiPen Junior, Jext 150*	***AAI for individuals over 6 years of age*** *(300 micrograms)* *e.g. EpiPen, Jext 300*
State-funded nursery school	*One pair of "spare" device*	*n/a*
Primary school	*One pair of "spare" device*	*One pair of "spare" device*

Model school holds:
{insert the brand, doses and quantities}

These are located in:
{insert locations}

They are stored in {insert colour, avoid green} colour containers and labelled 'Emergency Anaphylaxis Kit'

Allergy lead/school nurse/medical officer {delete, substitute as necessary} is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

Adrenaline devices that are used will be disposed of in a sharps box, kept {insert} 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 be collected by them.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting 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.

Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container {detail what this is i.e. red drawstring bag, consistency is urged across the organisation for ease of identification.}

Older students should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students 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, peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
    - All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline
- How to report an allergic reaction including
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
    - How to check if a student is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

Emergency preparedness

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

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Model School will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.
During fire drills and lockdown practices, **Model School** will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities:

Allergy lead and governing body:
The governing body, Academy Trust and proprietors {delete as appropriate} 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 governing body, Academy Trust and proprietors {delete as appropriate} monitor this policy with it being a standing agenda item at meetings. **Model School** have a named governor who works closely with the allergy lead and reports to the meetings.

Model School includes the risks pertaining to students and staff with allergy on the school's risk register.

Model School has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of students at mealtimes
- Communication about:
  - the policy
  - the students who are on the register of those with allergies

    - the importance of recording and reporting near misses and incidents
- communication with:
    - governors to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
    - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
    - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
    - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

If the allergy lead is supported by a medical officer, lead first aider or school nurse, the above can be amended to reflect 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 the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents:
Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Data Collection: **Model school** collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. {insert how}.

Information Sharing: UK GDPR does not prevent the sharing of a student'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, and catering teams while maintaining appropriate data privacy. This is done through: {insert: MIS, SharePoint etc}

Transition: Allergy information and existing care plans are shared as part of a student's transition. **Model School** will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. **Model School** work with parents/carers and the student if appropriate to write a new IHP Staff will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment. {insert how}.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment. {insert how}.

Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student'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 mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and 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 that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Model School will ensure that:

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

School Trips and External Visits

Model School ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. 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 that the student is safe and included, alternative activities will be planned. This will include the safe storage 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 students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. **Model School** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Model School 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 students' school will ensure the students' allergies are communicated and appropriate food is provided.

{add in any additional measures}

Serious Incidents and "Near Misses":

Model School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

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

Model School uses {insert system} 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 and a report written.

Model School will share the report with the student's parents/carers, the student 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. **Model School** will confirm what it has learned from the incident and outline any actions it is taking as a result. The student'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.

Wellbeing and Support

At **Model School** allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergy 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.

Model School: {add or delete as appropriate)

- regularly communicate to students, 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
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves students 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 students (not just within the catering team) who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious students
- 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 to reduce anxiety and enable staff to identify students with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting’s policies and the support available

Safeguarding:

Model School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person’s medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Model School 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 children and young people 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 child with the same condition requires the same support;
- assuming that older children and young people 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 child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person 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 child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people 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, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

Missing Medication

Where prescribed allergy medication, adrenaline devices or associated medical documentation cannot be located:

1. The member of staff discovering the loss must immediately notify:
    - The Headteacher (or delegated senior leader)
    - The Allergy Lead / First Aid Lead
    - The child's parent or carer
2. A search should be carried out immediately in all possible locations where the medication may reasonably be located.
3. The pupil should not remain in school without appropriate medication unless an agreed risk assessment has been undertaken with parents/carers and suitable replacement medication can be obtained without delay.
4. Parents/carers must be informed as soon as reasonably practicable and advised if replacement medication is required before the pupil can safely remain in school.
5. An incident report must be completed.
6. Where the missing medication contains personal data (for example the pupil's name, date of birth, medical information, healthcare plan or pharmacy label), the school will consider whether the incident constitutes a personal data breach and seek advice from the Data Protection Officer.
7. Any identified learning points will form part of a post-incident review and procedures will be amended where required.

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Further reading:

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
Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
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

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 and students 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 that 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.

Appendices:

1. Example Individual Healthcare Plan
2. Medication sign in and out form
3. Individual protocol form to be stored with each Epipen
4. Individual Allergy Risk Assessment

Appendix 1: Example Individual Healthcare Plan

Individual Healthcare Plan: Example

Name:		Add photo
Date of birth:		
Class:		
Emergency contact:	Name and relationship	
People who need to know:	Names and roles; Who needs to be aware	
Information sharing:	Permission is granted for this information to be shared with anyone who needs this information to keep my child safe.	
Parental consent:		
Date issued:	date	
Next review:	date	
Last discussed with parents:	date	
Medical condition:	Allergy to milk, grass pollen and animal dander; Asthma	
My medical condition means that:		
T may have allergic reactions to milk, whether cooked or uncooked. T will have hives when playing on the grass as well as have itching, watering eyes and sneezing. When exposed to animal dander, T may become wheezy and begin sneezing. T has previously had anaphylaxis when exposed to milk. T is unable to eat any product that contains milk. T have previously had milder reactions when touching products that used to contain milk or had milk in them. Each reaction that T has had, has varied in severity and it is not possible to predict the severity of any future ones should they occur. T's grass pollen allergy is seasonal. During the grass cutting season this varies greatly and is impacted by long grasses in the fields and grass cutting. T's reactions to animal dander depend on the circumstances of exposure. Some animals, such as horses tend to also trigger an asthma attack, whilst dogs and cats do not seem to impact T's asthma as much. T's asthma is relatively stable but will worsen if she has a cold. She takes daily medication for her asthma and carries a reliever inhaler. Exposure to grass pollen makes breaktime a time that T needs to have access to the inhaler and consideration needs to be given to how the school dog is managed around T.		
Are there any physical restrictions caused by the medical condition(s)?		
T needs to have the inhaler in an accessible		
How my condition is managed:		
T has antihistamine for mild to moderate reactions and adrenaline devices for anaphylaxis. T needs to have this medication with her at all times including at lunchtime and breaktime. T needs to bring the medication to and from school each day. T takes a preventor inhaler twice a day at home and carries the reliever inhaler so that it is always available. T is generally quite sensible about carrying the medication but does need support to ensure that it is always remembered especially after lunch.		
How my condition affects my education:		
Impact on health		

T only becomes unwell with the allergies when T is exposed to the allergens. During the winter the grass pollen allergy doesn't have as much impact and during the spring and summer. T can become quite unwell with the grass pollen allergy during the spring and summer months with it making her cranky as T doesn't always sleep well.
The times that T has experienced anaphylaxis, she has needed several days to recover and has become anxious about a further anaphylaxis happening. T can become unwilling to be independent.
During the winter months T can suffer from repeated colds that negatively impact the asthma and meaning that more use of the reliever inhaler is needed.

Impact on learning

T's asthma has the biggest impact on learning as the colds trigging the asthma cause more days absent that would usually be expected. The colds and asthma impact sleeping meaning that when T is in school, T finds it harder to concentrate.
T's grass pollen allergy impacts on events that happen in the summer such as sports day. It is important that the grass is cut a few days before sports day to enable T to be able to participate fully.

Impact on wellbeing

T becomes anxious following anaphylaxis and can be withdrawn and self isolating. It is important to ensure that T is given support and reassurance with patience on return to school. T would benefit from ELSA/counselling to support the anxiety.
T doesn't like to feel different from friends and doesn't like being singled out. T needs to be included and where something different is given, for example a different chocolate treat, that this is done quietly and sensitively.
When supporting T with medication carrying, this also needs to be done quietly and sensitivity as otherwise it impacts on wellbeing with T feeling like T stands out.
T feels bad when T is absent due to colds and asthma and it is important that T's absence doesn't impact on the class attendance award.
T may need encouragement to join in with activities and reassurance provided that the activity or event if safe for T.

How my conditions affects my life:

often misses out on the treats that other children enjoy; a spontaneous day out, an ice cream from the ice cream or chocolate from the shop. T can sometimes become sad when other students are talking about their weekends as T is aware of how T is unable to do the same things.

Are there any considerations needed at meal or snack times?

T must only eat the food at school that has been specially prepared for T and that has been checked by an adult before being given to T.
T needs to wash T's hands before eating as do those who are sitting with T. T knows that T is unable to eat food that is not T's and other students need to be taught that they must not food share or touch T's food.
T's medication bag must be in the lunch hall in case of reaction.

School's arrangements to support me:

Medication:
T's prescribed medication will be in the orange bag that sits on the teacher's desk. This includes antihistamine, adrenaline devices, asthma inhaler.
The school's spare adrenaline devices are located in the dining hall in red grab bag and are wall mounted and labelled 'Emergency adrenaline devices'.
Awareness:
In additional to whole school allergy awareness assemblies, T's class are taught about allergy, anaphylaxis and what to do if someone is having a reaction.
Curriculum:

T's teacher reviews the curriculum making adaptations to lessons that would have used milk in any of the activities. Trips are communicated to parents as soon as they are being planned with meetings happening to ascertain the concerns about the trip so that these can be factored into the planning. Cooking recipes will be adapted so that they don't use any milk for any of the students. Cooking will be separately risk assessed with some of the control measures being that T's group will cook first. Surfaces appropriately cleaned all equipment to go through the dishwasher before use. **Training:** In addition to the online training the staff will be able to use the trainer adrenaline devices. Before supply staff work in T's class, they will be made aware of the way they call for help if T has a reaction and how to use the internal telephone system to get support.
School environment:
The school dog needs to be limited to areas that T doesn't access to avoid triggering T's animal dander allergy. T is unable to access working with the dog to ensure that T doesn't have an allergic reaction. Students who have worked with the school dog, need to wash their hands before returning to the classroom. T needs to avoid being on the grass just after it has been cut as this is likely to cause an exacerbation of T's asthma due to the grass pollen allergy. If it isn't possible to have the grass cut outside of school hours, then T needs to avoid the field on the day that it has been cut and needs to be given the opportunity to play elsewhere on the school site with friends of her choosing.
Visits and trips:
School needs to let T's parents know as soon as the trip is planned so that it can be discussed and the risks identified. The trip leader will ensure that all questions are discussed with the venue and a further meeting with T's parents to go through the control measures. T will be in the teacher's group on the trip. The teacher will hold T's medication. The trip risk assessment will identify the risks for T and the control measures that need to be put in place. The risk assessment will be shared with everyone on the trip and a briefing held to remind all adults of action to be taken in an emergency where T is having a reaction.
Emergency response:
Refer to the Allergy Action Plan. Do not move T and administer adrenaline as soon as possible.
Is the student aware of their health worsening? Are they able to alert an adult?
T is generally aware that T is experiencing symptoms and will let an adult know. T often describes the mouth as 'hurting and feeling weird' rather than itching or tingling.
Student's comments:

Signed: *School: name and role* **Date:**	**Signed**: *parent or carer* **Date:**

1.

Appendix 2: Medication sign in and out form

Medication - sign in/out

Date	**Child's Name**	**Item**	**Reason for taking (include location of trip etc.)**	**Time Out**	**Signed and counter signed (witness)**	**Time In** **(Include date if not on same day)**	**Signed and counter signed (witness)**

Appendix 3: Individual protocol form to be stored with each Epipen

Individual Allergy Medication Protocol Form

To be stored with each medication kit/adrenaline device.

Pupil Information

Detail	Information
Pupil Name	
Date of Birth	
Class	
Photograph	
Parent/Carer Contact	
Second Emergency Contact	

Allergy Information

Detail	Information
Known Allergens	
Previous Anaphylaxis	Yes / No
Asthma Diagnosis	Yes / No
Allergy Action Plan Attached	Yes / No
Individual Healthcare Plan Attached	Yes / No

Medication Record

Item	Details
Adrenaline Device Brand	
Dose	
Quantity Held	
Expiry Date	
Batch / Lot Number	
Antihistamine Held	
Asthma Inhaler Held	

Emergency Action

1. Follow Allergy Action Plan immediately.
2. Administer adrenaline without delay if anaphylaxis is suspected.
3. Call 999 and state ANAPHYLAXIS.
4. Contact parents/carers as soon as possible.
5. Record incident.
6. Complete post-incident review.

Medication Checks

Date Checked	Checked By	Expiry Confirmed	Medication Present	Comments
		Yes / No	Yes / No	

Parent Declaration

I confirm that all medication supplied is in date, correctly labelled and matches my child's current treatment plan.

Parent/Carer Signature:	
Date:	

Appendix 4: Individual Allergy Risk Assessment

Individual Allergy Risk Assessment

Pupil Name	
DOB	
Class/Year Group	
School	
Date of Assessment	
Assessor	
Parent/Carer Present	Yes / No
Review Date	
Allergy Action Plan Attached	Yes / No
Individual Healthcare Plan Attached	Yes / No

1. Allergy Information

Known Allergens

☐ Milk	☐ Soya
☐ Egg	☐ Insect Venom
☐ Peanut	☐ Latex
☐ Tree Nuts	☐ Animal Dander
☐ Sesame	☐ Pollen
☐ Wheat	☐ Medication
☐ Fish	☐ Other (please specify)
☐ Shellfish	

Previous Anaphylaxis?

☐ Yes

☐ No

If yes date and circumstances:

Co-existing Medical Conditions

☐ Asthma

☐ Eczema

☐ Hay Fever

☐ Other

2. Medication

Medication	Present	Location
Adrenaline Device 1	☐	
Adrenaline Device 2	☐	
Antihistamine	☐	
Asthma Inhaler	☐	
Other	☐	

Does the pupil carry their own medication?

☐ Yes

☐ No

If no, where is it stored?

Can the pupil self-administer?

☐ Yes

☐ No

☐ Partially

3. School Environment Risk Assessment

Area	Risk Identified	Existing Controls	Additional Controls Required	Responsibility
Classroom				
Dining Hall				
Playground				
PE				
School Trips				
Clubs				
Visitors				
Transport				

4. Curriculum Activities

Food-Related Learning Activities

Are food-based activities included in:

☐ Cooking

☐ Food Technology

☐ Science

☐ PSHE

☐ Cultural Events

☐ Fundraising

☐ Other

Risk Management Arrangements:

5. Non-Food Allergens

Potential Allergen	Applicable?	Control Measures
Play Dough	☐	
Bird Feed	☐	

School Dog/Animals	☐	
Latex Products	☐	
Balloons	☐	
Hand Sanitiser	☐	
Science Materials	☐	
Craft Materials	☐	
Gloves	☐	
Other	☐	

6. Catering and Food Provision

School Meals

☐ Allergy information shared with catering team

☐ Child identifiable at point of service

☐ Parent has met caterer

☐ Alternative meal arrangements agreed

Packed Lunch

☐ Risks assessed

☐ Control measures communicated

Food Sharing

☐ Whole class aware

☐ Supervision arrangements in place

Notes:

7. Trips, Visits and Sporting Events

Additional Risks Identified

Control Measures

☐ Medication carried

☐ Spare medication considered

☐ Venue informed

☐ Catering discussed

☐ Emergency communications agreed

☐ Staff trained

☐ Nearest emergency service identified

☐ Risk assessment shared with accompanying adults

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8. Wellbeing and Inclusion

Potential Risks

☐ Anxiety

☐ Social exclusion

☐ Bullying

☐ Reluctance to attend trips

☐ Reluctance to eat at school

☐ Other

Support Arrangements

9. Emergency Response Arrangements

In the event of a reaction:

☐ Allergy Action Plan followed

☐ Adrenaline administered immediately where indicated

☐ 999 called

☐ Parents contacted

☐ Incident recorded

☐ Post-incident review completed

Staff who require awareness of this plan:

Name	Role	Signature

10. Review Triggers

This risk assessment must be reviewed:

☐ Annually

☐ After any allergic reaction

☐ After any near miss

☐ Following a change in diagnosis

☐ Following a medication change

☐ During transition between classes/schools

☐ Following changes to school activities or environments

Sign Off

	Parent/Carer	**School Representative**
Name:		
Signature:		
Date:		