ALLERGY SAFETY AND ANAPHYLAXIS POLICY V3 (2026)

INFORMATION

Version	3.2
Date created	28/01/2026
Last updated	08/09/2026
Next review date	September 2027, or sooner following a serious incident / near miss
Applies to	All staff, pupils, parents/carers, regular volunteers and relevant visitors
Senior Leader responsible	Sean Hall - Headteacher
Publication	School website; hard copy available on request

This policy should be read alongside the school's Supporting Pupils with Medical Conditions, First Aid, Educational Visits, Safeguarding, Food/Catering and Data Protection policies.

1. PURPOSE & SCOPE

This policy sets out how Scotholme Primary and Nursery School & identifies, reduces and responds to allergy-related risks, including the risk of anaphylaxis. It describes the arrangements used to support pupils with allergy to attend safely, participate fully in school life and access emergency treatment without delay.

The policy applies to allergy safety across the school day, breakfast and after-school provision, curriculum activities, food provision, clubs, educational visits and trips. The same practical safety principles will also be considered, where relevant, for staff and visitors with allergy.

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2. UNDERSTANDING ALLERGIES & ANAPHYLAXIS

An allergy is an abnormal immune response to a normally harmless substance. Allergens may include foods, insect stings, medicines, contact allergens and airborne allergens. Allergy may co-exist with asthma, eczema or hay fever. Food intolerance and coeliac disease are different from allergy, although they may still require careful management.

Anaphylaxis is a potentially fatal allergic reaction affecting the airway, breathing and/or circulation. It may occur with or without skin symptoms. Signs can include:

- swollen lips, face, eyes or tongue
- itching, hives or widespread flushing
- persistent cough, hoarse voice or difficulty swallowing
- wheeze, noisy breathing or difficulty breathing
- dizziness, confusion, collapse or unconsciousness
- sudden marked behaviour change, especially in a younger child

If anaphylaxis is suspected, administer adrenaline immediately and call 999. If in doubt, treat for anaphylaxis.

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3. LEGAL FRAMEWORK & LEADERSHIP RESPONSIBILITY

This policy has regard to the Department for Education statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026. Section 34 requires maintained schools, academies and pupil referral units to have an allergy safety policy, publish it and keep it under review.

The Human Medicines (Amendment) Regulations 2017 permit schools in England to purchase spare adrenaline auto-injectors (AAIs) without a prescription for emergency use. In a life-threatening emergency, anyone may take reasonable action to save a life, including administering adrenaline.

Named Senior Leader for Allergy Safety: Sean Hall, Headteacher.

- driving implementation of this policy and ensuring allergy-related risks are actively managed;
- ensuring suitable arrangements are in place for staff training, emergency medication, trips and individual support;
- overseeing review of serious incidents and near misses and ensuring lessons are acted upon;
- ensuring the policy is reviewed at least annually and published.

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4. IDENTIFICATION OF ALLERGY AND INFORMATION GATHERING

The school will actively seek information about allergy when a pupil joins the school, when an existing pupil develops or is suspected to have an allergy, and whenever a known condition changes. Information may be obtained from the pupil, parents/carers, previous settings and relevant healthcare professionals.

The school will maintain an appropriate confidential record of known allergies, known allergens, prescribed medication, the location of medication and whether an Individual Healthcare Plan (IHP), Allergy Action Plan and/or Asthma Action Plan is in place. Information will be shared only with those who need it to keep the individual safe and included.

Where relevant, staff and visitors will be encouraged to make the school aware of significant allergies, particularly where they may be served food or participate in activities where exposure could occur.

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5. INDIVIDUAL HEALTHCARE PLANS AND ACTION PLANS

A pupil should have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements that are additional to or different from those made generally. A formal diagnosis is not always necessary where the functional impact or risk requires specific arrangements.

Where an IHP is required, it will be drawn up with the pupil (where appropriate), parents/carers and relevant professionals and will include, as applicable:

- known or suspected allergens and likely triggers
- symptoms and how the pupil may communicate that a reaction is occurring
- medication, doses and where medication is stored
- emergency instructions and relevant contact details
- arrangements for meals, curriculum activities, clubs, PE, playtimes and trips
- reasonable adjustments and support for wellbeing and inclusion
- who the plan needs to be shared with

Any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional will be attached to or clearly referenced in the IHP. IHPs will be reviewed at least annually and

whenever the pupil's condition, medication or action plan changes, or following a relevant serious incident or near miss.

6. PREVENTATIVE MEASURES AND ALLERGY-AWARE CULTURE

Scotholme will maintain an allergy-aware culture. The school does not describe itself as "nut-free", because the complete absence of an allergen cannot be guaranteed and nuts are only one of many possible allergens. The school may discourage nuts or other identified high-risk foods from being brought onto site where this forms part of a proportionate risk-reduction approach.

- promote handwashing and sensible hygiene before and after eating;
- discourage the sharing of food, drinks, cutlery and utensils where this may create risk;
- consider allergy risk when planning cooking, craft, science, music, gardening or animal-related activities;
- take reasonable steps to manage known contact and airborne allergens where identified;
- ensure staff supervising meals and activities know how to summon emergency help and access medication quickly.

7. FOOD AND ALLERGEN MANAGEMENT

The school will work with its catering provider, pupils and families to manage food allergy safely. Accurate allergen information will be available for food provided by or on behalf of the school, and relevant legal requirements for allergen information and labelling will be followed.

- Catering staff will be made aware of pupils whose food allergy requires specific arrangements, subject to appropriate information sharing.
- Changes to ingredients, products or menus that may affect allergen information must be considered before food is served.
- Food brought into school for celebrations, clubs or curriculum activities will be considered as part of allergy risk management.
- Reasonable adjustments relating to food will be captured in the pupil's IHP where required.

8. STAFF 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 and temporary staff, supply and cover staff, peripatetic staff, agency workers, catering staff, breakfast/after-school staff and regular volunteers. New staff will receive appropriate induction, and arrangements will be made so that supply and cover staff know the school's emergency procedures.

Training will include:

- understanding allergy, anaphylaxis, asthma and the difference between allergy, coeliac disease and food intolerance;
- recognising mild/moderate allergic reactions and anaphylaxis;
- knowing where allergy information, IHPs and Action Plans are located;
- reducing the risk of exposure to known allergens;
- locating and administering prescribed and spare adrenaline devices;
- calling emergency services and informing parents/carers;
- understanding the impact of allergy on wellbeing and inclusion;
- recording and reporting serious incidents and near misses.

First-aid training alone is not treated as a substitute for allergy awareness and emergency response training.

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9. PRESCRIBED AND SPARE ADRENALINE AUTO-INJECTORS (AAIS)

Prescribed devices

Pupils prescribed adrenaline should have rapid access to both of their prescribed devices at all times, including during lessons, lunch, playtimes, PE, clubs, travel to and from school where applicable, and visits or trips. Their own prescribed device should be used first where it is immediately available. The dose for an individual pupil is determined by their prescription and Allergy Action Plan; this policy does not override individual clinical advice.

School spare stock

Scotholme maintains school spare AAIs for emergency use. Spare AAIs are stocked and stored in pairs. The school's planned stock is:

- two pairs of 0.15 mg (150 microgram) AAIs;
- two pairs of 0.3 mg (300 microgram) AAIs.

At least one pair of each strength is reserved for on-site emergency use and will remain on the school premises whenever pupils are on site.

The additional pair may be taken on a visit or trip only where the trip risk assessment identifies this as appropriate. **Taking spare AAIs off site must never leave the school without its reserved on-site pair of each strength.**

Spare AAIs may be used where a person is experiencing anaphylaxis and:

- their own prescribed adrenaline device is not available, is out of date, has misfired or cannot be accessed quickly enough;
- they have not previously been diagnosed or prescribed adrenaline but are experiencing a life-threatening anaphylactic reaction.

Advance parental consent for use of a spare AAI will be sought and recorded where appropriate. However, prior consent is not required for a spare AAI to be used in a life-threatening emergency, and treatment must never be delayed while staff check whether consent has been given.

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10. EMERGENCY RESPONSE PROCEDURE

If an allergic reaction occurs, staff should follow the pupil's Allergy Action Plan where one is available. Never leave the person alone.

MILD TO MODERATE ALLERGIC REACTIONS

- stay with the pupil and monitor closely;
- give antihistamine only where this is included in the pupil's plan or authorised arrangements;
- contact the parent/carer or emergency contact;
- observe the pupil in a safe place for at least 60 minutes and watch for any escalation.

SEVERE REACTION/SUSPECTED ANAPHYLAXIS

- Lay the person flat with legs raised. If breathing is difficult they may sit up, but they must not stand or walk.
- Bring the adrenaline device to the person - do not move the person to the medication.
- Administer the person's prescribed adrenaline device immediately if available; otherwise use a school spare AAI.
- Dial 999 immediately and state "anaphylaxis". Do not wait to call 999 before giving adrenaline.
- If there is no improvement after 5 minutes, administer a second dose of adrenaline using a second device.
- Stay with the person until the ambulance arrives and follow instructions from emergency services.
- Inform parents/carers as soon as practicable.

Adrenaline is the first-line treatment for anaphylaxis. Never give an asthma reliever inhaler instead of adrenaline when anaphylaxis is suspected.

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11. SCHOOL TRIPS AND EXTERNAL VISITS

Pupils with allergy will be supported to participate in educational visits, residentials and other off-site activities unless there is a clear, evidenced reason why an activity cannot be made safe through reasonable arrangements.

- A specific risk assessment will be completed for any pupil at risk of anaphylaxis taking part in a trip.
- The pupil's IHP and Allergy Action Plan will inform arrangements, including food, known allergens, transport, access to emergency services and medication.
- Pupils prescribed adrenaline must have access to both prescribed devices on the trip.
- A member of staff able to recognise anaphylaxis and administer adrenaline will accompany the group.
- The school may take an additional pair of spare AAIs where the risk assessment identifies this as appropriate, but the reserved on-site pair of each strength must remain at school.

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12. WELLBEING, INCLUSION AND SAFEGUARDING

Allergy can affect a pupil's confidence, anxiety, sense of belonging and willingness to take part in everyday activities. The school will promote inclusion and will avoid unnecessary restrictions or arrangements that single a pupil out.

- Allergy-related bullying, teasing, deliberate exposure to allergens or threats involving allergens will be treated seriously under the school's behaviour and safeguarding procedures.
- Pupils will not be excluded from curriculum activities, clubs, meals, visits or trips simply because they have an allergy where reasonable adjustments can make participation safe.
- The views of the pupil and parents/carers will be taken into account, together with relevant healthcare advice.
- Pupils who are developmentally ready will be supported to understand and increasingly manage their own allergy and medication safely.

13. RECORD KEEPING, SERIOUS INCIDENTS AND NEAR MISSES

The school will record any administration of adrenaline, prescribed or spare, and any significant allergic reaction. Records will include, as relevant:

- signs and symptoms observed;
- time and dose of medication administered;
- device used, including whether prescribed or school spare;
- name of the person administering medication;
- communication with emergency services and parents/carers;
- subsequent action and any changes required to the pupil's IHP or school procedures.

All allergy-related serious incidents and near misses will be reported to the Headteacher and reviewed in a no-blame, learning-focused manner. Parents/carers and, where appropriate, the pupil and relevant healthcare professionals will be involved in reviewing arrangements. The governing body/trust will receive appropriate periodic information so that systemic risks and lessons can be considered.

A "near miss" includes an allergy-related event that did not cause harm but had clear potential to do so, for example an allergen exposure prevented at the last moment, missing medication, a labelling error or a breakdown in agreed procedures.

15. 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 where it is necessary to keep the individual safe, supported and included. Information will be shared in a controlled and respectful way, taking account of confidentiality and the pupil's dignity.

16. AWARENESS AND PUBLICATION OF THE POLICY

- This policy will be published on the school website and made available in hard copy on request.
- All staff will be made aware of the policy through induction and annual allergy awareness training.
- Parents/carers will be made aware of the school's allergy safety arrangements and of their responsibility to provide accurate, up-to-date information and medication.
- Age-appropriate allergy awareness will be promoted with pupils, particularly around seeking adult help, not sharing food where this creates risk, and treating peers with allergy respectfully.

16. REVIEW OF THE POLICY

This policy will be reviewed at least annually by the Headteacher and governing body/trust, and earlier where a serious incident, near miss, change in statutory guidance, change in legislation, or change in school circumstances indicates that review is required. The review will consider learning from incidents and feedback from pupils, parents/carers and staff.

REFERENCES

1. Department for Education (2026), Allergy safety in schools - statutory guidance (published 6 July 2026).

2. Department for Education (2026), Allergy safety policy - template.

3. Children's Wellbeing and Schools Act 2026, section 34 (allergy safety).

4. Children and Families Act 2014, section 100 - supporting pupils with medical conditions.

5. Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2017 - emergency adrenaline auto-injectors in schools.

6. Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools.

7. NHS, Anaphylaxis.

8. Anaphylaxis UK, education and school resources.