St. Peter & St. Paul CE Primary School, Burgh-le-Marsh

"Striving for excellence together in a caring Christian community."

RESPECT COMPASSION COURAGE

Allergy Safety Policy

Policy Details:

Person responsible for this policy & its implementation	David Hurdman (Headteacher)
Review frequency	Annually, or sooner when an incident or 'near miss' is experienced, or in response to updated statutory guidance.
Date approved	September 2026
Date of next review	September 2027
Purpose	To minimise the risk of any individual 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, including anaphylaxis, should they arise.
Links with other policies	Safeguarding, Behaviour, Anti-bullying, Health and Safety, Medical Conditions Policy, Educational Visits Policy
Publication	This policy is published openly on the school website and is available in hard copy on request.

The named staff members (at least 2, in addition to the named senior leader above) responsible for coordinating staff allergy awareness training and the day-to-day upkeep of this policy via the Kitt Medical Portal are:

David Hurdman (HT)

Tracy Leverton (DHT)

Mollie Wood (SENDCo)

Lesley Allen (Senior Administrator)

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1. Introduction and core principles

Under Benedict's Law (Section 34 of the Children's Wellbeing and Schools Act 2026, amending Section 100 of the Children and Families Act 2014) our school is required to have, maintain and publish an allergy safety policy.

Our school is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies, and this policy sets out how the school will support pupils with allergies so that they are safe and are not disadvantaged in any way whilst taking part in school life. 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. Staff should also understand the difference between food allergy, coeliac disease and food intolerance.

Anaphylactic reactions usually begin within minutes of contact with the allergen - for example eating a trigger food - though they can occur several hours later. Anaphylaxis involves difficulty breathing and affects the heart rhythm. In extreme cases, there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylactic 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 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); and
- 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. Pupils who have a skin reaction need monitoring for at least an hour.

Our school has a whole-school awareness approach, because it ensures all staff and pupils are aware of what allergies are, the importance of avoiding individuals' allergens, the signs and symptoms, how to deal with allergic reactions, and that procedures are in place to minimise the risk of exposure.

Coeliac disease and food intolerance can present symptoms similar to those of food allergy; it is important that these are managed through dietary avoidance, but they do not pose a risk of anaphylaxis and so are not within the scope of 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. An individual's asthma care plan needs to be included with their Individual Healthcare Plan. These conditions are not within the scope of this allergy safety policy.

Our 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.

2. 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; and
- a 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; and
- 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 THE 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. Adrenaline auto-injectors (AAI) should be given into the muscle in the outer thigh, or nasal devices 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 a second adrenaline device and note the time given.
- If there are no signs of life, commence CPR.
- Call the parent/carer as soon as possible.

Whilst waiting for the ambulance, keep the individual where they are. Do not stand them up, sit them in a chair, or allow them to walk, even if they appear to be feeling better - this could lower their blood pressure drastically, causing their heart to stop. When paramedics arrive, a member of staff should hand over: the time(s) adrenaline was administered and how many doses were given; the individual's known allergens (if any); and any other relevant medical information (for example asthma).

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

3. Minimising risk and exposure to allergens

Minimising risk and 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, and our 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 a pupil with allergy is cooking.

Our school is allergy aware, ensuring that staff and pupils 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.

Our school completes a school-wide allergy risk assessment annually, 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 adaptations to remove allergens that pose a risk for the whole group, not just the pupil who has the allergy;
- risks of exposure to allergens for individuals when planning external visits or trips;
- identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff);
- identifying measures to manage risks of exposure to a food allergen through food provided by the school;
- 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; and
- identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk - for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, and hygiene measures after pupils have worked with the therapy dog.

Our 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.

Our school will ensure that the risk of exposure is minimised by:

- teaching children not to share food;
- ensuring children wash hands before and after eating;
- ensuring tables are cleaned thoroughly after meals and snacks;
- maintaining allergy alerts on Arbor and sharing relevant information with staff;
- ensuring allergy information is included within educational visit risk assessments; and
- requesting that parents do not send products containing identified allergens where specific risks have been identified.
- all school staff completing allergy training every year;
- educating pupils through awareness assemblies and within PSHE;
- educating Parent Teacher Associations (PTA) about school expectations for allergy management;
- communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil 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 pupil's allergy;
- monitoring this policy to ensure that agreed practices are implemented; and
- establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

4. Allergy awareness and nut bans

Our school supports the approach advocated by Anaphylaxis UK towards nut bans/nut-free schools. Anaphylaxis UK does not necessarily support a blanket ban on any particular allergen in any establishment, including schools, because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen-free environment for a pupil living with food allergy. Blanket bans, especially on nuts, can create a false sense of security. Instead, Anaphylaxis UK advocates for schools to adopt a culture of allergy awareness and education.

A whole-school awareness of allergies approach is much more effective, ensuring teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding pupils' allergens, the signs and symptoms, how to deal with allergic reactions, and that policies and procedures are in place to minimise the risk of exposure.

5. Food provision and catering

Our school will manage the risk of food allergy and provide clear information on allergens in food provided by:

- ensuring the contract with the school catering company is compliant with Food Information Regulations 2014 allergen management requirements;
- ensuring school caterers provide information on food allergens to parents/carers, and that this is available for pupils to check independently;
- providing pupils' allergen information to caterers in a timely manner to ensure pupils can eat safely;
- enabling parents/carers to liaise with the catering company or school chef;
- identifying pupils with allergies at the point of service by sharing medical information with the catering provider (Willoughby Foods) and ensuring that meals provided for children with allergies are checked by two adults before being served.
- ensuring that food is always labelled, as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ('may contain') labelling. This applies to food used within the classroom curriculum (e.g. cooking) as well as food from the school kitchen or canteen; and
- teaching pupils not to share, trade or swap food, utensils or food containers, and why this matters.
- requiring catering staff to notify the allergy lead/school nurse/medical officer of any recipe, ingredient or supplier change before an affected dish is served, so that allergen information and cross-contact controls remain accurate and up to date.

When staff provide food for pupils, 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 be sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school-led breakfast and after-school provision. Where this is provided by a third party, our school ensures that this policy is shared and that the third-party provider meets the same procedures. These procedures apply to the school's breakfast provision, which is operated directly by the school. Food provided at breakfast club is managed in accordance with the arrangements set out in this policy. After-school wraparound provision is delivered by Sunshine Children's Centre.

This also applies to third-party providers running non-food extracurricular activities on site outside the school day (for example sports coaches, or dance or drama clubs): they are told which pupils in their group have allergies, where the nearest spare adrenaline device is kept, and how to raise the alarm in an emergency.

Best practise: Ensuring that PFTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary, and that PTA members serving food have a basic awareness of allergen management (signpost to free FSA training).

Pupils eligible for benefits-based Free School Meals are entitled to their free school meal entitlement. The school will work with parents/carers to determine the best way of ensuring pupils receive their meal safely.

6. Medication and adrenaline devices

Individuals 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; and
- when on visits or trips.

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for, and to carry, their own **two** AAIs on them at all times in a suitable bag/container. For younger pupils or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit kept within five minutes of them, not locked away and **accessible to all staff**.

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 the pupil in the classroom, it 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 exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

It is the responsibility of the pupil's parents to ensure the adrenaline pens are up to date and clearly labelled; however, the allergy lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to ensure they can obtain replacement devices in good time.

7. 'Spare' adrenaline devices

The Human Medicines (Amendment) Regulations 2017 allow schools to purchase and hold 'spare' adrenaline devices without an individual prescription. This is a separate legal provision from the exemption that allows those devices to be administered in an emergency (see Regulation 238 below) — for example to a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

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

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

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

These are stored in the school's Anaphylaxis Kitt(s), which is clearly labelled 'Emergency Allergy Medication' to avoid any confusion with devices prescribed to a named person. These are kept safely, not locked away, and are **accessible and known to all staff**. The school holds several orange Kitt Medical keys with which they can access the medication, and also holds a spare

key in an 'Emergency Break to Access' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.

The school holds spare adrenaline auto-injectors. The specific brand may vary according to supplier availability. The school holds at least one 0.15mg device and one 0.3mg device and aims to maintain two of each strength wherever possible. The dose(s) held must be unambiguous and device-specific, confirmed with an appropriate healthcare professional (for example the prescribing GP, allergy clinic, or the school's clinical adviser) — staff should never be left to interpret overlapping or conflicting age- or weight-based criteria during an emergency.

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

Print Room adjacent to the Main Office

The allergy lead **is responsible for checking that adrenaline devices are in date and remain clear (not** cloudy) on a monthly basis, using reminder prompts scheduled on the Kitt Medical Portal - this check must be logged as completed on the Kitt Medical Portal. Kitt Medical will track the expiry dates on the pens and send replenishments ahead of the expiration date at the end of the month. The receipt of the new adrenaline pens must be recorded promptly on the Kitt Medical Portal for compliance to the provided service, and to allow for the continuous tracking of the expiry dates on the adrenaline devices. A named deputy is also identified for this role, so that monthly checks continue uninterrupted during the lead's absence.

Adrenaline devices that are used will be disposed of in a sharps box, kept in the school office**,** or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box, the school should register with the Local Authority, which will arrange collection.

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

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

9. Pupil self-management

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for, and to always carry, their own two adrenaline devices in a suitable bag/container.

Older pupils and teenagers 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.

10. Staff training and emergency response

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

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

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

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

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

Emergency preparedness

Our school will annually hold a practice response to anaphylaxis, review how the practice went, and update policy and procedures accordingly.

In addition to this annual practice, our school runs short 'allergy drills' at least termly, in which staff practise locating the nearest spare adrenaline device and simulating its use on a trainer pen, timed to check the full response can be completed within the 5-minute target. Drills are logged and any delays or issues found are fed back into this policy and staff training.

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

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

Our school will communicate key messages regarding risk reduction leading up to festivals, trips and end-of-term celebrations.

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

11. Roles and responsibilities

Governing body:

The governing body 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 monitor this policy, with it being a standing agenda item at meetings. Our school has a named governor who works closely with the allergy lead and reports to those meetings, including an annual summary of allergy incidents and

near misses, any trends identified, and any significant gaps in policy or practice, so the relevant committee can provide assurance that this policy is being implemented consistently.

Our school includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Allergy lead

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

The allergy lead is responsible for:

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

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

All staff

Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency;
- supporting the creation of a pupil's IHP;
- implementing a pupil's IHP;

- creating an inclusive curriculum;
- curriculum adaptation to minimise risks;
- completing risk assessments for curriculum activities involving food, and for trips and visits including sporting events;
- being aware of the pupils in their care who have known allergies — an allergic reaction could occur at any time, not just at mealtimes — and planning any food-related, craft, science, musical or cooking activity, or activity involving animals, with allergy risk in mind, supervised with due caution;
- building proactive relationships with parents/carers; and
- reporting near misses and incidents.

Parents

Responsible for:

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

Pupil responsibilities

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

12. Identification of individuals with allergies

Admissions data collection

Our school collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission through admission forms, medical information forms and information recorded on Arbor

Information sharing

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

Transition

Allergy information and existing care plans are shared as part of a pupil's transition. Our school will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Our school works with parents/carers and the pupil, if appropriate, to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff

Pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, there will be a discussion and an action plan created to ensure the member of staff has a safe working environment. Information is collected through recruitment and employment processes and discussed with the member of staff where necessary. Appropriate risk assessments and workplace adjustments will be implemented where required.

Visitors and regular volunteers

Visitors and regular volunteers will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead/school nurse/medical officer will be notified, and this information will be communicated as necessary to ensure the visitor or volunteer has a safe working environment. Visitors and regular volunteers are encouraged to inform the school of significant allergies in advance where possible. Relevant information will be shared with staff on a need-to-know basis to ensure a safe environment.

13. Individual Healthcare Plans and Allergy Action Plans

Allergy Action Plans

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

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

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure a pupil is fully included in the life of the school. They identify the exact risk-mitigation measures that need to be followed.

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

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

Where a pupil has an Allergy Action Plan and/or an asthma plan, this must be included with the IHP.

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

Our school will ensure that:

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

14. School trips and external visits

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

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication, including adrenaline devices, with them before departure. Pupils 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. The school will provide additional spare adrenaline devices should the risk assessment for the trip deem this necessary, ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Prior to departure, staff will check that all required medication is present and accessible. The trip leader will carry relevant healthcare information and emergency contact details for all children with identified medical needs. A named first aider will be designated for every educational visit, and allergy information will be incorporated into the visit risk assessment to ensure appropriate control measures are in place.

Our 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 pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

15. Serious incidents and 'near misses'

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

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

Our school School uses CPOMS, the Local Authority accident reporting system and the Kitt Medical Portal 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.

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

Our school will share the report with the pupil's parents/carers, the pupil, and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons-learned review. Our school will confirm what it has learned from the incident and outline any actions it is taking as a result, recording these as corrective actions with an owner and target date, and tracking them to completion. The pupil's IHP will be updated if necessary.

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

16. Wellbeing and support

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

Our school:

- regularly communicates to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks;
- includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE — for example, allergy assemblies provided by Kitt Medical;
- displays allergy awareness posters around the school, available to download from the Kitt Medical Portal;
- plans school celebrations, rewards, and communal events inclusively from the outset, to eliminate social isolation;
- manages seating and supervision at lunch and mealtimes to reduce the risk of cross-contact, without requiring pupils with allergies to sit apart from friends or at a separate 'allergy table' — for example through table-wiping routines, designated allergen-safe zones, or supervised seating that keeps the pupil included;
- involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management;
- understands that allergy bullying is extremely serious, and actively monitors, prevents and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints. Any deliberate or

malicious exposure of a pupil to a known allergen is treated as a serious incident (see section 15) and considered under the school's safeguarding and behaviour procedures (see section 17);

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

- promotes an inclusive culture where children with allergies can participate fully in school life;
- includes allergy awareness through PSHE and wider personal development provision; and
- works proactively with parents/carers to support children who may feel anxious about managing allergies in school.

17. Safeguarding

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

18. Unacceptable practice

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

19. 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 guidance.

20. Statutory duties

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

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

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

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

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

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

The Early Years Foundation Stage (EYFS) statutory framework.

21. Further reading and useful links

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

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

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

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

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

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

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

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

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

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

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

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

Notes for Schools: Allergy Safety Policy

This template for this policy is compliant with the Allergy Safety in Schools statutory guidance published in July 2026, issued under section 34 of the Children's Wellbeing and Schools Act 2026 (Benedict's Law)***, which requires local-authority-maintained schools, academies and Pupil Referral Units (PRUs) in England to have an allergy safety policy. This model policy draws on Anaphylaxis UK's model policy (as of July 2026), who have collaborated with Kitt Medical's online allergy training course, and has been adapted to include use of Kitt Medical's Anaphylaxis Kitt service. The policy must be tailored to each school, and information needing to be personalised is shown in orange text.***

Liability:

Kitt Medical does not accept any responsibility or liability for allergic reactions, health issues, harm, illness, personal injury, loss or damage arising out of or in connection with:

- the use or misuse of this allergy safety policy;
- the user's failure to implement procedures or practices as appropriate for the user's organisation;
- any acts or omissions by the user's employees, contractors, or any third parties; or
- any anaphylactic or medical incidents occurring within the user's organisation.

The user hereby irrevocably waives, releases, and discharges Kitt Medical from any claims, causes of action, demands, legal proceedings, or liabilities directly or indirectly related to any anaphylactic or medical incidents occurring within the user's organisation.

To the fullest extent permitted by applicable law, Kitt Medical excludes all liability for direct, indirect, incidental, special, consequential, or punitive losses or damages, whether arising in contract, tort, negligence, statutory duty, or otherwise, in connection with the use of this policy.

Nothing in this disclaimer will limit any liability which cannot be excluded, including liability for:

- death or personal injury caused by negligence; and
- fraud or fraudulent misrepresentation.

The user's use, implementation and reliance on this policy constitutes acceptance of the terms of this disclaimer.

Definitions and Abbreviations:

Kitt Medical Portal	A secure online management system by Kitt Medical for schools and businesses that are subscribed to the service. Admin users can track staff CPD-training completion, monitor adrenaline auto-injector expiration dates, complete routine checkups, and access policy templates, allergy resources and incident report forms.
AAI	Adrenaline Auto-Injector (e.g. EpiPen or Jext)
CPR	Cardiopulmonary Resuscitation
PTA	Parent Teacher Associations
FSA	Food Standards Agency
Anaphylaxis Kitt	The wall-mounted kit provided by Kitt Medical, containing the 'spare' adrenaline auto-injectors. It can be opened using one of the keys provided (either on a lanyard or in the 'Emergency Break for Access' box, also all provided by Kitt Medical.
Sharps bin	A rigid, puncture-resistant plastic box with a secure lid. It is used for the safe storage and disposal of sharp medical items - such as needles, syringes, lancets, and scalpels - to prevent accidental cuts, punctures, and the spread of infections.
Adrenaline trainer devices	A reusable, non-active practice tool that simulates a real adrenaline auto-injector. It contains no actual medication or hidden needle.
Allergy Action Plan	A personalised, written medical document created by a healthcare professional. It details a person's specific allergies, outlines how to identify mild-to-moderate versus severe (anaphylaxis) symptoms, and provides step-by-step instructions on emergency medication administration and contact protocols.
HSE	Health and Safety Executive.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. UK schools must report specific work-related accidents, occupational diseases, and near-miss dangerous occurrences to the Health and Safety Executive.
Individual Healthcare Plan (IHP or IHCP)	A formal written document that outlines a student's specific medical or health conditions and details how school staff should manage their daily care and handle potential emergencies.
IgE food allergy	A rapid, immune system-driven reaction where the body produces immunoglobulin E antibodies specific to a food protein. When the specific food is eaten, these antibodies trigger the release of histamine and other chemicals, causing symptoms within minutes to two hours.
Non-IgE food allergy	A delayed immune reaction to food proteins that usually affects the digestive tract or skin. Symptoms appear hours or days after eating.