St Paul's
Church of England Primary School

ST PAUL'S C.E. PRIMARY SCHOOL

ALLERGY & ANAPHYLAXIS SAFETY POLICY

September 2026 – September 2027

Document owner	V. Walton/Danielle Harvey Named Senior Leader for Allergy Safety
Operational lead	Danielle Harvey
Approved by	LAB
Approval date	October 2026
Effective from	1 September 2026
Review date	September 2027, or sooner following an incident/near miss or significant guidance change

Policy statement

St Paul's C.E. Primary School is committed to providing a safe, inclusive environment for pupils, staff and visitors with allergies. The school will take proportionate steps to reduce exposure to known allergens, ensure staff can recognise and respond to anaphylaxis, provide appropriate emergency arrangements, and ensure pupils with allergies are not unnecessarily excluded from school life.

This policy has been updated for September 2026 to reflect the Department for Education's statutory guidance 'Allergy safety in schools', published 6 July 2026. The guidance requires schools to have and publish an allergy safety policy and sets expectations around staff training, Individual Healthcare Plans, emergency arrangements, and learning from serious incidents and near misses.

The school will also continue to follow the statutory guidance 'Supporting pupils with medical conditions at school' until the Department for Education publishes its revised version.

Document control

Version	September 2026
Date written / updated	August 2026
Written by	V. Walton
Next review	September 2027
Related policy	Supporting Pupils with Medical Conditions / Medicines Policy
Published	School website and available in hard copy on request

1. Purpose and scope

The purpose of this policy is to minimise the risk of a pupil, member of staff or visitor suffering an allergic reaction at school or during a school-related activity, while recognising that no school can guarantee an allergen-free environment.

The policy applies across the whole school day and to educational visits, residentials, clubs, sporting fixtures, catering, classroom activities, celebrations and other activities organised or supervised by the school.

It covers pupils with diagnosed or suspected allergy, including food, medication, insect venom, latex and other relevant allergens. Support will be based on individual need; a formal diagnosis is not required before reasonable interim safety arrangements are considered.

2. Legislative and guidance framework

• Department for Education, Allergy safety in schools statutory guidance (published 6 July 2026; in force from September 2026).

• Children's Wellbeing and Schools Act 2026 provisions concerning allergy safety in schools.

• Department for Education, Supporting pupils with medical conditions at school statutory guidance, which remains in force pending the planned update.

• Food Information Regulations 2014 and applicable allergen information requirements, including Natasha's Law where relevant.

• Equality Act 2010 and the duty to make reasonable adjustments where applicable.

• Keeping Children Safe in Education 2026 and the school's Child Protection and Safeguarding Policy where allergy-related bullying, deliberate exposure or other safeguarding concerns arise.

• Relevant clinical advice, BSACI Allergy Action Plans and manufacturer instructions for adrenaline auto-injectors.

3. Roles and responsibilities

3.1 Governing body / Academy Board

• Ensure an allergy safety policy is in place, published, implemented and reviewed at least annually.

• Ensure allergy-related risks are included within the school's wider risk-management arrangements.

• Provide challenge and oversight through the named governor responsible for medical conditions / allergy safety.

• Ensure serious incidents and near misses are reviewed and lessons are acted upon.

3.2 Headteacher / named senior leader for allergy safety

• Lead implementation of this policy and ensure it is understood across the school.

• Ensure suitable arrangements, staffing, training and resources are in place.

• Ensure relevant supply, agency, temporary, volunteer and visiting staff receive appropriate allergy information.

• Oversee incident, near-miss and safety-drill reviews and ensure actions are completed.

3.3 SENDCo / Medical Needs Coordinator

• Coordinate pupil allergy information, IHPs and links with parent/carers and relevant health professionals.

• Coordinate staff allergy and anaphylaxis training and maintain the training record.

• Ensure current plans are accessible to staff who need them.

• Coordinate review following changes, incidents and near misses.

3.4 First Aid / welfare staff

• Maintain appropriate records of pupil medication and school-held spare AAIs.

• Check spare AAI stock and expiry dates in accordance with the school's checking schedule.

• Support emergency response and incident recording.

3.5 All staff

• Complete required allergy awareness and anaphylaxis training.

• Know which pupils in their care have allergies and how to access their emergency arrangements.

• Follow individual plans and never delay emergency treatment while seeking permission.

• Report incidents, concerns and near misses promptly.

3.6 Parents/carers

• Inform school promptly of allergies, previous anaphylaxis and changes in treatment.

• Provide current clinician-completed Allergy Action Plans where applicable.

• Provide prescribed medication/AAIs in accordance with school arrangements and replace them before expiry or after use.

• Attend reviews and provide updated information.

3.7 Pupils

• Be supported to understand their allergy at an age-appropriate level.

• Tell an adult immediately if they feel unwell or believe they have been exposed to an allergen.

• Where appropriate and clinically supported, develop independence in carrying and using their own AAI.

4. Identification, records and Individual Healthcare Plans

On admission and whenever a new allergy is identified, the school will obtain relevant information from the parent/carer and, where appropriate, healthcare professionals. The school will determine whether an Individual Healthcare Plan (IHP) is required. Where active school management, medication, emergency treatment, reasonable adjustments or other specific arrangements are needed, an IHP will normally be appropriate.

The IHP is owned by the school and describes the arrangements St Paul's will put in place for the individual pupil. It is not a clinical document. A clinician-completed Allergy Action Plan should be attached and used alongside the IHP where provided.

IHPs will be reviewed at least annually and sooner where there is a change in diagnosis, medication, circumstances, school arrangements, or following a significant incident or near miss. DfE guidance specifically identifies IHPs as a key part of allergy safety.

• Allergy information will be shared on a need-to-know basis with relevant teaching, welfare, catering, trip and activity staff.

• Supply and temporary staff will receive the information necessary to keep pupils safe.

• Records will be handled in line with the school's data protection arrangements.

• Allergy information will be clearly available in emergency situations without creating unnecessary disclosure.

5. Allergy Action Plans and emergency treatment

The school recommends the use of the current BSACI Allergy Action Plan where clinically appropriate. Parents/carers are responsible for obtaining and supplying the completed plan.

5.1 Recognising anaphylaxis

• Swelling of the mouth or throat.

• Difficulty swallowing or speaking.

• Difficulty breathing, wheezing or severe respiratory distress.

• Sudden collapse, unconsciousness or signs of circulatory compromise.

• Widespread hives/rash, flushing or angioedema may occur but skin symptoms are not always present.

• Abdominal pain, vomiting, sudden weakness or a rapidly worsening reaction may occur.

If a pupil has been exposed to a known allergen and develops symptoms consistent with anaphylaxis, staff should treat this as an emergency and follow the pupil's Allergy Action Plan.

5.2 Emergency response

• Stay with the child and send for help.

• Administer the prescribed adrenaline auto-injector without delay where indicated by the child's plan / clinical guidance.

• **Call 999 and state 'ANAPHYLAXIS'.**

• Note the time the AAI was given.

• Follow the child's individual emergency plan and instructions from the emergency services.

• If a second AAI is available and symptoms persist or return, administer it in accordance with the child's plan and emergency-service guidance.

• Do **not** allow the child to walk around unnecessarily. Position them according to their condition and current emergency guidance.

• If there are no signs of life, commence CPR and follow 999 instructions.

• Contact the parent/carer as soon as practicable.

• Send the child's medication and action plan with them to hospital where possible.

• All pupils treated for anaphylaxis must receive emergency medical assessment.

6. Medication, AAI storage and checking

Medication must be clearly labelled, accessible and stored in accordance with the individual plan and manufacturer requirements. Prescribed AAIs must not be stored where access would be unreasonably delayed.

• Parents/carers remain responsible for supplying and replacing prescribed medication.

• School staff will check pupil medication at least termly and remind parents/carers when expiry is approaching.

• Spare school AAIs will be stored in clearly identified, accessible locations known to staff and included in the school's emergency arrangements.

• Spare AAIs will be checked at least monthly for expiry, damage and availability, with checks recorded.

• Emergency medication will be available during evacuation and off-site activities.

• Used AAIs are single-use devices and will be handled/disposed of in accordance with clinical/manufacturer guidance and local arrangements.

St Paul's currently holds two spare AAIs: one set in the main building staff room and one in the emergency grab bag. These arrangements must remain accessible, known to staff and reviewed if the school layout or emergency arrangements change.

7. Spare AAIs

The school holds spare adrenaline auto-injectors for emergency use where appropriate. Written parental consent for use will be recorded as part of the pupil's allergy/IHP documentation. Where an undiagnosed person appears to be suffering anaphylaxis, staff should call 999 immediately and follow emergency-service advice regarding use of a spare AAI.

The school will monitor DfE requirements and any subsequent regulations concerning the stocking, storage, checking and use of spare AAIs and will update this policy accordingly. The current DfE guidance expressly expects schools to stock spare AAIs and provides supporting templates.

8. Staff training and competency

All staff will receive allergy awareness and anaphylaxis training appropriate to their role. This includes permanent, part-time, supply, agency, temporary and relevant volunteer staff.

• Common allergens and routes of exposure.

• Signs and symptoms of allergic reactions and anaphylaxis.

• When emergency services should be called.

• How and when to use an adrenaline auto-injector, including practical trainer-device practice.

• Allergen avoidance and reduction of exposure risk.

• Roles and responsibilities.

• Individual pupil plans and emergency arrangements.

• Associated conditions such as asthma.

• Medication storage and accessibility.

• How and why incidents and near misses must be reported.

New staff will receive allergy information as part of induction and training will be refreshed as required. Training records will be maintained. The DfE guidance identifies allergy safety training for staff as a core element of school arrangements.

9. Catering and food management

• The school/catering provider will maintain systems for identifying pupils with food allergies and communicating allergen information.

• Relevant catering staff will have access to current allergy information and will be informed promptly of changes.

• Allergen information will be managed in accordance with applicable food law and school catering procedures.

• Controls will be used to minimise cross-contamination, including appropriate cleaning, utensil/equipment controls and food preparation arrangements.

• Food will not be given to a food-allergic primary-aged child without appropriate parental engagement/permission in accordance with school arrangements.

• Food brought from home should be clearly labelled with the child's name where appropriate.

• Foods containing nuts are discouraged from being brought into school; the school does not claim to be a completely nut-free environment.

• Food used in cooking, science, art, crafts, celebrations and events will be considered through the relevant risk assessment.

10. Inclusion, equality and safeguarding

Pupils with allergies will be supported to participate fully in school life. The school will make reasonable adjustments where required and will avoid unnecessary segregation or exclusion.

• Allergy-related bullying, teasing, threats or deliberate exposure will not be tolerated.

• Deliberately exposing a pupil to a known allergen, taking or hiding medication, or coercing a pupil to eat a food may constitute a safeguarding and/or behaviour concern and will be addressed under the relevant school policies.

• Staff will remain alert to the possibility that a pupil may minimise symptoms because they are embarrassed, worried about missing an activity or being singled out.

• Information will be shared sensitively and pupils will not be publicly labelled or unnecessarily identified.

• Where an allergy creates a disability-related need, reasonable adjustments will be considered in line with the Equality Act 2010.

11. Educational visits, clubs and sports

• All relevant emergency medication and plans will accompany the pupil.

• At least one appropriately trained member of staff will accompany the pupil where needed.

• Visit risk assessments will consider allergen exposure, catering, transport, activities, venue arrangements and emergency access.

• Pupils will not be excluded solely because they have an allergy where safe arrangements can reasonably be made.

• Residential visits require additional planning with parents/carers, venue staff and catering providers.

• Sports fixtures will be planned so that trained staff and emergency medication are available.

• Supply/agency staff accompanying visits will receive relevant allergy information before departure.

12. Allergy awareness and whole-school culture

The school will promote an allergy-aware culture rather than relying on blanket allergen-free claims. Pupils will receive age-appropriate education about allergies, recognising that children can have their first allergic reaction at school.

• No food sharing.

• Do not pressure another pupil to eat or try food.

• Tell an adult if someone becomes unwell after eating or being exposed to something.

• Respect classmates' medical needs.

• Never interfere with another pupil's medication.

13. Risk assessment and school risk register

An individual allergy risk assessment will be completed for pupils where required and reviewed when circumstances change. Allergy-related risks will also be considered within the school's wider risk-management arrangements.

• Classroom and curriculum activities.

• Food, cooking, celebrations and rewards.

• Dining and food preparation.

• Playtime and lunchtime.

• PE and sports.

• Clubs and extended provision.

• Educational visits and residentials.

• Transport.

• Visitors and temporary staff.

• Medication access and emergency evacuation.

14. Serious incidents, near misses and learning

All serious allergy incidents and near misses will be recorded as soon as reasonably practicable. The parent/carer and pupil, where appropriate, will be given an opportunity to contribute to the review.

The Headteacher/named senior leader and designated governor will consider whether the incident could reasonably have been foreseen, whether procedures were followed, whether policies and IHP arrangements were adequate, and what changes are required. The review will consider staff training, equipment, catering, risk assessment, communication and supervision.

Near misses are treated as valuable opportunities to identify weaknesses before harm occurs. The outcome of reviews will be recorded and actions monitored to completion. This approach reflects the DfE's 2026 emphasis on recording and learning from serious incidents and near misses.

15. Allergy safety drills

The school will consider periodic allergy emergency drills or scenario-based training, without placing any child at risk. A drill may test how quickly staff identify the pupil, locate emergency medication, call for help and follow the emergency response procedure. The outcome will be recorded and any weaknesses addressed.

A drill must never involve administering a real AAI to a child as part of the exercise.

16. Monitoring, audit and review

• The policy will be reviewed at least annually and sooner following a significant incident, near miss, safety drill or material change in guidance.

• An annual allergy safety audit will check IHPs, action plans, medication, spare AAI stock, staff training, catering, risk assessments, visits, incidents and safeguarding.

• Actions arising from audits and incident reviews will have named owners and deadlines.

• Governors/academy board will receive appropriate assurance about allergy safety arrangements.

• The policy will be published on the school website and made available in hard copy on request.

17. Linked policies and documents

• Child Protection and Safeguarding Policy.

• Supporting Pupils with Medical Conditions Policy.

• Medicines / Administration of Medication Policy.

• First Aid Policy.

• SEND Policy.

• Equality Policy.

• Behaviour Policy.

• Educational Visits Policy.

• Health & Safety Policy.

• Food Safety / Catering arrangements.

• School risk register.

• Individual Healthcare Plans and clinician-completed Allergy Action Plans.

18. Useful official guidance

Department for Education – Allergy safety in schools: statutory guidance, policy template and IHP template.

Department for Education – Supporting pupils with medical conditions at school.

Keeping Children Safe in Education 2026, effective from 1 September 2026.

Anaphylaxis UK / BSACI resources should be used for current clinical and Allergy Action Plan information where appropriate.

APPENDICES – SCHOOL FORMS AND TEMPLATES

These forms are designed to sit alongside the policy. Clinical Allergy Action Plans remain the responsibility of the parent/carer and relevant healthcare professional.

Appendix A – Parent/Carer Allergy Information and Consent Form

Child's full name	
Date of birth	
Class / year group	
Parent/carer name(s)	
Emergency contact number(s)	
Allergy / suspected allergy	
Known allergen(s)	
Previous reactions / anaphylaxis history	
Date of most recent reaction	
Known triggers / exposure routes	
Early symptoms	
Severe symptoms / anaphylaxis signs	
Prescribed AAI(s): brand / dose / quantity	
Other prescribed medication	
Medication storage/carry arrangements	
Child carries own medication?	Yes / No / With support
Healthcare professional / allergy team	
Additional information	

I confirm the information is accurate and I will inform school immediately of any changes. I will provide current medication and updated clinical plans as required.

Parent/carer signature: _____ Date: _____

School representative: _____ Date: _____

Appendix B – Individual Healthcare Plan (IHP): Allergy

This plan should be completed by the school with the parent/carer and, where appropriate, the pupil and healthcare professional. Attach the current clinician-completed Allergy Action Plan.

Pupil	
Class/year	
Allergy diagnosis / suspected allergy	
Allergen(s)	
Known triggers / exposure routes	
Symptoms requiring action	
Usual emergency treatment	
AAI brand/dose	
Number of prescribed AAIs	
Medication location(s)	
Spare AAI location(s)	
Who can administer / support?	
Other medication / inhaler	
Asthma present?	Yes / No
Risk factors	
Preventative measures	
Catering arrangements	
Classroom/curriculum adjustments	
Playtime/lunchtime arrangements	
PE/sports	
Educational visits/residentials	
Pupil independence	
How pupil asks for help	
Staff who need information	
Parent/pupil concerns	
Review date	

Parent/carer: _____ Pupil (where appropriate): _____

School representative: _____ Date agreed: _____ Review date: _____

Appendix C – Consent to Administer Medication and Emergency Spare AAI

Child	
DOB	
Medication / AAI	
Dose	
When/circumstances	
Repeat-dose instructions	
School storage location	
Expiry date	

I/We give permission for appropriately trained school staff to administer my child's prescribed medication in accordance with the current IHP/clinical action plan.

Where applicable, I/we also consent to the use of a school-held spare AAI in an emergency where the child's own prescribed device is unavailable, unusable or not immediately available, in accordance with the school policy and emergency guidance.

Parent/carer signature: _____ Date: _____

Appendix D – Individual Allergy Risk Assessment

Pupil/class	
Allergen(s)	
Date completed	
Completed by	
Review date	
People consulted	

Hazard / situation	Who may be harmed?	Existing controls	Further action	Responsible person / review

Consider: food/cooking; dining; classroom materials; crafts/science; play/lunchtime; PE; clubs; celebrations; trips; transport; visitors/supply staff; medication access; evacuation; bullying/deliberate exposure.

Appendix E – Allergy Emergency Response Plan

DISPLAY / KEEP ACCESSIBLE IN AGREED STAFF LOCATIONS

• Stay with the child and send for help.

• Use adrenaline without delay where indicated by the individual plan / clinical guidance.

• Call 999 and state ANAPHYLAXIS.

• Record the time the AAI was given.

• Follow the individual action plan and emergency-service instructions.

• Administer a second AAI if indicated and available.

• Do not leave the child alone; avoid unnecessary movement.

• If no signs of life, commence CPR and follow 999 instructions.

• Contact parent/carer as soon as practicable.

• Ensure emergency medication/action plan accompany the child to hospital where possible.

• Record and review the incident afterwards.

Pupil	
Class	
Allergen	
Prescribed AAI location	
Spare AAI location	
Emergency grab bag	
Trained staff	
Parent/carer	
Additional instructions	

Appendix F – Medication / AAI Check Record

Date	Pupil/spare AAI	Brand/medication	Dose	Expiry	Condition/quantity	Checked by/action

Appendix G – Staff Allergy & Anaphylaxis Training Record

Staff name	Role	Date	Provider/method	Practical AAI	Pupil-specific briefing	Trainer/signature

Appendix H – Allergy Incident / Near-Miss Record

Date/time	
Pupil/class	
Location/activity	
Allergen/suspected trigger	
What happened?	
Symptoms	
Medication/AAI and time	
999 called / time	
Hospital attendance	
Parent informed / time	
Staff/witnesses	
Immediate actions	
Incident or near miss	
What worked well?	
What could improve?	
Further actions	
Owner/deadline	
Senior leader/governor review	

Review questions: Could this have been reasonably foreseen? Were procedures followed? Were the policy and IHP adequate? Were staff trained? Was medication accessible? Were catering/communication/supervision controls effective? What changes are required?

Appendix I – Educational Visit / Residential Allergy Checklist

☐ Current IHP and clinical Allergy Action Plan checked.

☐ Emergency contacts confirmed.

☐ Prescribed medication/AAIs checked, in date and available.

☐ Spare AAI arrangements checked where relevant.

☐ Trained staff member accompanying.

☐ All supervising staff briefed.

☐ Transport allows immediate medication access.

☐ Venue/catering provider informed.

☐ Ingredients/cross-contamination arrangements checked.

☐ Activities risk assessed.

☐ Reasonable adjustments / alternatives arranged where needed.

☐ Emergency arrangements and nearest emergency department considered.

☐ Residential overnight staff and venue staff briefed.

☐ Medication carried in accordance with school arrangements.

☐ Any incident/near miss will be reported and reviewed.

Visit	
Date	
Visit leader	
Trained staff	
Parent consultation completed	Yes / No

Appendix J – Parent Annual Review / Change Notification

Child	
Class	
Date	
What has changed?	
New diagnosis/allergen	
New symptoms/reaction history	
New AAI/medication/dose	
Updated clinical action plan supplied?	Yes / No
Updated IHP required?	Yes / No
Other information	

Parent/carer signature: _____ Date: _____

School review completed by: _____ Date: _____

Next review date: _____

Appendix K – Annual Allergy Safety Audit

☐ Policy is current, approved and published.

☐ Named senior leader and governor are identified.

☐ All pupils requiring IHPs have current plans.

☐ Clinical Allergy Action Plans are current where applicable.

☐ Prescribed medication is in date and accessible.

☐ Spare AAIs are in date, accessible and checked.

☐ All staff have completed required allergy awareness training.

☐ New/supply/agency staff have an induction process.

☐ Catering/allergen information arrangements are working.

☐ Individual allergy risk assessments are current.

☐ Trips and residential procedures are embedded.

☐ Allergy-related bullying/deliberate exposure is addressed through safeguarding/behaviour systems.

☐ Incidents and near misses are recorded and reviewed.

☐ Any lessons learned have resulted in completed actions.

☐ Emergency allergy drills/scenario training have been considered and recorded.

☐ Allergy risks are included in wider risk management where appropriate.

Audit completed by: _____ Date: _____ Actions due: _____

Appendix L – Allergy Emergency Drill / Scenario Record

Date/time	
Scenario	
Staff involved	
Pupil identity used	
Time to identify emergency	
Time to locate AAI	
999 response tested?	
What went well?	
What needs improvement?	
Actions / owner / deadline	

No real AAI should be administered to a child as part of a drill.

Appendix M – Parent Information: Allergy Safety at St Paul's

St Paul's C.E. Primary School is committed to keeping children with allergies safe while ensuring they take part fully in school life.

What we ask parents to do

• Tell us about your child's allergy as soon as possible.

• Provide a current clinician-completed Allergy Action Plan where applicable.

• Provide prescribed AAIs and other medication in date and replace them promptly.

• Tell us immediately if medication, diagnosis, symptoms or treatment changes.

• Work with us to complete/review the Individual Healthcare Plan and risk assessment.

What school will do

• Ensure relevant staff know how to recognise and respond to anaphylaxis.

• Provide allergy awareness training to staff.

• Keep appropriate emergency medication accessible.

• Work with families on IHPs and risk assessments.

• Work with catering staff to manage allergen information and reduce cross-contamination risks.

• Include children with allergies in trips, clubs, sports and school activities wherever it is safe and reasonably possible.

• Record and learn from serious incidents and near misses.

If your child has an allergy or you are concerned about their allergy management in school, please contact the school office/SENDCo so that arrangements can be reviewed.