ALLERGY SAFETY POLICY

Highcliffe Primary School - September 2026

Approved by:
Date approved: September 2026
Effective from: 1 September 2026
Review date: September 2027

1. POLICY STATEMENT

Highcliffe Primary is committed to providing a safe, inclusive and supportive environment for all pupils with allergies.

The school recognises that allergic reactions can range from mild symptoms to life-threatening anaphylaxis and that anaphylaxis is a medical emergency requiring immediate treatment.

The school will take reasonable and proportionate steps to:

- identify pupils, staff and regular visitors with known allergies;
- reduce the risk of exposure to known allergens;
- ensure pupils with allergies have rapid access to their prescribed emergency medication;
- maintain appropriate spare adrenaline auto-injectors (AAIs) for emergency use;
- ensure all staff receive appropriate allergy awareness training;
- ensure staff understand how to recognise and respond to anaphylaxis;
- maintain appropriate Individual Healthcare Plans (IHPs);
- ensure children with allergies can participate safely in school activities, trips and educational visits;
- manage food allergens safely;
- record, report and learn from serious incidents and near misses;
- promote the wellbeing, dignity and inclusion of children with allergies;
- ensure allergy-related safeguarding concerns are appropriately addressed.

This policy is intended to operate alongside the school's:

- Medical Conditions Policy;
- First Aid Policy;

- Supporting Pupils with Medical Conditions procedures;
- Food and Catering Policy;
- Safeguarding and Child Protection Policy;
- SEND Policy;
- Educational Visits Policy;
- Health and Safety Policy;
- Equality Policy;
- Attendance Policy;
- Behaviour and Anti-Bullying Policy;
- Data Protection and Privacy Policy.

2. STATUTORY FRAMEWORK

This policy has been developed to reflect the requirements applying from September 2026, including:

- Section 100 of the Children and Families Act 2014, as amended by the Children's Wellbeing and Schools Act 2026;
- Department for Education **Allergy safety in schools: statutory guidance**, July 2026;
- Department for Education guidance on supporting pupils with medical conditions at school;
- Keeping Children Safe in Education 2026;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Human Medicines (Amendment) Regulations 2017;
- Food Information Regulations 2014;
- applicable Food Standards Agency guidance;
- Natasha's Law requirements relating to prepacked for direct sale food;
- relevant local authority safeguarding and public health procedures.

The governing body/proprietor will have regard to the DfE statutory guidance when fulfilling its allergy safety duties.

The school's allergy safety policy will be:

- approved through the school's governance arrangements;
- reviewed at least annually;
- reviewed following a serious allergy incident or significant near miss;
- published on the school's website;
- made available to parents/carers and staff.

The DfE statutory guidance states that schools should have a dedicated allergy safety policy covering identification of allergy, risk reduction, staff training, prescribed and spare adrenaline devices, trips, Individual Healthcare Plans and pupil wellbeing

3. SCOPE

This policy applies to:

- all pupils;
- all staff;
- supply staff;
- agency staff;
- volunteers;
- governors and trustees where relevant;
- contractors;
- catering staff;
- breakfast and after-school club staff;
- visitors;
- staff supervising pupils outside normal school hours;
- pupils attending school trips and educational visits.

The policy applies throughout the school day and to all school-related activities, including:

- lessons;
- break and lunchtime;
- breakfast clubs;
- after-school clubs;
- PE and sport;

- school trips;
- residential visits;
- educational visits;
- school transport arrangements;
- examinations;
- food technology;
- practical lessons;
- school events;
- activities held away from school.

4. DEFINITION OF ALLERGY

An allergy occurs when the body's immune system reacts abnormally to a normally harmless substance.

Allergens may include:

- food;
- insect stings;
- medicines;
- latex;
- animal dander;
- pollen;
- dust mites;
- mould;
- chemicals or contact allergens.

Anaphylaxis is a potentially life-threatening allergic reaction affecting the airway, breathing and/or circulation.

The school recognises that allergies may be:

- diagnosed;
- suspected;
- newly presenting;
- severe or potentially life-threatening;

- associated with asthma;
- associated with other medical conditions.

5. ALLERGY, INTOLERANCE AND COELIAC DISEASE

The school will distinguish between:

Allergy

An immune-system response that can, in some circumstances, result in anaphylaxis.

Food intolerance

A non-immune response to a food or food ingredient. Food intolerance does not cause anaphylaxis but may cause significant illness.

Coeliac disease

An autoimmune condition associated with gluten exposure. Coeliac disease does not itself cause anaphylaxis, although a child may have both coeliac disease and an allergy.

All three conditions will be taken seriously and managed through the school's wider medical and dietary arrangements.

6. RESPONSIBILITY FOR ALLERGY SAFETY

The school will appoint a named senior leader responsible for allergy safety.

Named Allergy Lead:
Nicky King

Job title:
Head teacher

Contact:
Highcliffe Primary School

The governing body/trust will appoint a named governor/trustee with oversight of allergy safety.

Named Governor:
Miss Hazel Parker

The Allergy Lead will work closely with:

- the Headteacher;
- Designated Safeguarding Lead;
- SENCO;

- first aid lead;
- school nurse/health professionals;
- catering provider;
- educational visits coordinator;
- premises/health and safety lead;
- parents/carers;
- pupils;
- relevant healthcare professionals.

7. IDENTIFICATION OF PUPILS WITH ALLERGIES

The school will maintain an accurate and appropriately confidential allergy register.

Parents/carers should inform the school as soon as possible if a child:

- has a diagnosed allergy;
- has experienced an allergic reaction;
- has been prescribed an adrenaline device;
- has been provided with an Allergy Action Plan;
- develops a new allergy;
- has a suspected allergy;
- requires emergency medication.

Where appropriate, the school will request:

- medical information;
- Allergy Action Plan;
- prescription information;
- details of prescribed adrenaline devices;
- medication instructions;
- relevant healthcare professional advice.

The school will update records whenever information changes.

8. INDIVIDUAL HEALTHCARE PLANS

A child whose allergy requires the school to make specific supportive arrangements will have an Individual Healthcare Plan (IHP).

The IHP will be developed in collaboration with:

- the child, where appropriate;
- parents/carers;
- school staff;
- relevant healthcare professionals where appropriate.

The IHP should specify, where applicable:

- the child's allergy;
- known allergens;
- signs and symptoms;
- emergency arrangements;
- prescribed medication;
- location of prescribed medication;
- whether the child self-administers;
- who may administer medication;
- emergency contact details;
- Allergy Action Plan;
- asthma arrangements where relevant;
- arrangements for school meals;
- arrangements for trips;
- sports and physical activity arrangements;
- known environmental triggers;
- reasonable adjustments;
- arrangements for supporting independence;
- consent arrangements;
- location of emergency equipment.

IHPs will be reviewed:

- at least annually;
- following a serious reaction;
- following a significant near miss;
- following a change in diagnosis;
- following a change in medication;
- following a change in healthcare advice;
- when a child moves between settings where appropriate.

9. ALLERGY ACTION PLANS

Children with known food or insect-sting allergies should have an appropriate Allergy Action Plan issued by their healthcare professional.

The school will ensure that relevant staff know:

- where the plan is stored;
- how to access it;
- the child's known allergen;
- symptoms of an allergic reaction;
- when adrenaline should be administered;
- how to contact emergency services.

The healthcare professional is responsible for determining the clinical content of the child's Allergy Action Plan.

10. PRESCRIBED ADRENALINE DEVICES

Children at risk of anaphylaxis who have been prescribed adrenaline devices must have rapid access to their prescribed medication.

The school will ensure that prescribed adrenaline devices are accessible:

- during lessons;
- during lunch;
- during break;
- during PE;
- on sports fields;
- during clubs;

- during school trips;
- during residential visits;
- while travelling as part of school activities.

Children who are able to manage their own medication safely will be encouraged, where appropriate, to keep their prescribed devices with them.

Where a child cannot safely carry their medication, it will be stored in a location that provides rapid access. - TBC

Children at risk of anaphylaxis should have access to both of their prescribed adrenaline devices at all times where two devices have been prescribed.

11. SPARE ADRENALINE AUTO-INJECTORS

The school will maintain spare adrenaline auto-injectors for emergency use.

Spare AAIs are not replacements for a child's prescribed medication.

The school will maintain the correct dosage appropriate to the age/needs of pupils attending the school.

Spare AAIs will be:

- located in the medical room/end office;
- stored in pairs;
- clearly labelled;
- readily accessible;
- available throughout the school day;
- stored so that they can be brought to a child within five minutes;
- kept at room temperature in accordance with manufacturer instructions;
- protected from extremes of heat;
- protected from direct sunlight;
- not refrigerated;
- not locked away in a location that would delay access.

The DfE guidance states that most schools will need two pairs of spare AAIs, depending on the age range and school type. It gives the following model arrangements:

Primary school

- one pair of 150 microgram AAIs for children under 6;
- one pair of 300 microgram AAIs for individuals over 6.

12. ALLERGY EMERGENCY KIT

The school will maintain clearly identified emergency allergy equipment.

The school's emergency allergy kit will contain, as appropriate:

- spare adrenaline auto-injectors in the required doses;
- copies/instructions relating to emergency use;
- emergency contact information;
- relevant emergency response guidance;
- emergency asthma reliever inhaler and spacers where the school operates an emergency asthma inhaler arrangement;
- appropriate records/checklists.

The emergency kit will be clearly marked:

EMERGENCY ANAPHYLAXIS KIT

The kit will be readily accessible but stored safely out of children's direct reach where necessary.

It must not be locked away if doing so would delay emergency treatment.

13. CHECKING SPARE ADRENALINE DEVICES

The school will maintain a regular checking system.

The responsible person will check:

- expiry date;
- physical condition;
- storage conditions;
- correct dosage;
- number of devices;
- accessibility;
- labelling;

- completeness of the emergency kit.

Checks will be recorded

AAIs approaching expiry will be replaced in sufficient time to maintain an adequate emergency stock.

Used or expired AAIs will be disposed of safely in accordance with manufacturer and medicines-disposal requirements.

The DfE guidance notes that used AAIs contain needles and should not simply be placed in ordinary rubbish. They may be handed to ambulance personnel, taken to a pharmacy or disposed of using an appropriate sharps disposal arrangement.

14. EMERGENCY ASTHMA EQUIPMENT

Because asthma and severe allergy may occur together, the school will maintain arrangements for emergency asthma treatment in accordance with applicable Department of Health and Social Care guidance.

Where the school holds an emergency salbutamol inhaler, it will also maintain appropriate spacers.

The emergency inhaler must only be used in accordance with the relevant legal and clinical requirements, including written consent arrangements.

An emergency asthma inhaler must **never be used instead of adrenaline where anaphylaxis is suspected**.

The DfE allergy guidance recommends that schools keep emergency asthma inhalers and spacers alongside spare adrenaline devices where appropriate.

15. EQUIPMENT CHECKLIST

The school will ensure that the following arrangements are in place:

Equipment/arrangement	September 2026 requirement/expectation
Prescribed adrenaline devices	Pupils must have rapid access to their prescribed devices
Spare AAIs	School emergency stock maintained
Spare AAIs stored in pairs	Yes
Correct AAI dosage	Appropriate to pupils' age/needs
Access within 5 minutes	Yes

Secure but not locked away	Yes
Room-temperature storage	Yes
Direct sunlight avoided	Yes
Expiry-date monitoring	Yes
Emergency allergy kit	Recommended and maintained by school
Allergy Action Plans	For pupils with relevant known allergies
Individual Healthcare Plans	Where supportive arrangements are required
Emergency asthma inhaler	Where the school operates an emergency inhaler arrangement
Asthma spacers	Where emergency inhaler arrangement applies
Emergency contact information	Maintained
Incident/near-miss recording system	Maintained
Staff training records	Maintained

16. RECOGNISING AN ALLERGIC REACTION

Symptoms may include:

- itchy or tingling mouth;
- swollen lips, face or eyes;
- hives;
- itchy skin;
- rash;
- abdominal pain;
- vomiting;
- sudden change in behaviour;
- throat tightness.

Symptoms of anaphylaxis may involve:

Airway

- swelling of the tongue or throat;
- difficulty swallowing;
- difficulty speaking;
- airway obstruction.

Breathing

- difficulty breathing;
- wheezing;
- persistent coughing;
- noisy breathing;
- sudden respiratory distress.

Circulation

- dizziness;
- collapse;
- pale or clammy appearance;
- fainting;
- loss of consciousness.

Anaphylaxis can occur without a skin rash.

17. EMERGENCY RESPONSE TO ANAPHYLAXIS

Anaphylaxis is a medical emergency.

If anaphylaxis is suspected:

1. **Follow the child's Allergy Action Plan where available.**
2. **Give adrenaline immediately.**
3. Use the child's prescribed adrenaline device if available.
4. If the prescribed device is unavailable, unsuitable, empty or has misfired, use the school's spare AAI where appropriate.
5. **Call 999 immediately and request an ambulance.**
6. State that the person is experiencing anaphylaxis.

7. Keep the child lying flat with their legs raised unless their breathing requires a different position.
8. Do not allow the child to stand or walk around.
9. Stay with the child.
10. A second adrenaline device may be required if symptoms do not improve or return, in accordance with emergency guidance and the child's plan.
11. Continue to monitor the child until emergency services arrive.
12. Provide the used adrenaline device to ambulance personnel where appropriate.
13. Notify parents/carers as soon as practicable.
14. Record the incident.
15. Conduct a review and identify lessons learned.

Adrenaline should be administered as soon as possible and within five minutes. Staff must not wait for an ambulance before giving adrenaline where anaphylaxis is suspected.

If in doubt, the school will treat the situation as anaphylaxis and seek emergency medical assistance.

18. MILD OR MODERATE ALLERGIC REACTIONS

A child experiencing an allergic reaction must be monitored carefully because reactions can worsen.

Staff will:

- follow the child's Allergy Action Plan;
- administer prescribed medication where authorised;
- seek medical advice where appropriate;
- monitor the child;
- remain alert to signs of anaphylaxis;
- escalate immediately if airway, breathing or circulation becomes affected.

The DfE guidance advises that a person experiencing an allergic reaction should remain under observation for at least 60 minutes because an initially less severe reaction can worsen.

19. STAFF ALLERGY AWARENESS TRAINING

All staff will receive allergy awareness training.

Training will cover:

- what allergy is;
- common allergens;
- food allergy;
- the difference between allergy, intolerance and coeliac disease;
- symptoms of allergic reactions;
- recognition of anaphylaxis;
- emergency response;
- use of prescribed adrenaline devices;
- use of spare adrenaline devices;
- location of emergency equipment;
- Allergy Action Plans;
- Individual Healthcare Plans;
- food safety;
- prevention of allergen exposure;
- pupil wellbeing;
- inclusion;
- reporting incidents and near misses.

Training will include:

- teaching staff;
- support staff;
- catering staff;
- first aiders;
- administrative staff;
- breakfast club staff;
- after-school club staff;
- staff supervising pupils during activities.

Relevant temporary, agency and supply staff will receive appropriate allergy safety information.

Training records will be maintained.

20. ALLERGEN AWARENESS

Staff involved in food provision will understand the 14 regulated allergens.

These are:

1. Cereals containing gluten;
2. Crustaceans;
3. Eggs;
4. Fish;
5. Peanuts;
6. Soybeans;
7. Milk;
8. Nuts;
9. Celery;
10. Mustard;
11. Sesame;
12. Sulphur dioxide and sulphites;
13. Lupin;
14. Molluscs.

21. FOOD PROVISION

The school will work with its catering provider to minimise allergy risks.

Food provision will include appropriate procedures for:

- identifying pupils with allergies;
- communicating allergy information to catering staff;
- checking ingredients;
- preventing cross-contact;
- preparing allergen-safe meals;

- serving meals safely;
- identifying meals for individual pupils;
- managing packed lunches;
- classroom food;
- food technology;
- cooking activities;
- school celebrations;
- breakfast clubs;
- after-school clubs;
- trips and residential visits.

The school will not rely solely on a child's ability to identify unsafe food.

22. NATASHA'S LAW / PREPACKED FOR DIRECT SALE FOOD

Where the school or its catering provider produces food that falls within the definition of prepacked for direct sale (PPDS), appropriate allergen labelling requirements will be followed.

PPDS food must have an appropriate label identifying the food and listing the ingredients, with the relevant regulated allergens emphasised as required.

The school will ensure that catering arrangements comply with applicable Food Information Regulations and Food Standards Agency guidance.

The Food Standards Agency confirms that Natasha's Law applies to PPDS food supplied by schools and that allergen ingredients must be declared appropriately.

23. CROSS-CONTACT AND CROSS-CONTAMINATION

The school and its catering provider will take reasonable steps to prevent accidental allergen exposure.

Controls may include:

- separate preparation procedures;
- effective cleaning;
- appropriate utensils;
- ingredient checks;
- staff handwashing;

- appropriate storage;
- clear labelling;
- safe serving procedures;
- communication between kitchen and serving staff.

The school will not claim that a school environment is completely "allergen free".

24. "NUT-FREE" OR ALLERGEN-FREE POLICIES

The school recognises that it may not be possible to guarantee that an environment is completely free of a particular allergen.

A blanket "nut-free" or "allergen-free" policy does not replace:

- individual risk assessment;
- appropriate food controls;
- staff training;
- emergency medication;
- Individual Healthcare Plans;
- emergency response arrangements.

Where the school operates restrictions on particular foods, these will be clearly communicated and proportionate.

25. FOOD BROUGHT FROM HOME

The school will provide clear guidance to parents/carers regarding:

- packed lunches;
- snacks;
- birthday food;
- classroom cooking;
- food used for celebrations;
- ingredients brought into school.

Parents/carers should provide accurate information about allergens.

The school may restrict particular foods or activities where a documented risk assessment identifies a significant risk.

26. PUPIL INCLUSION AND WELLBEING

Children with allergies should be included in school life as fully as reasonably possible.

The school will not unnecessarily:

- isolate children;
- exclude children from meals;
- exclude children from trips;
- prevent participation in sport;
- segregate children from peers;
- identify a child publicly because of their allergy.

The school will consider reasonable adjustments where required.

Severe allergy may constitute a disability under the Equality Act 2010 in some circumstances.

27. BULLYING AND ALLERGY-RELATED ABUSE

The school recognises that children with allergies may experience:

- bullying;
- deliberate allergen exposure;
- threats;
- intimidation;
- exclusion;
- food-related harassment.

Any deliberate exposure to a known allergen will be treated as a serious safeguarding and behaviour concern.

Where a pupil intentionally exposes another child to a known allergen, the school will consider:

- immediate medical risk;
- safeguarding implications;
- disciplinary consequences;
- child-on-child abuse procedures;

- parental involvement;
- support for the affected child;
- appropriate external referral.

28. SCHOOL TRIPS AND EDUCATIONAL VISITS

Children with allergies will be supported to participate in trips and visits.

Risk assessments will consider:

- known allergens;
- food;
- accommodation;
- transport;
- location of emergency services;
- access to medication;
- staff competence;
- emergency procedures;
- travel time;
- activities;
- environmental triggers.

Children at risk of anaphylaxis must have their prescribed adrenaline devices with them.

At least one appropriately trained member of staff will be available to respond to an allergic emergency.

The school may take spare AAIs on a trip where appropriate, but this must not result in inadequate spare stock remaining at school.

The DfE guidance specifically requires schools to consider allergy safety when planning trips and ensure children at risk of anaphylaxis have their own adrenaline device with them.

29. SPORTS AND PHYSICAL ACTIVITY

The school will consider allergy-related risks during:

- PE;

- sports clubs;
- outdoor activities;
- swimming;
- athletics;
- school competitions.

Medication must remain rapidly accessible.

Where exercise is a known trigger, the child's IHP and/or Allergy Action Plan will be followed.

30. STAFF AND VISITORS WITH ALLERGIES

The school recognises that staff and visitors may also have allergies.

Staff and regular visitors are encouraged to inform the school of significant allergies where this is relevant to their safety.

The school will take reasonable steps to reduce known workplace allergy risks.

However, the school's emergency stock of AAIs is primarily maintained for emergency use in accordance with the applicable school arrangements.

31. FIRST AID

The school's first aid arrangements will incorporate allergy emergencies.

First aiders will know:

- where spare AAIs are located;
- where prescribed medication is stored;
- how to summon emergency assistance;
- how to contact 999;
- how to support a child experiencing an allergic reaction.

All staff must understand that anaphylaxis requires adrenaline and emergency medical assistance.

32. INFORMATION SHARING

Relevant allergy information will be shared on a need-to-know basis with staff responsible for a child's care.

This may include:

- teachers;
- teaching assistants;
- catering staff;
- first aiders;
- trip leaders;
- sports staff;
- club staff;
- transport staff where appropriate.

Information will be handled in accordance with UK GDPR and the Data Protection Act 2018.

The school will balance confidentiality with the need to protect life and prevent harm.

33. PUPIL INFORMATION

The school will ensure pupils understand, in an age-appropriate manner:

- what allergies are;
- how to seek help;
- how to respond if a friend becomes unwell;
- the importance of not sharing food;
- why deliberate exposure to allergens is dangerous;
- how to summon an adult in an emergency.

Where appropriate, friends of a child with an adrenaline prescription may be taught how to seek help during an emergency.

34. SERIOUS INCIDENTS AND NEAR MISSES

The school will record and review serious allergy incidents and near misses.

A near miss may include:

- a pupil being served an allergen-containing meal;
- incorrect allergen information;
- cross-contact;
- medication being unavailable;

- an emergency AAI being out of date;
- a prescribed AAI being inaccessible;
- a significant delay in responding;
- a child accidentally receiving an unsafe food.

A serious incident may include:

- anaphylaxis;
- use of adrenaline;
- ambulance attendance;
- hospital treatment;
- significant exposure to a known allergen;
- serious injury;
- any event that could reasonably have resulted in serious harm.

35. INCIDENT RESPONSE

Following a serious incident or near miss, the school will:

1. Ensure the child's immediate safety.
2. Provide emergency treatment where required.
3. Contact emergency services where appropriate.
4. Inform parents/carers.
5. Record the incident.
6. Notify senior leadership.
7. Notify the governing body/proprietor as appropriate.
8. Consider statutory or regulatory reporting requirements.
9. Investigate what happened.
10. Identify contributing factors.
11. Review the child's IHP.
12. Review relevant risk assessments.
13. Review food and catering arrangements.
14. Review staff training.

15. Replace used medication/equipment.
16. Implement corrective actions.
17. Share lessons learned appropriately.
18. Review this policy where necessary.

The DfE guidance specifically identifies serious incidents and near misses as opportunities for learning and policy improvement.

36. RECORD KEEPING

The school will maintain:

- allergy register;
- Individual Healthcare Plans;
- Allergy Action Plans;
- medication records;
- spare AAI stock records;
- equipment check records;
- staff training records;
- incident reports;
- near-miss reports;
- risk assessments;
- catering/allergen records;
- relevant parent/carer communications.

Records will be stored securely.

37. SAFEGUARDING

Allergy safety is part of the school's wider safeguarding responsibilities.

The school will consider safeguarding concerns where:

- a child is deliberately exposed to an allergen;
- a child's medication is intentionally withheld;
- bullying relates to allergy;
- a child is prevented from accessing essential medication;

- staff fail to follow an agreed safety plan;
- there is evidence of neglect of a child's medical needs;
- a child is placed at avoidable risk.

Such concerns will be referred to the Designated Safeguarding Lead where appropriate.

38. ATTENDANCE AND ACCESS TO EDUCATION

The school will seek to avoid unnecessary absence caused by allergy management.

Children with allergies should be supported to:

- attend school;
- participate in lessons;
- take school meals where safe;
- participate in trips;
- participate in PE;
- attend clubs;
- participate in school events.

Reasonable adjustments will be considered where necessary.

39. EMERGENCY CONTACTS

Headteacher:
N King

Allergy Lead:
N King

First Aid Lead:
S Neasham

Designated and Deputy Safeguarding Leads:
N King
L Appleby
E Schofield

Catering Provider:
Creative Catering

Emergency Services:
999

Non-emergency NHS:
111

40. GOVERNANCE MONITORING

The governing body/trust will monitor allergy safety through:

- annual policy review;
- review of serious incidents and near misses;
- training compliance;
- AAI stock checks;
- review of IHP arrangements;
- catering assurance;
- risk assessments;
- pupil/parent feedback;
- safeguarding monitoring.

The named governor/trustee will provide appropriate challenge and oversight.

41. POLICY REVIEW

This policy will be reviewed:

- at least annually;
- after a serious allergy incident;
- after a significant near miss;
- following changes to legislation;
- following changes to DfE guidance;
- following changes to clinical advice;
- following changes to the school's population or premises.

The next scheduled review is: **September 2027**

APPENDIX 1 – EMERGENCY ANAPHYLAXIS FLOWCHART

SUSPECT ANAPHYLAXIS?

YES

↓

FOLLOW THE CHILD'S ALLERGY ACTION PLAN

↓

GIVE ADRENALINE IMMEDIATELY

Use prescribed adrenaline where available.

If unavailable or unsuitable, use the school's spare AAI where appropriate.

↓

CALL 999

State:

"ANAPHYLAXIS – ALLERGIC REACTION – ADRENALINE GIVEN."

↓

KEEP THE CHILD FLAT WITH LEGS RAISED

Do not allow the child to stand or walk.

↓

STAY WITH THE CHILD

Monitor continuously.

↓

SECOND ADRENALINE DEVICE IF REQUIRED

Follow the child's plan and emergency guidance.

↓

AMBULANCE ARRIVES

Provide relevant medication and information.

↓

CONTACT PARENTS/CARERS

↓

RECORD INCIDENT

↓

INVESTIGATE, REVIEW AND LEARN

APPENDIX 2 – SPARE AAI CHECKLIST

The designated responsible person will check:

☐ Correct dosage available
☐ Devices stored in pairs
☐ Devices in date
☐ Devices undamaged
☐ Devices stored at room temperature
☐ Devices protected from direct sunlight
☐ Devices not refrigerated
☐ Devices not locked away
☐ Location accessible within five minutes
☐ Emergency kit clearly labelled
☐ Emergency instructions available
☐ Stock record completed
☐ Replacement arrangements in place
☐ Used/expired devices disposed of correctly
☐ Checks documented

APPENDIX 3 – MINIMUM SCHOOL ALLERGY RECORD

For each child requiring allergy support, the school should record:

- pupil name;
- date of birth;
- class/year;
- known allergen(s);
- type of allergy;
- signs and symptoms;
- risk of anaphylaxis;
- prescribed medication;
- number/type of adrenaline devices;
- location of medication;
- Allergy Action Plan;
- IHP;
- parent/carer contact details;
- healthcare professional information where appropriate;
- consent information;
- staff requiring information;
- trip arrangements;
- review date.

APPENDIX 4 – STAFF QUICK REFERENCE

Remember:

ALLERGIC REACTION = TAKE SERIOUSLY

ANAPHYLAXIS = GIVE ADRENALINE + CALL 999

Do not:

- wait for symptoms to become severe;
- wait for the ambulance before giving adrenaline;
- allow a child experiencing anaphylaxis to stand or walk;
- leave the child alone;
- assume there is no anaphylaxis because there is no rash;
- give an asthma inhaler instead of adrenaline.

If in doubt, treat suspected anaphylaxis as an emergency.

APPENDIX 5 – GOVERNOR/TRUSTEE ANNUAL CHECKLIST

The governing body/trust should confirm:

☐ Allergy Safety Policy published
☐ Policy reviewed annually
☐ Named senior Allergy Lead appointed
☐ Named governor/trustee oversight identified
☐ Allergy register maintained
☐ IHPs completed where required
☐ Allergy Action Plans available
☐ Prescribed medication rapidly accessible
☐ Spare AAIs available
☐ Correct AAI doses stocked
☐ AAIs stored in pairs
☐ AAIs accessible within five minutes
☐ Expiry dates checked
☐ Staff allergy training completed
☐ Catering arrangements audited
☐ Food allergen procedures effective
☐ Natasha's Law arrangements checked
☐ Trips risk assessed
☐ Serious incidents recorded
☐ Near misses recorded
☐ Lessons learned from incidents
☐ Safeguarding arrangements linked to allergy safety
☐ Parent/carer communication effective
☐ Pupil voice considered
☐ Policy amended following significant incidents where necessary

APPENDIX 6 – POLICY APPROVAL

Policy: Allergy Safety Policy
Academic Year: 2026/27
Effective Date: 1 September 2026
Review: September 2027

Approved by: _____

Role: _____

Signature: _____

Date: _____

Named Allergy Lead: _____

Named Governor/Trustee: _____

A couple of important September 2026 points