Lingfield Education Trust
Allergen and Anaphylaxis

Policy Version Control	
Policy type	Academy Trust
Policy prepared by (name and designation)	Carolyn Lakin Head of School/SENDCo
Last review date	9th July 2026
Description of changes	Policy written to have full regard to all statutory changes and reflect Benedict's Law
Date of Board of Trustees approval	16th September 2026
Date released	1st September 2026
Next review date	Autumn 2027

Allergy Safety Policy – School Level

Person responsible for this policy & it's implementation	Carolyn Lakin
Named SLT member	Carolyn Lakin
Named LGB member	Amanda Izzett
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school-related activity. To ensure schools understand and meet their statutory duty of care
Links with other policies	Child Protection & Safeguarding Behaviour Anti-bullying Health and Safety First Aid Supporting children at school with medical conditions

Introduction and Core Principles

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

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

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

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

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

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

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

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

Lynnfield Primary School has a whole school awareness approach. We ensure all staff and pupils are aware of what allergies are, the importance of avoiding individual allergens as appropriate, the signs
& symptoms of anaphylaxis, and how to deal with allergic reactions in line with agreed procedures to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they 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 to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their Individual Healthcare Plan (IHP). These conditions are not included in this allergy safety policy.

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

Emergency Treatment and Management of Anaphylaxis

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

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

These symptoms are treated with antihistamines.

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

AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.

CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

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

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

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

Minimising Risk and Exposure to Allergens

Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm, as even a small amount of allergen can cause a reaction.

Lynnfield Primary School

- Will only eliminate a food following a risk assessment supported by medical advice. Where a food is restricted, this will be to a specified area, and only for the time necessary, for example, the cookery room for the duration of the lesson when the

pupil with the allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. It is important to note that, whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction with serious consequences for the individual.

- Is allergy aware; we ensure staff and pupils are actively aware of the risk posed by allergens, take steps to minimise risk of exposure and have robust emergency response plans in place.

- Complete a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment includes:
  - Identifying food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group, not just the pupil who has the allergy. Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
  - Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
  - Identify measures to manage the risks of exposure to a food allergen via 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
  - Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and be limited to specific areas. Also consider hygiene measures after pupils have worked with a therapy dog

- Ensure that allergy is risk assessed to identify risks and plan control measures to minimise the risk of exposure and, where appropriate, report any incidents of anaphylaxis to the Trusts H&S Advisor (Stuart Mackenzie) to meet requirements for RIDDOR reporting.

- Ensure that the risk of exposure is minimised by:
  - Providing annual allergy awareness training for all staff
  - Educating pupils through awareness assemblies and within PSHE
  - Educating parents/carers and the wider school community as required
  - Communicating with all visitors, temporary and cover staff that they will be teaching a pupil with an allergy, ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response or that a member of school staff is present within the classroom
  - Working closely with parents/carers and health professionals to understand the pupil's allergy
  - Monitoring this policy to ensure that the agreed practices are implemented
  - Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

Food Provision and Catering:

Lynnfield Primary will ensure that **Hartlepool Borough council**

- Is compliant with the Food Standards Authority allergen management regulations.

- Provide information on food allergens to parents/carers and have this available on request.
- Provide pupil's allergen information to catering teams in a timely manner to ensure that pupils can eat safely
- Parents/carers can liaise with the catering team directly (as appropriate)
- Pupils with allergies are identified at point of service by – **school staff on duty**
- Ensure that all food provided within the school, including meals served by the school kitchen, and food used in classroom activities (e.g. cooking), is accompanied by accurate allergen information. Where food is not pre-packaged, staff must be able to identify the ingredients and any of the 14 regulated allergens it contains to minimise the risk of accidental allergen exposure.
- Pupils are taught not to share food, utensils or containers and the reasons why.

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 clubs are provided by a third party Lynnfield Primary School ensures that this policy is shared with them, and the third-party provider meets the same procedures.

Medication and Adrenaline Devices (AAIs)

People at risk of anaphylaxis are prescribed two adrenaline devices, which they should always have accessible to them. This includes the journey to and from;

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

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

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

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Lynnfield Primary holds spare adrenaline devices 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.

Lynnfield Primary School holds the following emergency AAI devices:
EpiPen – 0.3 micrograms 1 dose
EpiPen Jr - 0.15 micrograms 1 dose

These are located in:
The main school office
The Head of School Office in the top drawer of the filing cabinet (key hung in the wall next to the cabinet)

They are attached to the wall and labelled **Anaphylaxis Kit'**
***See Appendix A**

The Allergy Lead is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) These checks are completed monthly, documented*, and replacements secured one month before the current adrenaline device expires.
***See Appendix A**

Used adrenaline devices will be disposed of in a sharps box, given to the paramedic. Adrenaline devices that are out of date, or where adrenaline has degraded, will be taken to a pharmacy to be disposed of. To receive a sharps box, the school should register with the Local Authority who will also arrange for collection.

In the event of anaphylactic reaction:

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

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

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 on them in a suitable bag/ container. This should be included in their IHP.

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

Staff Training and Emergency Response:

All staff, including teaching staff, support staff, catering staff and others who may oversee 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.

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

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

Emergency preparedness

Lynnfield Primary School will:

- Train staff annually and review/ update policy and procedures as applicable – for example following an incident or near miss.
- Remind staff and pupils of key aspects of the policy throughout the year, such as:
    - how to find out who has an allergy
    - the storage of spare adrenaline
    - practice with adrenaline trainer devices (as applicable)
- Communicate key messages regarding risk reduction leading up to events, trips and end of term celebrations.
- During fire drills and lockdown practices, ensure that a pupils 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 a fire evacuation.

Roles and Responsibilities:

The Local Governing Body of Chaloner Primary School

- Is responsible for ensuring that the school's policy sets out arrangements to reduce the risk of individuals coming into contact with their known allergens and includes an emergency response plan for cases of anaphylaxis.
- Has a named Governor who works closely with the Allergy Lead and provides updates to the Local Governing Body, including it as a standing agenda item at meetings.
- Includes the risks pertaining to pupils and staff with allergy on the school's risk register.
- Has a named member of the senior leadership team who is responsible for allergy safety, which includes driving the implementation of, and contributing to the review of this policy.

The Allergy Lead:

- Maintaining systems in place to collect allergy information during the enrolment process,
  ensuring that this information is shared in a timely manner with catering teams.
- Outside of the normal admission point, ensuring that information is shared with staff and catering teams as soon as possible – always within two weeks of the pupil starting at the school.
- Holding a register of pupils and staff with known allergies, including whether they have adrenalin/ allergy action plan(s)
- Ensuring that systems are robust for the identification of pupils at mealtimes
- Communication with colleagues about:
    - the policy
    - the pupils who are on the register of those with allergies
    - the importance of recording and reporting near misses and incidents
- Communication with:
    - Governors to provide updates about policy implementation
    - Health & Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles

    - Outside agencies such as the Trust's Health & Safety Advisor (Stuart Mackenzie) if a report under RIDDOR is needed
    - Caterers, to ensure that procedures in the kitchen are robust enough that pupils with allergies can be provided with a safe meal
    - Parents/carers to enable them to input into IHPs and to request allergy action plans when appropriate
    - Pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness events
- Ensuring school has appropriate spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- Creation and Communication of IHPs
- Training
    - ensuring that all staff complete their annual training and that allergy is included in induction even for short term members of staff.
    - ensuring that all staff have the opportunity to practice with trainer adrenaline devices at least annually (if required following online training).

The school may also source external expertise from the school nurse or medical professionals if this is available.

All staff:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Supporting the creation of pupil IHPs as appropriate
- Implementing IHPs
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

Parents/ Carers:

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

Identification of Individuals with Allergies

Admissions Data Collection: Lynnfield Primary School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. Students with known allergies have a health care-plan.

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, and catering teams

while maintaining appropriate data privacy. This is done through sharing photographs of children with allergies in staff meetings and to kitchen staff.

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. Chaloner will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Chaloner Primary School work 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 they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment. This will be supported by the Trust HR Team.

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

Pupil Allergy Action Plans and Individual Healthcare Plans (IHPs)

Allergy action plans

- These are clinical documents that are 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 the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or maximum 5 yearly. **Parents/carers or school need to update the photo of the pupil annually so that the pupil is 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 don't
experience anaphylaxis and so an allergy action plan is not issued.

* An IgE allergy is an allergic reaction triggered by Immunoglobulin E (IgE) antibodies, which cause the immune system to overreact to normally harmless substances.

IHPs

IHPs are an essential communication tool that provide clarity about the arrangements that need to be in place to ensure that a pupil is fully included in school life. It will identify exact risk-mitigation measures that need to be followed. IHPs are school owned documents that are co-created by 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 school nurses if this is needed.
Where a child has an allergy action plan and/ or an asthma plan, this must be included with the IHP.

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

Lynnfield Primary School will ensure that:

- Pupils with an allergy action plan and/or an asthma plan also have an IHP
- Pupils who have allergies that require extra support beyond what other pupils need, but who do not have an allergy action plan or asthma plan, will have an IHP
- IHPs are created whilst pupils are waiting for a diagnosis

School Trips and External Visits

Lynnfield Primary 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. This will include the safe storage of adrenaline for the duration of the school trip.
To ensure that affected pupils are safe and included, alternative activities may be planned where risks cannot be sufficiently mitigated.

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. Lynnfield Primary School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise. The school should take advice from H&S advisors before spare AAIs are taken off school site.

Lynnfield Primary 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.

Serious Incidents and "Near Misses":

Lynnfield Primary School

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

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

- Record allergic reaction incidents and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed in conjunction with the Trust H&S advisor and learnings will be documented and shared with Parents/ Carers

- Parents/ Carers will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Lynnfield Primary School will confirm what it has learned from the incident and outline any actions it is taking as a result. 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.

The school should inform the Regional Hub Director about Incidents and near misses as soon as reasonably practicable.

Wellbeing and Support

At Lynnfield Primary School allergy safety is a priority and actions to ensure that staff and pupils are included and safe are embedded into the school's culture. Pupils with allergies can become anxious because 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.

Lynnfield Primary 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
- Plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- 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
- 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; they can share feedback and support new joiners or anxious pupils
- If appropriate, invites new joiners with allergies to have a tour of the kitchen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- Has proactive engagement with new joiners with known allergies, setting out the school, policies and the support available

Safeguarding:

Lynnfield Primary School recognises that a safeguarding referral may be needed if an incident highlighted concern that a child or young person might be at increased risk of being neglected, abused or exploited by people inside or outside of their family unit, because of

their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to school, or where they are repeatedly sent without essential medication, thereby putting them at risk.

Unacceptable practice

Lynnfield Primary School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur, the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

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

Policy Review and Publication

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

Further reading:

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

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

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

Guidance on the use of adrenaline auto-injectors in schools

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

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

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

Statutory Duties:

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

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

The duties to safeguard and promote the welfare of pupils and 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 that employees are not exposed to risks to their health and safety;

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

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

The Early Years Foundation Stage (EYFS) statutory framework.

APPENDIX A

Adrenaline Auto-Injector (AAI) Emergency Devices
School:
_____

Academic Year: _____
Location of Emergency AAI Devices:
_____

Monthly Inspection Log

Month	Date Checked	Checker Initials/ Signature	Devices In Date	Devices Undamaged & Suitable for Use	Replacement Required? (Y/N)	Comments/Actions Taken
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						

Monthly Inspection Checklist

- All emergency AAI devices are present in their designated location.
- All devices are within their expiry date.
- Devices show no signs of damage or deterioration.
- Storage arrangements remain appropriate and devices are readily accessible.

Any replacement devices required have been ordered promptly and recorded

Replacement Record

Device(s) Replaced/ Ordered	Reason (✓)	Ordered By	Date Replacement Received	Comments
	☐ Expired ☐ Used ☐ Damaged ☐ Unsuitable for use			
	☐ Expired ☐ Used ☐ Damaged ☐ Unsuitable for use			
	☐ Expired ☐ Used ☐ Damaged ☐ Unsuitable for use			
	☐ Expired ☐ Used ☐ Damaged ☐ Unsuitable for use			

Signage

