Allergy Safety and Management Policy

Headteacher	Anita Spires
Chair of Governors	Katherine Russell
Policy Updated	September 2026
Date ratified by LGB	Pending
Renewal date	September 2027

CONTENTS:

1. Policy statement 4

2. Scope 4

3. Principles 5

4. Responsibilities 5

4.1 Governing body 5

4.2 Headteacher 5

4.3 Lead Medical Coordinator 6

4.4 All staff 6

5. Identification and registration of students with allergies 6

6. Individual Healthcare Plans 7

7. Allergy risk reduction 8

8. Food and catering 8

9. Allergy awareness and staff training 9

10. Adrenaline auto-injectors 9

11. Spare adrenaline auto-injectors 10

12. Recognising anaphylaxis 10

13. Emergency procedure for suspected anaphylaxis 11

- 1. Recognise the emergency 11
- 2. Administer adrenaline 11
- 3. Call 999 11
- 4. Position the student appropriately 11
- 5. Stay with the student 12
- 6. Second dose 12
- 7. CPR 12
- 8. Notify parents/carers 12
- 9. Hospital assessment 12

14. Mild or moderate allergic reactions 12

15. Medicines other than adrenaline 13

16. Educational visits, trips and residential activities 13

17. Physical education, sport and activities 13

18. Inclusion and equality 14
19. Bullying, stigma and wellbeing 14
20. Emergency information and communication 14
21. Incident and near-miss reporting 15
22. Medication checks 15
23. Parents and carers 16
24. Students 16
25. Contractors and external providers 16
26. Visitors 16
27. Monitoring and review 17
28. Policy implementation checklist 17
29. Key references 18
Appendix 1 – Emergency Anaphylaxis Quick Reference 19

1. Policy statement

Beechwood School is committed to providing a safe, inclusive and supportive environment for all students, including students living with allergies.

The school recognises that allergic reactions can range from mild symptoms to anaphylaxis, a potentially life-threatening allergic reaction. The school will take reasonable and proportionate steps to reduce the risk of exposure to known allergens, ensure that staff understand how to recognise and respond to allergic reactions, and ensure that students with allergies can participate fully in school life wherever reasonably possible.

This policy has been developed with reference to:

- Department for Education (DfE), Allergy Safety in Schools statutory guidance, applicable in England from September 2026;
- DfE guidance on supporting children and young people with medical conditions;
- Department of Health and Social Care guidance concerning emergency adrenaline auto-injectors in schools;
- British Society for Allergy and Clinical Immunology (BSACI) guidance and allergy action plans;
- NHS guidance on anaphylaxis;
- relevant guidance from Allergy UK and Anaphylaxis UK;
- relevant medicines, first-aid, health and safety and equality requirements.

The school will review this policy regularly and whenever relevant statutory guidance or recognised clinical guidance changes.

---

2. Scope

This policy applies to:

- all students;
- all employees, including teaching and support staff;
- supply staff, temporary staff and volunteers;
- contractors and other adults working regularly on the school premises;
- school trips, educational visits, residential visits and off-site activities;
- before- and after-school activities operated by the school;
- school catering and food provision;
- visitors where relevant to the management of a known allergy.

The policy covers allergies including, but not limited to:

- food allergies;
- allergies to insect venom;
- medication allergies;
- latex and other contact allergies;
- environmental allergies where these present a significant risk to the student.

---

3. Principles

The school will:

1. Take allergies seriously.
2. Identify students known to have allergies and ensure appropriate information is available to relevant staff.
3. Work collaboratively with parents/carers, students and healthcare professionals.
4. Develop an Individual Healthcare Plan (IHP) where required.
5. Ensure an appropriate Allergy Action Plan is available for students at risk of anaphylaxis.
6. Ensure prescribed medication and adrenaline auto-injectors (AAIs) are accessible without unnecessary delay.
7. Maintain an appropriate supply of spare AAIs in accordance with statutory requirements and relevant guidance.
8. Provide appropriate allergy awareness and emergency-response training to staff.
9. Reduce avoidable exposure to known allergens through appropriate risk assessment and controls.
10. Ensure students with allergies are not unnecessarily excluded, isolated or disadvantaged.
11. Record, investigate and learn from significant allergic reactions, incidents and near misses.
12. Maintain appropriate confidentiality while ensuring that staff who need allergy information to keep a student safe can access it.
13. Communicate clearly with parents/carers and relevant healthcare professionals.
14. Ensure that allergy arrangements are considered whenever the school introduces a new activity, food provision, trip, event or change to the school environment.

---

4. Responsibilities

4.1 Governing body

The governing body is responsible for ensuring that:

- the school has an up-to-date allergy safety policy;
- the policy is implemented and reviewed;
- appropriate resources are available to manage allergies safely;
- staff receive appropriate training;
- arrangements are monitored;
- significant incidents and lessons learned are appropriately considered.

4.2 Headteacher

The Headteacher has overall responsibility for implementing this policy and ensuring that:

- an appropriate member of staff is designated to coordinate allergy management;
- the school maintains an accurate allergy register;
- Individual Healthcare Plans are developed where required;
- staff receive appropriate information and training;
- emergency procedures are established and practised;
- prescribed and spare AAIs are appropriately stored and accessible;
- allergy risks are considered during educational visits and activities;

- incidents and near misses are recorded and reviewed.

4.3 Lead Medical Coordinator

The Lead Medical Coordinator acts as the Allergy Lead within school.

The Allergy Lead will:

- maintain the school's allergy register;
- coordinate IHPs and Allergy Action Plans;
- ensure relevant staff receive appropriate information;
- coordinate allergy awareness training;
- check that emergency medication is present, accessible and in date;
- coordinate arrangements for spare AAIs;
- liaise with parents/carers and healthcare professionals where appropriate;
- ensure allergy information is communicated to relevant staff, including temporary and supply staff;
- ensure allergy arrangements are considered for trips and off-site activities;
- coordinate recording and review of incidents and near misses;
- monitor implementation of this policy.

4.4 All staff

All staff have a responsibility to:

- familiarise themselves with the school's allergy procedures;
- know which students in their care have significant allergies;
- understand how to recognise the symptoms of an allergic reaction;
- know how and when to obtain emergency assistance;
- follow the student's IHP and Allergy Action Plan;
- know where emergency medication is stored;
- complete required allergy awareness training;
- report allergy incidents and near misses promptly;
- never knowingly give a student food or medication containing an allergen identified in the student's care plan.

Staff should never assume that another member of staff is responsible for responding to an allergic reaction.

---

5. Identification and registration of students with allergies

Parents/carers should inform the school as soon as possible when a student has a diagnosed or suspected allergy.

The school will request relevant information, including where appropriate:

- the allergen(s);
- the nature and severity of previous reactions;
- symptoms to look for;
- prescribed medication;
- the student's Allergy Action Plan;

- the number and type of AAIs prescribed;
- any other emergency medication;
- emergency contact details;
- relevant healthcare professional information;
- information about whether the student can self-administer medication;
- any additional arrangements recommended by the student's healthcare professional.

The school will maintain an allergy register identifying students known to be at risk.

Information will be handled in accordance with the school's data protection and confidentiality arrangements. Allergy information will nevertheless be shared with staff who need the information to protect the student's health and safety.

---

6. Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will be developed where appropriate for a student with an allergy, particularly where the allergy requires ongoing management or emergency medication.

The IHP should be developed in partnership with:

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

The IHP should include, as appropriate:

- the student's diagnosed allergy;
- known triggers/allergens;
- symptoms of a reaction;
- measures to reduce risk;
- medication arrangements;
- AAI arrangements;
- emergency response procedures;
- arrangements for school meals;
- arrangements for physical education and other activities;
- educational visits and residential trips;
- arrangements for the student's independence and self-management;
- emergency contact details;
- review arrangements.

The student's clinically completed Allergy Action Plan should be kept with their emergency medication where appropriate.

IHPs and allergy information will be reviewed:

- at least annually;
- following a significant allergic reaction;
- when medication or treatment changes;
- when the healthcare professional provides updated information;

- when the student's circumstances change;
- when parents/carers report a significant change in the allergy.

---

7. Allergy risk reduction

The school will use proportionate risk-reduction measures based on the individual student and their circumstances.

Measures may include:

- identifying and communicating known allergens;
- appropriate food and ingredient controls;
- suitable cleaning arrangements;
- handwashing arrangements;
- appropriate management of food preparation and eating areas;
- avoiding unnecessary sharing of food;
- appropriate supervision;
- ensuring emergency medication remains accessible;
- ensuring relevant staff know which students are at risk;
- considering allergen risks during practical lessons and activities;
- appropriate arrangements for visitors and contractors where necessary.

The school recognises that it is generally not possible to create an environment completely free from every allergen. Risk controls will therefore be based on the student's individual circumstances, medical advice and a proportionate assessment of risk.

The school will not impose blanket restrictions on all students unless a particular restriction is considered necessary and proportionate following risk assessment.

---

8. Food and catering

The school will have appropriate procedures to identify and manage food allergens.

Parents/carers must provide accurate information about their child's diagnosed food allergies.

School catering staff will be informed of relevant allergies and will follow the school's food safety and allergen-control procedures.

Where food is provided by an external caterer, the school will ensure that appropriate allergen information and allergy-management requirements are communicated to the provider.

Staff must not make assumptions about whether a food is safe for a student with an allergy.

Where there is uncertainty about whether a food contains an allergen, the food must not be given to the student until its safety has been established.

Students should not normally be required to disclose their allergy publicly.

Food brought into school by students or families should be managed in accordance with the school's risk assessment and any individual arrangements.

The school will take reasonable steps to prevent accidental sharing of food and utensils where this presents a significant risk.

---

9. Allergy awareness and staff training

The school will provide appropriate allergy awareness training to staff in accordance with current statutory guidance.

Training will include, as appropriate:

- what allergies are;
- common allergens;
- symptoms of allergic reactions;
- recognition of anaphylaxis;
- the importance of early treatment;
- use of adrenaline auto-injectors;
- the school's emergency procedures;
- the location and accessibility of emergency medication;
- individual students' allergy arrangements;
- prevention and risk reduction;
- food and allergen awareness;
- reporting and learning from incidents.

Staff who may need to respond to an allergic emergency will receive practical instruction appropriate to their role.

New staff, temporary staff and supply staff will be given appropriate information about the school's allergy arrangements.

Training will be refreshed in accordance with statutory requirements and whenever there is a significant change in guidance or school procedures.

---

10. Adrenaline auto-injectors

Where a student has been prescribed an AAI, the school will follow the student's Allergy Action Plan and the manufacturer's instructions.

Prescribed AAIs must be:

- readily accessible;
- stored appropriately;
- clearly identifiable;
- available whenever the student is on school premises or participating in school activities, subject to the individual plan;
- checked regularly for expiry and condition.

AAIs must not be stored in a location where access could be unnecessarily delayed.

They should be stored in accordance with the manufacturer's requirements and should not be exposed to inappropriate temperatures or direct sunlight.

The school will establish procedures for ensuring that prescribed medication accompanies students on educational visits and off-site activities where required.

---

11. Spare adrenaline auto-injectors

The school will maintain spare AAIs in accordance with current statutory requirements and relevant Department of Health and Social Care guidance.

Spare AAIs are intended for use in an emergency where:

- a student's own AAI is unavailable;
- a student's device is inaccessible;
- a student's device is unusable or has misfired; or
- other circumstances specified by relevant guidance apply.

Spare AAIs will:

- be stored in an appropriate central location;
- be accessible at all times during the school day and relevant school activities;
- be stored according to the manufacturer's instructions;
- be clearly identified;
- be checked regularly for expiry and condition;
- be replaced when used or expired;
- be included in arrangements for educational visits where appropriate.

The school will maintain records of spare AAIs, including stock checks, expiry dates and use.

Staff will be trained in the circumstances and procedure for administering a spare AAI.

---

12. Recognising anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction.

Symptoms can include:

- difficulty or noisy breathing;
- wheezing or persistent coughing;
- swelling of the tongue or throat;
- difficulty swallowing;
- hoarse voice;
- breathing difficulty;
- persistent dizziness;
- sudden sleepiness, pallor or collapse;

- loss of consciousness.

Anaphylaxis can occur without obvious skin symptoms.

Staff must follow the student's individual Allergy Action Plan.

Where anaphylaxis is suspected, staff must act immediately and must not wait for symptoms to become more severe.

---

13. Emergency procedure for suspected anaphylaxis

The school's emergency procedure is:

1. Recognise the emergency

If a student with a known allergy develops symptoms consistent with anaphylaxis, treat the situation as a medical emergency.

2. Administer adrenaline

Use the student's prescribed AAI in accordance with their Allergy Action Plan and training.

If the student's prescribed AAI is unavailable or cannot be used, the school's spare AAI should be considered and used in accordance with the statutory arrangements and the student's Allergy Action Plan.

If in doubt, administer adrenaline.

3. Call 999

Call **999** and clearly state that the student is experiencing **anaphylaxis**.

Tell the emergency operator:

- the student's age;
- symptoms;
- that adrenaline has been administered;
- the time it was administered;
- the school address;
- any further relevant information.

4. Position the student appropriately

The student should generally be kept lying down with their legs raised where possible.

If breathing is difficult, allow them to sit in the position that helps them breathe.

The student should not suddenly stand or walk.

5. Stay with the student

A responsible adult must remain with the student until emergency medical assistance arrives.

6. Second dose

If symptoms do not improve or return and emergency medical assistance has not arrived, a second AAI should be administered where available and in accordance with current clinical guidance and the student's Allergy Action Plan.

7. CPR

If the student becomes unresponsive and is not breathing normally, commence CPR and follow the emergency operator's instructions.

8. Notify parents/carers

Parents/carers or the designated emergency contact must be informed as soon as practicable.

9. Hospital assessment

Any student experiencing suspected anaphylaxis should be assessed by emergency medical services and taken to hospital in accordance with clinical advice.

Staff must not send a student home following anaphylaxis without appropriate medical assessment.

---

14. Mild or moderate allergic reactions

A mild or moderate reaction may include symptoms such as:

- itchy or tingling mouth;
- mild swelling of lips, face or eyes;
- hives or itchy skin;
- abdominal pain;
- vomiting;
- a sudden change in behaviour.

Staff must follow the student's individual Allergy Action Plan.

If symptoms progress or symptoms of anaphylaxis develop, the emergency procedure in Section 13 must be followed immediately.

Staff must not assume that a reaction will remain mild.

---

15. Medicines other than adrenaline

Where antihistamines, inhalers or other medication are prescribed as part of an allergy management plan, the school will follow its Medicines Policy and the student's IHP/Allergy Action Plan.

Medication must only be administered in accordance with the relevant authorisation, prescription and school procedures.

Staff must never substitute one medicine for another or alter a prescribed dose unless authorised to do so under the appropriate medical instructions.

---

16. Educational visits, trips and residential activities

Allergy management must be considered as part of the risk assessment for educational visits.

Before a student with a significant allergy participates in an activity, the responsible staff member will ensure that:

- the student's allergy information is available;
- their IHP/Allergy Action Plan is available where required;
- prescribed AAIs and other required medication accompany the student;
- spare emergency medication is taken where appropriate;
- staff supervising the student understand the emergency procedure;
- suitable arrangements exist for food and catering;
- emergency contact details are available;
- appropriate emergency arrangements are considered for the destination and activity.

Medication must remain accessible throughout the visit and must not be left in inaccessible luggage, vehicles or locked locations where this could delay emergency treatment.

Residential visits will include additional consideration of overnight supervision, food provision and medication storage.

---

17. Physical education, sport and activities

Students with allergies should be enabled to participate in PE, sport and extracurricular activities wherever reasonably possible.

Relevant staff will consider:

- access to the student's AAI;
- the location of emergency medication;
- known environmental or food triggers;
- appropriate supervision;
- emergency access and communication.

Allergy management should not unnecessarily prevent a student from participating in normal school activities.

---

18. Inclusion and equality

The school is committed to ensuring that students with allergies are not unnecessarily excluded from education or social activities.

Reasonable adjustments will be considered where necessary to enable a student with an allergy to participate safely and meaningfully in school life.

The school will seek to balance:

- the student's individual safety;
- the needs of other students;
- proportionate risk management;
- the student's independence and development;
- the need to avoid unnecessary restrictions.

Students should not be routinely isolated because they have an allergy.

The school will promote age-appropriate independence, including teaching students how to recognise symptoms and seek help where appropriate.

---

19. Bullying, stigma and wellbeing

Allergy-related bullying, teasing, harassment or deliberate exposure to an allergen will not be tolerated.

The school will respond in accordance with its Behaviour and Anti-Bullying Policies.

Where appropriate, students will receive age-appropriate education about allergies to encourage understanding and reduce stigma.

---

20. Emergency information and communication

The school will ensure that appropriate allergy information is available to staff who require it.

Relevant information may be included in:

- the school allergy register;
- IHPs;
- class information;
- medical records;
- catering information;
- educational visit documentation;
- emergency information systems.

Supply staff, temporary staff and volunteers will receive appropriate information where their role brings them into contact with a student with a significant allergy.

The school will maintain appropriate confidentiality and comply with data protection requirements.

---

21. Incident and near-miss reporting

The school will record significant allergic reactions, medication errors, accidental exposure and relevant near misses.

Following an incident, the school will consider:

- what happened;
- whether the student received treatment promptly;
- whether medication was accessible;
- whether staff knew what to do;
- whether the Allergy Action Plan was followed;
- whether communication was effective;
- whether there were environmental or food-related contributing factors;
- whether additional controls are required.

Serious incidents will be reported to the Headteacher as appropriate.

Where required, the school will notify relevant external bodies in accordance with applicable reporting requirements.

Lessons learned will be incorporated into risk assessments, training and policy arrangements.

---

22. Medication checks

The school will establish a routine process for checking:

- prescribed AAIs;
- spare AAIs;
- expiry dates;
- physical condition of devices;
- availability of medication;
- completeness of Allergy Action Plans;
- emergency contact information.

Parents/carers will be informed when replacement medication or updated documentation is required.

Expired or used AAIs will be disposed of safely in accordance with applicable medicines procedures.

---

23. Parents and carers

Parents/carers are expected to:

- inform the school promptly of any allergy diagnosis or suspected significant allergy;
- provide accurate and up-to-date information;
- provide prescribed medication as required;
- ensure medication is within its expiry date;
- provide updated Allergy Action Plans and medical information;
- inform the school of changes to the student's treatment or allergy;
- participate in the development and review of the IHP where appropriate.

The school will communicate with parents/carers promptly following a significant allergic reaction or other relevant incident.

---

24. Students

Students will be supported, according to their age and developmental ability, to:

- understand their allergy;
- recognise relevant symptoms;
- avoid known allergens;
- know how to seek help;
- understand how their medication is used;
- develop appropriate independence in managing their condition.

No student will be expected to manage an allergy independently if they are not developmentally or medically able to do so.

---

25. Contractors and external providers

Where food, catering, clubs, trips or other services are provided by an external organisation, the school will ensure that relevant allergy-management responsibilities are communicated and understood.

Contracts and service arrangements should make clear where responsibility for allergy management lies.

External providers must comply with relevant legal and safety requirements and with the school's reasonable allergy-management arrangements.

---

26. Visitors

Visitors who have a legitimate need to know about a student's allergy will be provided with appropriate information.

The school will consider allergy risks associated with visitors, events and activities where relevant.

---

27. Monitoring and review

The Headteacher and Allergy Lead will monitor the effectiveness of this policy.

Monitoring may include:

- staff training completion;
- allergy register checks;
- IHP reviews;
- AAI expiry checks;
- spare AAI stock checks;
- incident and near-miss records;
- parent/carer feedback;
- student feedback where appropriate;
- educational visit arrangements;
- catering arrangements.

This policy will be formally reviewed at least annually and sooner where:

- legislation changes;
- statutory guidance changes;
- clinical guidance changes;
- a significant incident occurs;
- the school identifies a weakness in its arrangements.

---

28. Policy implementation checklist

The school will maintain evidence that it has:

☐ Published an up-to-date Allergy Safety Policy.
☐ Appointed an Allergy Lead.
☐ Identified students with allergies.
☐ Maintained an allergy register.
☐ Developed IHPs where required.
☐ Obtained appropriate Allergy Action Plans.
☐ Ensured relevant staff receive allergy awareness training.
☐ Trained relevant staff in emergency response and AAI use.
☐ Maintained prescribed AAIs appropriately.
☐ Stocked and maintained spare AAIs in accordance with statutory requirements.
☐ Established a system for checking expiry dates.
☐ Established emergency procedures.
☐ Included allergy management in educational-visit risk assessments.
☐ Established appropriate food/allergen controls.
☐ Established procedures for temporary and supply staff.

☐ Recorded and reviewed significant incidents and near misses.
☐ Communicated appropriately with parents/carers.
☐ Reviewed the policy at least annually.

---

29. Key references

The school will have regard to current versions of the following guidance and resources:

Department for Education – Allergy Safety in Schools statutory guidance

Department for Education – Supporting students with medical conditions at school

Department of Health and Social Care – guidance on emergency adrenaline auto-injectors in schools

British Society for Allergy and Clinical Immunology (BSACI) – Schools Allergy Code and allergy management resources

BSACI – Paediatric Allergy Action Plans

NHS – Anaphylaxis

Allergy UK – school allergy resources

Anaphylaxis UK – school and education resources

Where guidance is updated, the school will follow the current statutory requirements and recognised clinical guidance.

Appendix 1 – Emergency Anaphylaxis Quick Reference

SUSPECT ANAPHYLAXIS → ACT IMMEDIATELY

1. **Give adrenaline** using the student's prescribed AAI, following their Allergy Action Plan.
2. **Call 999** and say **ANAPHYLAXIS**.
3. Keep the student in an appropriate position; generally lying down with legs raised unless breathing is difficult.
4. **Do not allow the student to stand or walk unnecessarily.**
5. Stay with the student.
6. Use a **spare AAI** if the prescribed device is unavailable or cannot be used, where permitted by the school's arrangements and relevant guidance.
7. If symptoms persist or return, give a further dose where appropriate and available.
8. If the student becomes unresponsive and is not breathing normally, start CPR.
9. Contact parents/carers.
10. Ensure the student receives emergency medical assessment.

Do not delay adrenaline while waiting for an ambulance.

If in doubt, give adrenaline.

Appendix 2 – Individual Student Allergy Information

Student name: _____

Class/year: _____

Allergen(s): _____

Type/severity of allergy: _____

Symptoms to look for: _____

Prescribed AAI: Yes / No

Number of prescribed AAIs: _____

Location of prescribed AAI: _____

Spare AAI location: _____

Other emergency medication: _____

Allergy Action Plan date: _____

IHP date: _____

Parent/carer contact: _____

Emergency contact: _____

Healthcare professional/contact (if appropriate):

Relevant additional instructions:

Date reviewed: _____

Next review: _____
