EDENFIELD GIRLS' HIGH SCHOOL

Allergy Safety Policy

Last Reviewed	Aug 2026
Reviewed by	Dr Sayeid
Approved by	Governing Body
Next Review	Aug 2027 / sooner if required

Key contacts

Role	Contact
Headteacher and Allergy Safety Lead	Dr Sayeid-Al-Jamee
Medical Needs Lead	Mrs Runa Khanam
Designated Safeguarding Lead	Dr Sayeid-Al-Jamee
Emergency services	999 - ask for an ambulance and state 'anaphylaxis'

Related policies

- Supporting Pupils with Medical Conditions and Administration of Medicines Policy
- First Aid Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Educational Visits Policy
- Behaviour and Anti-Bullying Policy
- Equality and Accessibility policies
- Data Protection Policy and Privacy Notices

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1 Statement of intent

Edenfield Girls' High School is committed to enabling every pupil to attend, learn and participate safely. Allergy is treated as a serious medical and safeguarding matter. The school will reduce foreseeable exposure to known allergens, recognise and respond promptly to allergic reactions, maintain access to emergency adrenaline, and support pupils' independence without transferring the school's duty of care to them.

The school is an allergy-aware environment. It cannot guarantee an allergen-free site. Its arrangements are therefore based on accurate information, individual planning, sound catering controls, trained staff, rapid access to medication and a culture in which pupils report concerns immediately.

The Governing Body expects this policy to be implemented in daily practice. A written policy alone is not sufficient. Leaders will retain evidence of training, medicine checks, Individual Healthcare Plans, risk assessments, drills, incidents and the action taken in response.

Policy aims

- identify pupils, staff and relevant visitors with known allergies and understand their triggers and emergency needs
- make reasonable adjustments so pupils with allergies are included in lessons, meals, worship, social activities, enrichment and educational visits
- ensure all pupil-facing staff can recognise allergic reactions and anaphylaxis and know how to act
- ensure prescribed and spare adrenaline devices can reach any affected person within five minutes
- manage food, contact and airborne allergen risks in a proportionate way
- record and learn from reactions, serious incidents, near misses and practice drills
- work respectfully with pupils, parents, healthcare professionals, caterers and other providers

2 Scope and legal framework

This policy applies to all pupils aged 11 to 16, employees, regular volunteers and others working under the school's direction. Relevant arrangements also protect staff and visitors with allergies. It covers food allergy, allergy to insect stings, medicines, latex and other contact or airborne allergens, together with anaphylaxis. Asthma, eczema and hay fever are considered where they interact with allergy or require emergency planning. Coeliac disease and food intolerance are managed through the school's wider medical and dietary arrangements because they are not allergies and do not cause anaphylaxis.

Current DfE status for an independent school

The Department for Education's Allergy safety in schools statutory guidance, published in July 2026, is currently statutory for maintained schools, academies and pupil referral units. The DfE states that equivalent allergy safety requirements will be introduced for independent schools through the Independent School Standards. Edenfield Girls' High School adopts the full DfE framework as its required standard of practice and will update this policy when the regulatory changes for independent schools take effect.

This approach also supports the school's existing duties under the Education Independent School Standards Regulations 2014, safeguarding requirements, health and safety law, equality law, food information law, data protection law and the common law duty of care. Inspectors may examine both the policy and how consistently it is implemented.

Key legislation and guidance

- Education Independent School Standards Regulations 2014, particularly Part 3 on pupils' welfare, health and safety
- Children Act 1989 and Education Act 2002 safeguarding duties, together with current Keeping Children Safe in Education guidance
- Health and Safety at Work etc Act 1974
- Equality Act 2010, including reasonable adjustments where an allergy amounts to a disability
- Food Information Regulations 2014 and applicable food information requirements
- Human Medicines Regulations 2012, as amended in 2017, concerning emergency adrenaline auto-injectors in schools
- UK General Data Protection Regulation and Data Protection Act 2018
- DfE Allergy safety in schools statutory guidance and Allergy safety policy template, July 2026
- DfE School food standards allergy guide, September 2026
- DHSC Guidance on the use of adrenaline auto-injectors in schools, September 2017

3 Definitions and recognition

Term	Meaning
Allergy	An abnormal immune response to a normally harmless substance such as a food, insect sting, medicine, latex or airborne allergen.
Allergen	A substance that triggers an allergic reaction in a susceptible person.
Anaphylaxis	A potentially fatal allergic reaction affecting Airway, Breathing or Circulation. A skin rash may be absent.
Adrenaline device	A prescribed device that delivers emergency adrenaline. This may be an adrenaline auto-injector or a prescribed nasal device. Current school spare devices are AAIs.
Individual Healthcare Plan	The school's plan describing the additional or different arrangements required for a pupil. It is not a clinical document and attaches current clinical plans.
Allergy Action Plan	A clinical emergency plan issued by a healthcare professional, commonly using a BSACI template.
Near miss	An event that caused no harm but had a clear potential to cause significant harm if circumstances had been slightly different.

Mild to moderate allergic reaction

Possible signs include swollen lips, face or eyes; an itchy or tingling mouth; mild throat tightness; hives or an itchy rash; abdominal pain or vomiting; or a sudden change in behaviour. A mild reaction can progress to anaphylaxis. Staff must follow the pupil's current Allergy Action Plan, give only authorised medication, contact the parent or emergency contact, and supervise the pupil continuously in a safe place for at least 60 minutes after the reaction.

Signs of anaphylaxis

Area	Warning signs
Airway	Throat, tongue or upper-airway swelling; tight throat; hoarse voice; difficulty swallowing.
Breathing	Sudden wheeze; difficulty or noisy breathing; persistent cough.
Circulation	Dizziness; feeling faint; sudden sleepiness or confusion; pale clammy skin; collapse or unconsciousness.

Any Airway, Breathing or Circulation symptom is anaphylaxis. If in doubt, treat for anaphylaxis. Do not wait for a rash and do not give an asthma inhaler or antihistamine instead of adrenaline.

4 Roles and responsibilities

Governing Body

- approve the policy, keep allergy risk on the school's risk register and review assurance at least annually
- appoint and support a named senior Allergy Safety Lead and ensure adequate resources, insurance and staffing
- confirm that the school publishes the policy and that training, medicines, IHPs, catering controls and incident learning are monitored
- receive reports on any serious incident or near miss and monitor completion of corrective actions

Headteacher and Allergy Safety Lead

- lead implementation and ensure the policy is reflected in induction, daily routines, curriculum planning and external visits
- ensure all staff present when pupils are on site receive annual allergy awareness and emergency response training
- maintain appropriate paired spare AAIs and ensure five-minute access across the school
- ensure pupils who need additional or different arrangements have a current IHP and clinical Action Plan where available
- ensure information needed for safety is shared with staff and caterers in a controlled, accurate and timely way
- investigate serious incidents and near misses, report to the Governing Body and update arrangements
- provide annual assurance to governors on implementation and any gaps requiring action

Medical Needs Lead

- maintain the confidential allergy register, medication records, IHP review schedule and staff training log
- coordinate IHPs with the pupil, parents, staff and relevant healthcare professionals
- check school-held and spare medicines at least termly and record expiry dates, storage condition, device integrity and replacement action
- ensure identical current copies of relevant plans are available to staff who need them and remove superseded copies
- support trip leaders, catering personnel and curriculum staff with individual risk controls

All staff and regular volunteers

- complete required training, understand this policy and know the location of emergency medication
- check the allergy register and relevant IHP before teaching, supervising, serving food or taking pupils off site where an identified risk applies
- bring help and medication to an unwell pupil; never send a pupil with a suspected allergic reaction to the office alone
- consider allergens when planning food, science, art, craft, textiles, food technology, music, animal contact and enrichment activities
- respond immediately, call for help and record any reaction, error, concern or near miss
- challenge allergy-related teasing, threats, food sharing or deliberate exposure as a safeguarding and behaviour concern

Catering and food-handling personnel

- comply with food information law and maintain accurate ingredient and allergen information for every item supplied
- use the current staff-only allergy identification system and confirm safe meals using two reliable checks
- prevent cross-contact through separate preparation, clean equipment, controlled storage and clear service procedures
- check substitutions and recipe or supplier changes before service and communicate changes immediately
- meet parents and pupils where needed and report errors, reactions and near misses without delay

Parents and carers

- tell the school about diagnosed or suspected allergies before admission and immediately when anything changes
- provide current clinical advice, an Allergy Action Plan and two in-date prescribed adrenaline devices where prescribed
- replace medication promptly after use, damage or expiry and ensure it is clearly labelled
- work with the school on the IHP, dietary arrangements, self-management and educational visits
- teach their daughter to recognise symptoms, avoid sharing food and seek adult help immediately

Pupils

- follow their IHP and agreed self-management arrangements
- carry their two prescribed adrenaline devices where this has been agreed and tell staff if either is unavailable, damaged or used
- do not exchange food, drinks, utensils or containers and check ingredient information when appropriate
- tell an adult immediately if they feel unwell, may have contacted an allergen or see another person reacting
- treat peers' allergies seriously and never use an allergen as a joke, threat or means of exclusion

5 Identifying pupils and planning support

Admissions and changes

The school asks about allergy, asthma, coeliac disease, food intolerance, prescribed emergency medication and dietary needs during admission. It seeks current plans from parents and, where relevant, information from the previous setting. Arrangements should be ready for the start of term. For a mid-year admission or a new diagnosis, the school will make every reasonable effort to put arrangements in place within two weeks, while applying interim safety measures immediately.

A pupil or parent's report of a suspected allergy will not be dismissed because diagnosis is pending. The school will agree proportionate interim arrangements and seek appropriate clinical advice. School staff do not make clinical diagnoses.

Allergy register

The Medical Needs Lead maintains an up-to-date confidential register recording the pupil's photograph, known or suspected allergens, reaction history where relevant, prescribed medication, the location of medication, whether the pupil self-carries, emergency contacts, and the dates of the IHP and Action Plan. Staff-only versions are available where needed, including the School Office, catering area and relevant food technology or science areas. Information is limited to what staff need for safety.

Individual Healthcare Plans

A pupil will have an IHP where her allergy has a functional impact at school, places her at risk of harm, and requires arrangements additional to or different from those made generally. This includes pupils requiring emergency or regular medication, reasonable adjustments, particular dietary controls or specific visit arrangements.

The school prepares the IHP with the pupil and parents, taking relevant clinical advice at face value. A current Allergy Action Plan and, where applicable, Asthma Action Plan are attached. Clinical instructions are not rewritten or abbreviated in a way that could introduce error.

Each IHP records the effect of the allergy; known triggers and risk controls; symptoms and current clinical plans; medication, dose, consent and storage; self-carry arrangements; food and curriculum adjustments; emergency contacts; staff responsibilities; absence and reintegration support; and arrangements for visits and transport. The plan is shared with the pupil, parents and staff who need it.

The IHP is reviewed at least annually and immediately after a serious incident, near miss, change in symptoms or treatment, new clinical advice, change in medication, transition or material change to school arrangements.

6 Training and preparedness

All staff present when pupils are scheduled to be on site must complete allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, agency and peripatetic staff, regular volunteers, catering staff, breakfast club staff and after-school staff. First aid training alone does not meet this requirement.

Minimum training content

- the nature of allergy, the range of allergic conditions and the distinction between allergy, coeliac disease and food intolerance
- common triggers, routes of exposure and measures to reduce risk
- mild and moderate symptoms, Airway Breathing Circulation signs and the fact that anaphylaxis can occur without a rash
- how to follow an Allergy or Asthma Action Plan and where individual information is held
- how to bring help, call 999, position the casualty, administer the available adrenaline device and give a second dose after five minutes if there is no improvement
- where prescribed and spare devices are located and practical use of current trainer devices
- the relationship between food allergy and asthma and why an inhaler must not replace adrenaline for anaphylaxis
- wellbeing, inclusion, bullying, information sharing and reporting of incidents and near misses

New staff complete training before or as soon as practicable after starting and receive a face-to-face safety briefing before unsupervised pupil contact. Supply and cover staff receive confirmation of the emergency procedure, the register access route and medication location before taking responsibility for pupils. Additional child-specific training is provided where an IHP requires it.

Practice drills

The school will conduct and record an allergy emergency drill at least annually and after any material change to premises or procedures. The drill tests recognition, communication, access to medication within five minutes, calling 999, casualty positioning, second-dose readiness, access for the ambulance and post-incident recording. Any pupil involvement is planned with the pupil and parents to protect wellbeing.

7 Reducing the risk of exposure

No school can eliminate every allergen. Edenfield uses individual and activity-specific risk assessment to take reasonable, workable steps. Staff must check the allergy register at the planning stage and must not rely on memory or assumptions.

Whole-school controls

- Pupils do not share or trade food, drink, utensils, bottles or food containers.
- Food and drinks intended for a named pupil with an allergy are clearly labelled.
- Hands and food-contact surfaces are cleaned with warm soapy water after eating or handling food. Hand sanitiser is not treated as a substitute for removing food allergen residue.
- Food is eaten only in agreed areas unless an activity has been risk assessed and supervised.
- Staff consider packaging and non-food materials that may contain allergens, including wheat in dough, milk or soya in some glues, latex, animal feed containing nuts or sesame, and contaminated food containers used for crafts.
- Reasonable controls are agreed for contact and airborne allergens, animals, pollen, mould, dust, cleaning products and air quality where these affect an identified pupil.
- Visitors, volunteers and contractors with a pupil-facing or food-handling role receive relevant information before work begins.

Allergy-aware approach

The school does not describe itself as nut-free or allergen-free because such a claim cannot be guaranteed and may create false reassurance. The school may discourage or restrict a particular food when an individual risk assessment supports that step. Any restriction will be communicated clearly, reviewed and used alongside, not instead of, staff awareness, food controls and emergency preparedness.

Curriculum and school events

Teachers must assess allergy risks before practical science, food technology, art, craft, textiles, gardening, animal contact and any activity involving food or food packaging. Where a material presents a known risk, a safe alternative should normally be used for the whole group so the pupil is not singled out or excluded.

Food provided or brought in for assemblies, rewards, charity sales, visitors, Eid gatherings, student iftars and other celebrations must be agreed in advance. Ingredient and allergen information must be available, and parents must be consulted where a pupil's plan requires this. Unlabelled home-prepared food must not be given to a pupil with a relevant allergy unless the agreed individual arrangements allow it.

8 Food provision and catering

Where the school or its contractor supplies food on a regular and organised basis, food business duties apply. The Catering Lead maintains clear, accurate and accessible information about the 14 regulated allergens: celery; cereals containing gluten; crustaceans; eggs; fish; lupin; milk; molluscs; mustard; peanuts; sesame; soybeans; sulphur dioxide and sulphites; and tree nuts. Any food can cause an allergic reaction, so individual information remains essential.

Catering controls

- A current allergen matrix links each dish and recipe to its ingredients and allergens. Original labels and supplier information are retained as required.
- Every substitution, recipe change, delivery change or new product is checked before use. Verbal assurance alone is not accepted where written product information is available.
- Prepacked for direct sale food carries the food name, a full ingredients list and clearly emphasised regulated allergens. Non-prepacked food has accurate allergen information that pupils and parents can access easily.
- Allergen-safe meals are prepared first where appropriate, with clean hands, warm soapy-water cleaning, clean equipment, separated ingredients and controls against cross-contact during storage, preparation and service.
- At least two reliable identification checks are used at mealtimes. These may include the staff-only photographic register and verbal confirmation by a trained member of staff. The chosen method must protect dignity and avoid segregation.
- A pupil with food allergy is not seated separately solely because of her allergy. Adjustments are agreed through the IHP.
- Catering errors, undeclared allergens, wrong meals and cross-contact concerns are stopped, reported and recorded, even where no reaction occurs.

Parents may meet the Catering Lead to agree provision. Where the school cannot safely meet a dietary need without further information, leaders will work promptly with the family and relevant healthcare professional. The pupil will not be excluded from lunch or routine activities while a reasonable safe arrangement can be made.

9 Medication and adrenaline devices

Prescribed medication

Pupils prescribed emergency adrenaline should have two in-date devices available at all times, including travel to and from school and educational visits. As secondary-aged pupils, they will normally carry both devices in a clearly labelled protective pouch, where this is agreed in the IHP. The school provides appropriate supervision and checks; self-carry does not remove staff responsibility.

If self-carry is not appropriate, the devices are kept in an unlocked, clearly marked and accessible location recorded in the IHP. Medication is stored at room temperature, protected from direct sunlight and temperature extremes, and never refrigerated. It is not kept behind a lock or in a place that is inaccessible when pupils are on site.

Each pupil's medication pack should contain her two prescribed adrenaline devices, current Allergy Action Plan, and any other medicine listed on that plan, such as antihistamine or an asthma inhaler. Parents remain responsible for supplying replacements. The school checks and records school-held medication at least termly and informs parents before expiry.

Edenfield spare AAIs

The school keeps **TWO pairs** of spare 300 microgram AAIs for emergency use by individuals over six years of age. One pair will be taken along with any school trip by the trip leader, and the other pair will always remain at the premises for the rest of the pupils in school. The pairs are stored together in a clearly marked emergency anaphylaxis kit in the School Office. The kit is accessible and not locked away whenever pupils are on site. The exact point is included in staff induction, visitor arrangements where relevant and annual training.

The Allergy Safety Lead tests at least termly, and during the annual drill, that the pair can be brought to any pupil on site within five minutes. If this cannot be achieved, or the site or supervision pattern changes, an additional pair will be obtained and located accordingly. Spare AAIs supplement, not replace, a pupil's two prescribed devices.

The Medical Needs Lead checks the spare kit at least yearly, recording quantity, dosage, manufacturer, batch number, expiry date, packaging, storage condition and replacement action. Spare AAIs are replaced promptly after use, damage or expiry. Used or expired AAIs are passed to ambulance staff where appropriate or disposed of through an authorised sharps or clinical-waste route.

Use of spare AAIs

In an emergency, the person's own prescribed adrenaline device is used first if immediately available. A school spare AAI may be used if the prescribed device is unavailable, defective or misfires, or if a person with suspected anaphylaxis has no prescribed device. Prior consent should be sought as good practice through the IHP, but treatment must never be delayed while consent is checked in a life-threatening emergency.

10 Emergency response

Suspected anaphylaxis

Anaphylaxis is a medical emergency. Any Airway, Breathing or Circulation symptom must be treated immediately. If in doubt, give adrenaline. A skin rash is not required.

1. Call for immediate help. Keep the person where they are and bring the medication and emergency kit to them.
2. Lay the person flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched. If unconscious, place them in the recovery position. Do not allow them to stand or walk.
3. Administer the person's own prescribed adrenaline device immediately if available. Otherwise use a school spare AAI. Follow the device and current Action Plan instructions.
4. Call 999 immediately, ask for an ambulance and state 'anaphylaxis'. Give the school address, exact location, symptoms and treatment given. Do not wait for the call to be completed before giving adrenaline.
5. Send a member of staff to meet and direct the ambulance. Contact parents or carers as soon as the emergency response is under way.
6. If there is no improvement after five minutes, give a second dose using the second device. Tell the ambulance call handler.
7. If there are no signs of life, start CPR and use the automated external defibrillator if available, following training and 999 instructions.
8. Stay with the person until clinical handover. Give used devices and the Action Plan to ambulance staff and record times accurately.

Mild or moderate reaction

Follow the current Allergy Action Plan. Give only authorised medicine. Keep the pupil under continuous adult supervision in a safe place for at least 60 minutes after the reaction, inform the parent or emergency contact and watch for any Airway, Breathing or Circulation symptom. If symptoms worsen or there is doubt, treat as anaphylaxis immediately.

After emergency treatment

- A pupil given adrenaline must be assessed by ambulance clinicians and transferred for medical assessment as directed. She must not be left alone or sent home without appropriate clinical advice and safe handover.
- The Headteacher, DSL and Medical Needs Lead are informed as soon as practicable.
- Parents are informed promptly and receive the factual incident record.
- Medication is replaced, the IHP and Action Plan are checked, and staff and pupils affected are offered appropriate wellbeing support.

11 Educational visits and off-site activities

Pupils with allergies should participate in trips, work experience, sports, residentials and extracurricular activities with their peers. A parent will not be required to attend solely because the school has not made suitable arrangements.

The trip leader completes an individual risk assessment early enough to make adjustments. It addresses food and drink; travel; accommodation; activity materials; animals and insects; access to emergency care; mobile reception; emergency contacts; staff competence; the pupil's two prescribed devices; additional medicine; and whether a separate pair of school spare AAIs should accompany the trip without leaving the school site without its required stock.

Before departure, the trip leader confirms that the pupil has both prescribed devices, the current Action Plan is available, named staff understand the plan, food arrangements are confirmed and emergency contact information is current. If medication is unexpectedly unavailable, the trip leader consults the Headteacher and parent and makes a documented safety decision. A pupil is not excluded automatically; reasonable alternatives are considered first.

For work experience, the placement is told the information necessary to keep the pupil safe, with appropriate involvement of the pupil and parent. The school's duty to plan and monitor remains in place.

12 Inclusion wellbeing and bullying

Allergy can cause anxiety, affect concentration and attendance, and make pupils feel different. Staff will listen to the pupil and family, explain the safeguards in place and review arrangements when anxiety indicates that safety or confidence may be affected. Attendance related to medical appointments or allergy will be managed sensitively and will not be penalised unfairly, including through 100 percent attendance rewards.

A pupil will not be routinely sent home, prevented from eating with peers, excluded from a lesson or visit, or required to rely on a parent to administer medication where the school can reasonably provide support. Adjustments are individual and proportionate.

Deliberately exposing someone to an allergen, threatening to do so, force-feeding, tampering with medication, mocking dietary controls or excluding a pupil because of allergy are serious behaviour and safeguarding concerns. Staff act immediately under the Behaviour and Anti-Bullying Policy, inform the DSL where harm or risk of harm is present, preserve evidence and support the affected pupil.

Age-appropriate allergy awareness is included through assemblies, personal development, science and relevant curriculum opportunities. Wider discussion about an individual pupil is agreed with her and her parents and must not disclose unnecessary health information.

13 Incidents near misses and learning

Recording and reporting

Every allergic reaction, medication error, administration of adrenaline, serious incident and near miss is recorded as soon as practicable. Reports may also be made by pupils, parents, healthcare professionals, caterers or visitors where an effect becomes apparent after leaving school.

The record states who was affected; what happened, when and where; the suspected allergen and route of exposure; relevant food or product details; symptoms; staff and pupil response; medicines and exact times; whether 999 was called; clinical outcome; people notified; and immediate containment action. It is cross-referenced to the accident record and safeguarding or food-safety record where applicable.

Parents are informed as soon as possible. The Headteacher decides whether external reporting is required, including to the Health and Safety Executive under RIDDOR, the local authority

environmental health team or relevant food authority, the school's insurer, safeguarding partners or healthcare professionals. Advice is sought where the threshold is uncertain.

Learning review

The Headteacher leads a no-blame learning review after any serious incident or near miss. The review considers the IHP, information flow, food controls, staff response, access to medication, training, supervision, emergency communication and whether the policy or risk register needs amendment. Corrective actions have a named owner and completion date and are reported to the Governing Body. The pupil and parents are invited to contribute.

14 Information sharing and confidentiality

Allergy and health information is special category personal data. The school holds, uses and shares it only where there is a lawful basis and it is necessary for care, safety, inclusion, safeguarding or legal duties. Information is accurate, current, access-controlled and retained in line with the school's retention schedule.

Staff who supervise or provide food need sufficient information to act safely, including a photograph where this is a proportionate identification control. Information displayed in kitchens, offices or teaching areas is kept in staff-only locations. Wider pupil awareness is planned with the pupil and parents and does not replace staff emergency arrangements.

During transition, the school shares relevant plans securely with the receiving setting where lawful and necessary. The receiving setting should prepare its own IHP reflecting its arrangements.

15 Monitoring complaints and review

The Headteacher monitors implementation through the audit indicators below and reports to the Governing Body at least annually. The policy is published on the school website and is available in hard copy on request.

Area	Evidence reviewed
Training	All staff trained annually; new, supply and cover staff briefed; gaps followed up
Plans	All identified pupils assessed for an IHP; current plans attached and reviewed
Medication	Two prescribed devices available where required; spare pair in date; five-minute access demonstrated
Food	Allergen matrix current; substitutions checked; catering identification and cross-contact controls audited
Visits	Individual allergy risk assessment and medication checks evidenced
Learning	Incidents, near misses and drills recorded; actions completed and reported to governors
Inclusion	Pupil and parent feedback considered; bullying and avoidable exclusion addressed

Concerns should be raised promptly with the Headteacher so immediate safety action can be taken. Formal complaints follow the school's Complaints Policy. A complaint does not delay emergency action, safeguarding referral or external reporting where required.

This policy is reviewed annually and sooner after a serious incident, near miss, drill finding, complaint, material operational change, or change in law or guidance. Pupils, parents and staff with experience of allergy will be invited to contribute where appropriate.

Appendix A Emergency response quick guide

This quick guide supports training and does not replace an individual's current Allergy Action Plan.

Recognise

AIRWAY: throat or tongue swelling, tight throat, hoarse voice, difficulty swallowing. BREATHING: sudden wheeze, persistent cough, noisy or difficult breathing. CIRCULATION: dizziness, faintness, sudden sleepiness or confusion, pale clammy skin, collapse.

Respond

1. Bring help and adrenaline to the person. Do not make them walk.
2. Lay flat with legs raised. If breathing is difficult, allow sitting with legs outstretched. Do not allow standing.
3. Give the person's own adrenaline device immediately or use a spare AAI. If in doubt, give adrenaline.
4. Call 999 and say 'anaphylaxis'. Do not delay adrenaline while making the call.
5. Give the second device after five minutes if there is no improvement.
6. Start CPR if there are no signs of life. Stay until ambulance handover.

Never use an antihistamine or asthma inhaler instead of adrenaline for anaphylaxis.

Appendix B Allergy register and medicine audit

The live register is confidential and stored securely. Staff-only copies must be version controlled.

Pupil and form	Allergen and risk	IHP and Action Plan dates	Self-carry or location	Two devices and expiry	Last check and action

Spare AAI check

Date	Location	Device dose and make	Batch and expiry	Condition and quantity	Checker and action

Appendix C Activity and visit risk assessment prompts

Area	Prompt and control to record
Pupil and plans	Has the current register, IHP and clinical Action Plan been checked? Has the pupil and parent contributed?
Allergens	What food, contact, airborne, animal, insect, medicine, packaging or activity triggers may be present?
Food	Are ingredients and allergen information confirmed? How are substitutions, cross-contact, serving and eating managed?
Medication	Are two prescribed devices present, in date and accessible? Is a separate spare pair required?
People	Which trained staff are responsible? Who carries plans and medication? Who covers absence or separation of groups?
Emergency	Can adrenaline be given immediately? How will 999 be called, the location described, the ambulance met and parents contacted?
Environment	What is the distance to medical help? Are there temperature, storage, phone signal, transport or accommodation issues?
Inclusion	What adjustment enables full participation without segregation or unnecessary parental attendance?
Decision	Are controls adequate? Who approved the assessment, when will it be reviewed and how will staff be briefed?

Appendix D Allergy incident and near miss record

Field	Record
Date, time and exact location	
Person affected and witnesses	
Known or suspected allergen and product details	
What happened and likely route of exposure	
Symptoms and exact onset time	
Actions, medication, dose and exact times	
999 call, ambulance and clinical outcome	
Parents and leaders notified and times	
Immediate containment and replacement of medication	
Serious incident, near miss or other event	
External reporting considered and decision	
Learning, actions, owner and completion date	
IHP, risk assessment and policy review outcome	
Completed and approved by	

Appendix E Training and drill record

Date and type	Provider or leader	Content and device practised	Staff present and absences	Follow-up and completion

Annual drill evaluation

Measure	Finding
Scenario and location	
Time to recognise and call for help	
Time for paired AAIs to reach casualty	
Positioning, 999 call and second-dose readiness	
What worked	
Required action, owner and due date	
Completion verified by and date	

Appendix F Parent and pupil information checklist

Check	Complete	Notes or action
Allergy, suspected allergy and known triggers recorded	Yes / No	
Current photograph and emergency contacts obtained	Yes / No	
Clinical Allergy Action Plan and Asthma Action Plan obtained where applicable	Yes / No	
Need for an IHP assessed and plan agreed with pupil and parent	Yes / No	
Two prescribed adrenaline devices supplied, labelled and in date	Yes / No	
Consent and emergency use arrangements recorded	Yes / No	
Self-carry, storage and travel-home arrangements agreed	Yes / No	
Dietary and catering arrangements agreed and Catering Lead informed	Yes / No	
Curriculum, worship, enrichment, transport and visit adjustments considered	Yes / No	
Information-sharing preferences discussed and necessary staff informed	Yes / No	
Expiry reminders and reporting of changes explained	Yes / No	
Review date agreed and copy of the IHP provided	Yes / No	

Appendix G References

Department for Education, Allergy safety in schools, statutory guidance, July 2026

Department for Education, Allergy safety policy template, July 2026

Department for Education, School food standards allergy guide, September 2026

Department for Education, Supporting pupils with medical conditions at school

Department of Health and Social Care, Using emergency adrenaline auto-injectors in schools

Food Standards Agency, Allergen guidance for food businesses

British Society for Allergy and Clinical Immunology, Allergy Action Plans

NHS, Anaphylaxis

**This policy is based on the law and guidance available for September 2026. It must be checked against later DfE regulations and any amendment to the Independent School Standards at the next review or sooner if new requirements take effect.*