



Allergy Safety and Anaphylaxis Policy

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Allergy Safety and Anaphylaxis Policy

School: The Ecclesia Partnership

Policy owner: Rachel Blake

Approved by: Governing Body

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1. Policy statement

The Ecclesia Partnership is committed to providing a safe, inclusive and supportive environment for every pupil, including children and young people living with allergies.

The school recognises that allergic reactions can be unpredictable and that anaphylaxis can be life-threatening. We will therefore take reasonable and proportionate steps to reduce the risk of allergic reactions, ensure pupils with allergies can participate fully in school life, and ensure staff are confident in recognising and responding to an allergic reaction.

This policy has been developed with reference to the Department for Education's Allergy safety in schools statutory guidance, published in July 2026, together with relevant guidance on supporting pupils with medical conditions and the use of emergency adrenaline auto-injectors.

The policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy
- SEND Policy
- Behaviour Policy
- Asthma Policy
- Catering and Food Hygiene procedures.

2. Aims

The aims of this policy are to:

- protect pupils with diagnosed allergies from avoidable risks;
- ensure that staff understand their responsibilities in relation to allergies;
- ensure pupils with allergies have appropriate Individual Healthcare Plans (IHPs);
- ensure prescribed adrenaline devices are readily accessible;

- ensure the school has appropriate emergency adrenaline devices where required;
- ensure staff can recognise the signs and symptoms of anaphylaxis;
- ensure staff know how and when to administer adrenaline;
- ensure appropriate arrangements are in place for school trips, sporting activities, clubs and other activities;
- work collaboratively with parents/carers, pupils, healthcare professionals, caterers and other relevant organisations;
- ensure pupils with allergies are not unnecessarily excluded from learning or social opportunities;
- record, review and learn from serious allergic reactions and near misses;
- promote an inclusive culture in which allergies are understood and treated seriously.

3. Legal and statutory framework

This policy takes account of the following legislation and guidance, as applicable:

- Children and Families Act 2014, including duties relating to supporting pupils with medical conditions;
- Equality Act 2010;
- Education Act 1996;
- Health and Safety at Work etc. Act 1974;
- Department for Education Allergy safety in schools statutory guidance, July 2026;
- Department for Education guidance on supporting pupils with medical conditions;
- Department of Health and Social Care guidance on emergency adrenaline auto-injectors;
- Department for Education Keeping children safe in education 2026;
- relevant NHS advice and local-authority guidance.

The Children's Wellbeing and Schools Act 2026 introduced a statutory duty for schools to have an allergy safety policy. The school will review this policy at least annually, publicise it to staff, pupils and parents/carers and publish it on the school website, in accordance with the statutory requirements.

The school will keep this policy under review as regulations and statutory guidance develop.

4. Scope

This policy applies to:

- all pupils;
- all teaching and support staff;
- supply teachers;
- volunteers;
- governors/trustees when undertaking school activities;
- catering staff;
- breakfast and after-school club staff;
- sports and activity providers;
- contractors where relevant;
- visitors where appropriate.

The principles of this policy will also be considered when pupils are:

- on educational visits;
- travelling to or from school as part of a school activity;
- attending residential trips;
- taking part in PE or sports;
- attending clubs;
- eating food supplied by the school or caterers;
- participating in celebrations, parties or curriculum activities involving food.

5. Roles and responsibilities

5.1 Governing Body

The governing body or trust board will:

- ensure that the school has an appropriate published allergy safety policy;
- ensure appropriate resources are available to implement the policy;
- monitor the effectiveness of the school's allergy arrangements;
- ensure that the policy is reviewed at least annually;
- seek assurance that staff training is appropriate and up to date;

- receive periodic information about serious allergy incidents and near misses and the lessons learned.

5.2 The Executive Head Teacher

The Executive Headteacher has overall responsibility for implementation of this policy and will:

- ensure appropriate systems are established;
- appoint a named Allergy Lead – Head of School in each Partnership School;
- ensure staff receive appropriate training;
- ensure emergency arrangements are understood;
- ensure appropriate records are maintained;
- work with parents/carers and healthcare professionals;
- ensure incidents and near misses are reviewed;
- ensure each school includes allergy-related risks on its risk register and manages them appropriately.

5.3 Allergy Lead – Head of School

The school will appoint a named member of staff as Allergy Lead – Head of School.

The Allergy Lead will:

- maintain the school's allergy register;
- coordinate Individual Healthcare Plans;
- ensure relevant staff understand individual pupils' allergy arrangements;
- coordinate allergy-awareness training;
- check emergency medication arrangements;
- monitor the location and expiry dates of prescribed and spare adrenaline devices;
- ensure spare adrenaline devices are replaced following use or expiry;
- liaise with parents/carers, healthcare professionals and catering staff;
- coordinate reviews following serious incidents and near misses;
- ensure appropriate arrangements are made for trips and activities;
- provide information and advice to staff.

5.4 All staff

All staff have a responsibility to:

- take allergies seriously;
- know which pupils in their care have allergies;
- understand the relevant pupil's IHP and Allergy Action Plan where applicable;
- know where prescribed adrenaline devices are kept;
- know where spare emergency adrenaline devices are kept;
- recognise symptoms of an allergic reaction;
- act immediately if anaphylaxis is suspected;
- report incidents and near misses;
- maintain confidentiality;
- follow the school's allergy and medical conditions procedures.

6. Identification and recording of allergies

Parents/carers will be asked to inform the school promptly of any diagnosed allergy. The school will also have arrangements for responding appropriately where a pupil is suspected of having an allergy but has not yet received a formal diagnosis.

The school will obtain appropriate information including:

- allergen(s);
- known symptoms;
- previous reactions, where relevant;
- prescribed medication;
- location of medication;
- emergency treatment arrangements;
- whether the pupil has been prescribed adrenaline;
- relevant healthcare professional advice;
- any specific dietary requirements.

The school will maintain an allergy register recording pupils known to be at risk of anaphylaxis and relevant information about their prescribed adrenaline and Allergy Action Plan where applicable.

Allergy information will be recorded securely and made available to staff who need it to safeguard the pupil.

Information will be handled in accordance with the school's data protection arrangements.

7. Individual Healthcare Plans

Every pupil whose allergy requires specific support will have an appropriate Individual Healthcare Plan (IHP) where required.

The IHP will normally include:

- the pupil's name and class;
- diagnosed allergy/allergies;
- known triggers;
- symptoms and warning signs;
- emergency treatment;
- medication and adrenaline arrangements;
- where medication is stored;
- who is responsible for administering medication;
- emergency contact details;
- arrangements for school trips and activities;
- arrangements for catering;
- any additional support required;
- review arrangements.

The IHP should have the pupil's Allergy Action Plan attached or readily available where one has been provided by a healthcare professional. The arrangements should include the relevant medical instructions and consent for staff to administer emergency medication where required.

The plan will be developed with the pupil, where appropriate, parents/carers and relevant healthcare professionals. Pupils and families will be involved in reviews where appropriate.

IHPs will be reviewed:

- at least annually;
- following a significant allergic reaction;
- following a change in diagnosis or medication;

- when there is a significant change in the pupil's circumstances.

The DfE's 2026 guidance specifically provides an IHP template for schools.

8. Medication and adrenaline devices

Pupils prescribed adrenaline devices should have rapid access to them at all times when they are under the school's care.

Where a pupil is prescribed adrenaline, arrangements should normally ensure that two devices are available to the pupil, in line with their prescription and healthcare advice.

The school will ensure that prescribed devices are accessible wherever the pupil may reasonably be, including:

- in classrooms;
- during break and lunchtime;
- in PE;
- on the playground;
- during clubs;
- during educational visits;
- during sporting activities;
- during residential visits;
- during travel to or from school as part of a school activity;
- in other locations where the pupil may reasonably be present.

For younger pupils who cannot safely manage their medication themselves, the school will ensure it is stored in an appropriate location that is readily accessible at all times.

Medication must be checked regularly for:

- expiry date;
- damage;
- correct storage;
- accessibility.

The school will have arrangements for prescribed adrenaline devices to be taken home at the end of the school day or at appropriate times, including holidays, and for checking that they remain in date.

The school will keep a record of pupils who have been prescribed adrenaline and whether an Allergy Action Plan is in place.

Parents/carers will be contacted when medication needs replacing or when there is a concern about the availability or condition of prescribed medication.

9. Emergency adrenaline auto-injectors

Each school will maintain spare emergency adrenaline auto-injectors in accordance with current statutory requirements and DfE guidance.

For primary schools, the school will hold, as a minimum, one pair of spare devices for children under 6 years (150 micrograms) and one pair for children aged 6 years and over (300 micrograms), unless documented site arrangements require otherwise.

Spare devices will:

- be stored in pairs;
- be stored securely but not locked away or otherwise restricted;
- be kept at room temperature and protected from direct sunlight and extreme heat;
- be clearly identified and readily accessible;
- be located so that they can be brought to a pupil within five minutes;
- be checked regularly and have their expiry dates monitored;
- be replaced following use or expiry;
- be safely disposed of when used or expired;
- be available for use in a genuine emergency where the conditions for their use are met.

Spare adrenaline devices should not be taken on off-site activities if doing so would leave the school without the required on-site emergency supply. Where appropriate, additional emergency arrangements will be considered as part of the visit risk assessment.

Spare devices may be used in a genuine emergency where required. Prior parental consent is good practice, but treatment must not be delayed while consent is being sought.

Used or expired adrenaline devices will not be reused and will be disposed of safely in accordance with current guidance.

10. Recognising an allergic reaction

Staff should be alert to possible signs of an allergic reaction, including:

- swelling of the lips, mouth, tongue or throat;

- difficulty breathing;
- wheezing or noisy breathing;
- difficulty speaking or swallowing;
- sudden persistent cough;
- dizziness, collapse or unconsciousness;
- pale, floppy or confused appearance;
- widespread hives or rash;
- vomiting or abdominal symptoms, particularly when accompanied by other symptoms.

Anaphylaxis should be treated as a medical emergency.

Staff must follow the pupil's emergency plan and the school's first-aid procedures.

For a mild or moderate allergic reaction, staff should follow the pupil's Allergy Action Plan, where available, and must not leave the pupil unattended. The pupil should be observed for at least 60 minutes as symptoms can progress. If symptoms become more severe or suggest anaphylaxis, adrenaline should be administered without delay and the emergency procedure followed.

11. Emergency response to suspected anaphylaxis

If anaphylaxis is suspected:

Step 1 – Give adrenaline immediately

The pupil's prescribed adrenaline device should be administered without delay, in accordance with their healthcare plan and staff training. Adrenaline should be given within five minutes of the onset of symptoms where anaphylaxis is suspected. Staff should not wait for emergency services or parental consent before giving prescribed adrenaline.

If the pupil's prescribed device is not available, or is unavailable within the required timeframe, a spare school adrenaline device should be used where appropriate. If in doubt, adrenaline should be given where anaphylaxis is suspected.

Step 2 – Call 999 immediately

Emergency medical assistance must be requested immediately. Staff should clearly state that the pupil is experiencing a suspected anaphylactic reaction.

Step 3 – Position the pupil appropriately

The pupil should be laid flat with their legs raised and should not be allowed to stand or walk. If they are having difficulty breathing, they may need to sit up with their legs stretched out. Staff should follow emergency first-aid guidance and remain with the pupil.

Step 4 – Give a second adrenaline dose if required

If symptoms do not improve after five minutes, a further dose of adrenaline should be given if available and appropriate, in accordance with the emergency guidance and the pupil's healthcare plan.

Step 5 – Contact parents/carers

Parents/carers must be informed as soon as practicable. Staff must not delay emergency treatment while attempting to contact parents/carers.

Step 6 – Record and review

The incident must be recorded and reviewed in accordance with the school's incident procedures. The pupil's IHP and Allergy Action Plan should be reviewed following a serious allergic reaction.

Important: This policy does not replace staff first-aid training or the pupil's individual emergency healthcare plan.

12. Staff training

The school will ensure that all staff present during times when pupils are scheduled to be on site receive allergy-awareness training at least annually. This includes permanent, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and staff who oversee breakfast or after-school provision. Contractors with no pupil-facing role are not normally included.

New staff and staff joining on a temporary or supply basis will receive appropriate allergy information and induction before working with pupils, with access to the full training as required.

Training will cover, as appropriate:

- what allergies are and the risks they pose;
- common allergens;
- the difference between food allergy, coeliac disease and food intolerance;
- signs and symptoms of allergic reactions;
- anaphylaxis;
- emergency response;

- use and location of adrenaline devices;
- individual pupil healthcare plans and Allergy Action Plans;
- preventing accidental exposure and cross-contact;
- recording and reporting incidents and near misses;
- supporting pupils sensitively and inclusively.

First aid training alone is not sufficient to meet the allergy-awareness training requirement.

The school will maintain a training record and will provide refresher training sooner where there is a significant change in arrangements or following a serious incident or near miss where additional training is identified as necessary.

13. Food and catering arrangements

The school will work with its catering provider to ensure appropriate allergy procedures are followed and that relevant food allergen requirements are met.

Catering arrangements will include:

- accurate identification of allergens;
- appropriate communication of dietary requirements;
- suitable menu and allergen information;
- procedures for preventing cross-contact;
- appropriate food preparation arrangements;
- staff awareness of individual pupils' requirements;
- clear communication between school, parents/carers and caterers.

Food businesses, including school caterers, must comply with applicable food allergen information requirements, including requirements relating to the 14 regulated allergens and pre-packed for direct sale (PPDS) food where applicable.

The school will not rely solely on a general statement such as "this food may contain allergens". Individual arrangements will be followed where a pupil has a diagnosed allergy.

14. Packed lunches

Parents/carers will be provided with clear information about the school's allergy arrangements.

Where necessary, the school may introduce proportionate measures concerning food brought into school.

The school will balance:

- the safety of pupils with allergies;
- the need to avoid unnecessary restrictions;
- pupils' nutritional needs;
- equality and inclusion;
- practical arrangements for staff and families.

A blanket ban on specific foods will only be introduced where it is considered necessary and proportionate following appropriate risk assessment.

15. Food sharing

Pupils will be taught not to share food.

Staff will reinforce this expectation sensitively, particularly with younger children.

The school will take additional precautions during:

- celebrations;
- cooking activities;
- tasting activities;
- cultural events;
- class rewards;
- fundraising activities.

Parents/carers will be informed where food is being provided as part of a school activity.

16. Curriculum and classroom activities

Pupils with allergies should be able to participate fully in the curriculum.

Teachers will consider allergy risks when planning activities involving:

- food technology;
- science;
- art and craft materials;
- cooking;
- gardening;
- animals;

- outdoor learning;
- residential activities.

Where an activity presents a significant allergy risk, an appropriate risk assessment will be completed and reasonable adjustments made.

The aim will normally be to adapt an activity rather than exclude the pupil.

17. Educational visits and residential trips

Before an educational visit, staff will review the healthcare needs of pupils with allergies.

The visit risk assessment will consider:

- access to medication;
- access to emergency adrenaline;
- trained staff;
- catering;
- transport;
- accommodation;
- activities;
- emergency services;
- communication arrangements;
- staff-to-pupil ratios.

A pupil must not be excluded from a visit solely because they have an allergy where appropriate reasonable adjustments can be made.

A member of staff with appropriate knowledge of the pupil's allergy arrangements will accompany the pupil where necessary.

Prescribed adrenaline and any other emergency medication will remain accessible throughout the visit. Spare school devices will not be taken off site if doing so would leave the school without its required emergency supply; additional arrangements may be considered through the visit risk assessment.

18. PE, sport and outdoor activities

Allergy medication must remain accessible during PE and sporting activities.

Staff supervising activities will know:

- which pupils have allergies;

- where medication is located;
- how to summon emergency assistance;
- how to respond to an allergic reaction.

Medication will accompany pupils where activities take place away from the main school building.

19. Breakfast clubs, after-school clubs and wraparound care

The school will ensure that allergy arrangements are communicated to staff responsible for wraparound provision.

Where provision is delivered by an external organisation, the school will ensure appropriate responsibilities are clearly established.

All relevant providers will be expected to follow the pupil's healthcare arrangements and this policy where applicable.

20. Visitors, volunteers and contractors

Where relevant, visitors and volunteers will be made aware of appropriate allergy arrangements.

Contractors providing food, catering, activities or childcare services will be expected to comply with relevant legal and contractual requirements.

21. Preventing bullying and stigma

The school recognises that pupils with allergies can experience anxiety, isolation or bullying.

Allergy-related bullying, teasing or deliberate exposure to an allergen will be treated seriously and managed under the school's Behaviour and Anti-Bullying Policies.

Pupils will be taught age-appropriate information about allergies so that they understand:

- allergies are medical conditions;
- an allergic reaction can be serious;
- food should not be shared;
- medication must never be interfered with;
- pupils with allergies should not be excluded or ridiculed.

22. Pupil education

Age-appropriate allergy awareness may be incorporated into:

- PSHE;

- science;
- assemblies;
- first-aid education;
- wider safeguarding education.

The school will promote understanding without identifying individual pupils unnecessarily.

23. Incidents and near misses

The school will record serious allergic incidents and relevant near misses, with the aim of identifying learning and preventing recurrence.

A serious incident includes an allergic event where a pupil or other person is harmed or placed at immediate or significant risk, including where emergency medication, urgent clinical intervention or emergency services are required.

Examples of a near miss include:

- a pupil accidentally being given food containing an allergen;
- an adrenaline device being unavailable;
- medication being found to be out of date;
- an allergen being incorrectly labelled;
- a catering error;
- a pupil being exposed to a known allergen without suffering a reaction.

Serious incidents and near misses will be recorded in the school's accident/incident records as soon as reasonably practicable, including who was affected, what happened, when and where it occurred, the action taken, whether 999 or other clinical support was required, and the outcome.

Parents/carers of a pupil under 16 will be informed as soon as possible following a serious incident. The report and lessons learned will be shared with the pupil and parents/carers as appropriate, and their views will be considered.

The Allergy Lead will ensure that serious incidents and near misses are reported to the appropriate school or partnership leader and that any required notifications are made, including to the local authority, RIDDOR or relevant healthcare professional where applicable.

The pupil's IHP and allergy arrangements will be reviewed following a serious incident and where a near miss identifies a need for change.

Serious incidents and near misses will be reported periodically to the governing body as part of the school's monitoring and assurance arrangements.

24. Safeguarding

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

An allergy incident or medical error does not automatically constitute a safeguarding concern. However, any concern that a pupil's medical needs are being neglected, deliberately ignored, or placed at unreasonable risk will be considered under the school's safeguarding procedures.

Staff must report safeguarding concerns to the Designated Safeguarding Lead (DSL) in accordance with the Child Protection Policy.

KCSIE 2026 reinforces that safeguarding is everyone's responsibility and that staff should act immediately on concerns and follow the school's safeguarding procedures.

25. Equality and inclusion

The school recognises that allergies may amount to a disability under the Equality Act 2010 in some circumstances.

The school will make reasonable adjustments where required and will seek to ensure that pupils with allergies:

- have equal access to education;
- can participate in trips and activities;
- can access school meals safely;
- can participate in social events;
- are not disadvantaged because of their medical condition.

The school will adopt an individualised approach rather than assuming that every pupil with an allergy has the same needs.

26. Communication with parents and carers

The school will maintain open communication with parents/carers and will involve pupils and families in the development and review of individual allergy arrangements where appropriate.

Parents/carers should inform the school promptly about:

- a new allergy diagnosis;
- changes in medication;

- changes in emergency treatment;
- changes to the child's healthcare plan;
- previous serious reactions;
- changes in medical advice.

The school will provide parents/carers with information about:

- the school's allergy policy;
- individual healthcare arrangements;
- emergency procedures;
- catering arrangements;
- educational visits;
- how incidents are recorded.

The policy will be made available on the school website and in hard copy on request. The school will take steps at least annually to bring the policy to the attention of staff, pupils and parents/carers.

27. Confidentiality

Information about a pupil's allergy will be shared only with those who need the information to keep the pupil safe.

However, safeguarding and emergency medical needs take priority over unnecessary restrictions on information sharing.

Staff should follow the school's data protection and safeguarding procedures.

28. Monitoring and review

The Executive Headteacher and Head of School will monitor implementation of this policy.

The school will review:

- staff training compliance;
- allergy register accuracy;
- IHP completion;
- medication expiry dates;
- emergency device availability;
- incident and near-miss records;

- catering arrangements;
- educational visit arrangements;
- parent/carer feedback;
- pupil experience;
- allergy-related risks on the school risk register.

The policy will be reviewed at least annually and sooner where:

- legislation changes;
- DfE guidance changes;
- there is a serious incident;
- a significant near miss occurs;
- school arrangements change.

The school will consider allergy awareness drills or simulated scenarios as part of its emergency preparedness and will use learning from these exercises to strengthen practice where appropriate.

29. Emergency quick-reference procedure

If a pupil with a known or suspected allergy develops symptoms suggesting anaphylaxis:

1. GIVE ADRENALINE WITHOUT DELAY.
2. CALL 999 and state: "ANAPHYLAXIS."
3. Lay the pupil flat with legs raised and do not allow them to stand or walk.
4. If the prescribed device is unavailable, use the spare emergency device where appropriate.
5. If symptoms do not improve after five minutes, give a second dose of adrenaline if available and appropriate.
6. Stay with the pupil and monitor them until emergency services arrive.
7. Contact parents/carers as soon as practicable.
8. Record the incident and review the pupil's IHP and allergy arrangements.

Staff must not delay emergency treatment while attempting to contact parents/carers or waiting for emergency services.

30. Policy links and supporting documents

The following documents should be kept alongside this policy:

- Individual Healthcare Plan template
- Allergy Action Plan / emergency plan
- Emergency adrenaline device procedure
- Medication administration record
- Allergy register
- Staff allergy-training record
- Educational visit allergy risk assessment
- Catering allergy procedure
- Serious incident/near-miss form
- Parent/carer allergy information form

Appendix 1 – Staff allergy checklist

Every member of staff should know:

- ☐ Which pupils in my care have allergies.
- ☐ What their known allergens are.
- ☐ What symptoms may indicate a serious reaction.
- ☐ Where their prescribed medication is located.
- ☐ Where the school's emergency adrenaline device is located.
- ☐ Who the Allergy Lead is.
- ☐ How to summon emergency assistance.
- ☐ How to respond to suspected anaphylaxis.
- ☐ How to report an incident or near miss.
- ☐ What arrangements apply during trips, PE and clubs.

Appendix 2 – Parent/carers expectations

Parents/carers should:

- provide accurate and up-to-date medical information;
- provide prescribed medication as required;
- ensure medication is within its expiry date;
- inform school of changes in medical circumstances;
- participate in the development and review of the IHP;
- provide updated healthcare information where appropriate;
- discuss concerns with the school promptly.

Appendix 3 – Key DfE documents

The school should refer to the current versions of:

- Allergy safety in schools – statutory guidance
- Supporting children and young people with medical conditions and allergy
- Using emergency adrenaline auto-injectors in schools
- School food standards and allergy guidance
- Keeping children safe in education 2026

The DfE's allergy guidance includes a model allergy safety policy and IHP template which schools can use when finalising their own arrangements.