St.Peter's C.E. Primary School

Allergy Safety Policy

Updated: September 2026

To be reviewed: September 2027

This policy was approved by the Headteacher pending full governing body approval

Person responsible for this policy and its implementation	Mr Stephen Wedgeworth
Review Frequency	Annually or when an incident is experienced
Date approved	September 2026
Date of next review	September 2027
Purpose	• To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. • To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Safeguarding Behaviour Anti-bullying Health and Safety

1. School Vision and Values

At St. Peter's CE Primary School we are committed to inclusion for all and strive to provide an environment where every child can flourish academically, spiritually and socially. In line with Benedict's Law, we are committed to providing a safe, inclusive and welcoming environment for all children, young people, staff and visitors with allergies Our values of Love, Hope and Wisdom underpin everything we do, ensuring that everyone is treated with dignity and respect. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

2. Introduction and Core Principles

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

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

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death,

therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

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

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

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

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

St. Peter's CE Primary School has a whole school awareness approach, because it ensures that all staff and students are aware of:

- what allergies are
- the importance of avoiding an individual's allergens
- the signs and symptoms
- how to deal with allergic reactions
- procedures in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance are managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. These conditions are not included in this allergy safety policy.

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

3. Emergency Treatment and Management of Anaphylaxis

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

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting

- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

<u>In the event of anaphylactic reaction or where anaphylaxis is suspected:</u>

- **Keep the individual where they are, call for help and do not leave them unattended.**
- **Lie the individual flat with legs raised – they can be propped up if struggling to breathe but this should be for as short a time as possible.**
- **Adrenaline auto-injector devices (AAIs) should be brought to the child (whether their own prescribed AAI or "spare" AAI).**
- **If the child, young person or individual does not have A prescribed adrenaline devices, "spare" adrenaline devices can be used.**
- **If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.**
- **Adrenaline must be administered without delay (within five minutes) and the time given noted**.
- **AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.**
- **CALL 999 and state anaphylaxis**
- **If no improvement after 5 minutes, administer second adrenaline device**
- **If no signs of life commence CPR.**
- **Call parent/carer as soon as possible.**

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

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

*See Appendix 1 for Emergency Flowchart

Emergency communication

- Office staff will phone/meet the ambulance.
- A member of SLT or office staff will phone parents.
- If parents have not arrived, a familiar adult will accompany the child to hospital.

4. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and St. Peter's CE Primary school will only eliminate a food following a risk assessment supported by medical advice when necessary. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

St. Peter's CE Primary School is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

St. Peter's CE Primary School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment includes:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk

St. Peter's CE Primary School will ensure that the risk of exposure is minimised by:

- All school staff having allergy training every year
- Educating students through awareness assemblies and within PSHE
- Informing visitors, temporary/cover staff, volunteers and contractors working with children of relevant allergy information before working with pupils and ensuring that they know how to summon assistance in an emergency
- Working closely with parents/carers and health professionals to understand a pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

5. Food Provision and Catering:

St. Peter's CE Primary School will manage the risk of food allergy and give clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers
- Providing pupils' allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Identifying pupils with allergies at point of service through the kitchen's computerised system and photos of children in the kitchen.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen.
- Teaching pupils not to food share, trade food or share utensils or food containers and explaining the reasons why
- Ensuring that when teaching staff provide food for the pupils (e.g as part of the curriculum) they follow the school risk assessment.
- Ensuring that staff in school led breakfast and after school provision receive additional training to understand how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is provided by a third party, St. Peter's CE Primary School ensures that this policy is shared and the third-party provider meets the same procedures.

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. St. Peter's CE Primary School will work with parents/carers to determine the best way of ensuring that students receive their meal.

St. Peter's CE Primary School does not permit food to be brought for celebrations or birthdays in order to ensure inclusion and safety for students with allergies.

6. Medication and Adrenaline Auto-Injector (AAI) Devices

Pupils at risk of anaphylaxis who have been prescribed adrenaline auto-injectors (AAIs) must have two in-date devices immediately available at all times. Depending on the pupil's age and individual healthcare plan, the devices may be carried by the pupil, carried by an accompanying member of staff or kept in a clearly identified, readily accessible location. They must be easily accessible for the pupil throughout the school day, including when moving between the classroom, dining area, playground and sports field, and on all educational visits and journeys to and from school where the school is responsible for the pupil.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. **An adrenaline auto-injector device needs to be administered within 5 minutes**.

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

Spare Adrenaline Auto-Injector Devices

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

St. Peter's CE Primary School holds spare adrenaline devices for use in emergency situations**. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.**

St. Peter's' CE Primary School holds 4 JEXT Adrenaline Auto-Injector Devices as follows:

- **2 x 150 mcg (for children 6 years old or less)**
- **2 x 300 mcg (for people older than 6 years)**

These are located on the wall in the office corridor.

They are stored in a white box in an orange container and labelled 'Emergency Allergy Medication Anaphylaxis Kitt'.

The Allergy Lead is responsible for checking that adrenaline devices regularly to ensure they are in date and remain clear (not cloudy). They will be prompted to do this by Kitt Medical Supplies (who provide the emergency medication kits). Kitt Medical Supplies will also provide replacements annually before current adrenaline devices expire.

Adrenaline devices that are used or out of date will be taken to a pharmacy to be disposed of.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

Student self-management:

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for their own two adrenaline devices and to always carry them on them in a suitable bag/container .

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

7. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs, will be trained in allergy awareness and emergency response.

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

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

8. Emergency preparedness

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

St. Peter's CE Primary School will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills St. Peter's CE Primary School will ensure that a pupil's adrenaline devices are taken outside. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

9. Roles and Responsibilities:

Allergy lead and governing body:
The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the

emergency response plan for cases of anaphylaxis. The governing body will monitor this policy with it being a standing agenda item at meetings. St. Peter's CE Primary School have a named governor who works closely with the allergy lead and reports to the meetings.

St. Peter's CE Primary School includes the risks pertaining to pupils and staff with allergies on the school's risk register.

St. Peter's CE Primary School has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with staff and catering.
- Outside of the normal admission point, the allergy lead ensures that the information is shared with staff and catering teams as soon as possible but within two weeks of the student starting.
- Holding a register of pupils and staff with allergies including whether they hold adrenaline devices and whether they have an allergy action plan.
- Ensuring that systems are robust for the identification of pupils at mealtimes.
- Providing communication about:
  - the policy
  - the pupils who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- Communicating with:
  - governors to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Caterers – to ensure that pupils with allergies are provided with a safe meal
  - Parents/carers - to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
  - Pupils - to develop an understanding of allergies through PHSE
- Ensuring spare adrenaline devices are checked and in date, with replacements being secured before the current ones expire
- Ensuring that parents are notified by text/email before the expiry of medication
- Ensuring that IHPs are created, communicated with staff and reviewed annually
- Training:
  - ensuring that all staff receive annual training and that allergy is included in induction even for short term members of staff.
  - ensuring that all staff have the opportunity to practise with trainer adrenaline devices at least annually.

All Staff:
Responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions and acting swiftly in an emergency
- supporting the creation of a pupil's IHP
- implementing the pupil's IHP

- creating an inclusive curriculum
- curriculum adaptation to minimise risks
- completing risk assessments for curriculum activities involving food, trips and visits including sporting events
- building proactive relationships with parents/carers
- reporting near misses and incidents

Parents:
Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Notifying school immediately of diagnosis changes
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Providing replacement medication before expiry so that the student always has in date medication with them at school
- Providing two in-date AAIs where prescribed
- Attending review meetings when requested

10. Identification of Individuals with Allergies

Admissions Data Collection:
St. Peter's CE Primary School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via the school's admissions form and asthma plans.

Information Sharing:
UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through our register of medical needs and allergies.

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. St. Peter's CE Primary School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. St. Peter's CE Primary School work with parents/carers and the pupil if appropriate to write a new IHP. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff: pre-employment medical screening will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

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

11. Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- They contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- These plans will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that they are recognisable.

Allergy action plans are issued for pupils who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. (An IgE food allergy is an immune system response where the body produces Immunoglobulin E (IgE) antibodies to a specific food protein. These antibodies trigger the rapid release of histamine, causing sudden symptoms (like hives, swelling, or breathing issues) within minutes to a few hours. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils and include any advice received from health professionals. These plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. They identify exact risk-mitigation measures that need to be followed.

IHPs are kept in the classroom and it is the responsibility of the class teacher to make other staff working with the pupil aware of information contained in the plan.

For pupils with serious medical conditions (e.g. epilepsy/asthma/diabetes/anaphylaxis) the IHPs are displayed in the corridor outside the main office and shared with all staff via email/cpoms.

Staff are alerted through cpoms/email when IHPs are updated and given a paper copy.
Where a pupil has an allergy action plan and/or an asthma plan, this must be included with the IHP.

IHPs need to be brought to the attention of supply or cover staff and must be passed on during transition to a new school/new year group.

IHPS are reviewed at least annually or after any reaction.

St. Peter's CE Primary School will ensure that:

- Pupils with an allergy action plan or severe medical condition will have an individual healthcare plan
- Pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan

12. School Trips and External Visits

St. Peter's CE Primary School ensures that pupils with allergies are fully included in every trip, sporting event or extracurricular activities. An individual risk assessment addressing allergen exposure, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified will be carried out if necessary. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

When arranging a sporting fixture, St. Peter's CE Primary School will notify the host school that a member of the team has an allergy. If catering is provided, St. Peter's CE Primary will ensure that any pupil allergies are communicated and appropriate food is provided.

13. Serious Incidents and "Near Misses":

St. Peter's CE Primary School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

St. Peter's CE Primary School is aware that when an incident occurs materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

St. Peter's CE Primary School uses the Kitt Medical portal to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

St. Peter's CE Primary School will share the report with the pupil's parents/carers and the pupil or individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. St. Peter's CE Primary School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

14. Wellbeing and Support

At St. Peter's CE Primary School allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with an allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

St. Peter's CE Primary School will:

- regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- include allergy and anaphylaxis lessons
- plan school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- actively monitor, prevent, and address any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- engage proactively with new joiners with known allergies, setting out the school's policies and the support available

15. Safeguarding

St. Peter's CE Primary School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

16. Unacceptable practice

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

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

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or
- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

17. Policy Review and Publication

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

Further reading:

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

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

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

Guidance on the use of adrenaline auto-injectors in schools

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

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

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

Statutory Duties:

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

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

The duties to safeguard and promote the welfare of pupils and pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

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

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

The Early Years Foundation Stage (EYFS) statutory framework.

Appendix 1

Emergency Flow Chart

1. Suspect anaphylaxis.
   ↓
2. Administer adrenaline immediately.
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3. Call 999.
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4. Administer second AAI after 5 minutes if needed.
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5. Inform parents.
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6. Child must attend hospital.
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7. Record incident on CPOMS and review IHP.