Letchmore Infants' And Nursery School

Allergy Safety Policy (Anaphylaxis)

September - 2026

Review Date – September 2027

This template policy is compliant with the Allergy Safety in Schools statutory guidance published July 2026. It has been written and reviewed by the team at Anaphylaxis UK who have worked with the Department for Education on creating the Allergy Safety in Schools statutory guidance.

Person responsible for this policy & it's implementation	Michaela Benson – Head of Inclusion
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: Letchmore Infants' and Nursery School - Home	Supporting Children with Medical Conditions Child Protection Safeguarding Behaviour Support and Relationships Health and Safety School Dog Policy
Allergy Lead: Assistant: Allergy Aware Governor:	Michaela Benson Charlotte Edwards Cathy Reemer

Introduction and Core Principles

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

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hayfever) 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, anaphylactic 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 skin rash) being present. **We will always consider anaphylaxis in someone with a known allergy (food or other) 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 medications such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)

For food allergy, the vast majority of anaphylactic reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylactic reactions due to skin contact are rare. Children who have a skin reaction will be monitored for at least an hour.

Letchmore Infants' and Nursery School has a whole-school awareness approach by ensuring all staff and children, where appropriate, are aware of what allergens are, the importance of avoiding the individual's allergens, the signs and symptoms, how to deal with allergic reactions and ensure procedures are in place to minimise the 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 specifically included within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together, and this is known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is undertaken by all staff, and children's asthma care plans are included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Letchmore Infants' & Nursery 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 hayfever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of the 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.

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

Action:

- keep the individual where they are, call for help and do not leave them unattended.
- **lie individual flat with legs raised** – they can be propped up if struggling to breathe but this should be for as short a time as possible
- **use adrenaline device without delay** and note time given. Auto Adrenaline Injectors (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.

Minimising Risk 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. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction with serious consequences for the individual and we will only eliminate a food following a risk assessment, supported by medical advice when necessary. However, at Letchmore Infants' and Nursery School, we choose to be a nut free environment.

Letchmore Infants' and Nursery School is allergy aware ensuring that the staff and children, where appropriate, are actively aware of the risk posed by allergen, take steps to minimise the risk of exposure and have robust emergency response plans in place.

We complete a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- identifying ~~the~~ any food used within the curriculum and making adaptations to remove allergens that pose a risk, for the whole group not just the child who has an 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 (e.g. parents, children, staff)
- identifying measures to manage the risks of exposure to a food allergen through food provided by the school
- putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measure after children have worked with the therapy dog

Letchmore Infants' and Nursery School will ensure that allergy is included in appropriate school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

We will ensure that the risk of exposure is minimised by:

- all school staff undertaking allergy training every year
- educating children through PSHRE lessons
- educating the Parent Teacher Association (PTA) about school expectations for allergy management
- communicating with all visitors, temporary/cover staff that they will be teaching a child with an allergy and ensuring that they have been trained in allergy and anaphylaxis emergency response
- working closely with parents/carers and health professionals to understand the child's allergy
- monitoring this policy to ensure that the agreed practices are implemented

- establishing and maintaining high hygiene standards amongst staff, children and visitors

Food Provision and Catering

Letchmore Infants' and Nursery School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- ensuring the contract with the school catering company (Herts Catering) is compliant with the Food Standards Authority allergen management regulations
- ensuring Herts Catering provide information on food allergen to parents/carers
- liaising with Herts Catering, in a timely manner, regarding children's allergies to ensure that children can eat safely
- enabling parents/carers to liaise with Herts Catering directly to discuss their child's allergies
- identifying children with allergens at point of service by photos, electronic serving system and dishing up their meals on red plates/trays
- 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 as well as that from the school kitchen
- teaching children not to share food, trade food or share utensils or food containers and explaining the reasons why

When staff provide food for the children, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school parent/carer permission will be sought in advance to ensure inclusion and safety for children with allergies. At Letchmore Infants' and Nursery School, we do not allow children or parents/carers to bring in treats for celebrations such as birthdays.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, we ensure that this policy is shared and the third-party provider meets the same procedures.

We will ensure that PTA events, as best practice, follow (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. PTA members will be signposted to FSA training.

Children eligible for benefits based Free School Meals are entitled to their daily free school meal, regardless of allergy. Herts Catering will work with parents/carers to determine the best way of ensuring that children receive their meal and, where required, will provide a bespoke menu.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which should be available at all times. This includes the journey to and from:

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

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the device cannot be with the child in the classroom, it should be stored in an appropriate central location that is unlocked and accessible at all times

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.

At Letchmore Infants' and Nursery School, the children's individual adrenaline devices will be kept in their individual classes on a high shelf, in a white box with the child's photo on the front. A copy of their Individual Healthcare Plan and allergy advice will be kept in the box with the device. Staff will be vigilant and check daily to ensure the child's box is visible and accessible.

Spare Adrenaline Devices

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

Letchmore Infants' and Nursery School holds spare adrenaline devices for use in emergency situations. These are not a replacement for children's own adrenaline devices. Children prescribed adrenaline are expected to have their own devices ~~with them~~ at school for use in an emergency.

Letchmore Infants' and Nursery School holds:

2 x emergency Epipen Junior (0.15mg) – **RECEPTION AND YEAR ONE CHILDREN**

1x emergency Epipen Adult (0.30mg) – **YEAR TWO AND ADULTS**

Epipen Junior: one is located in the unlocked first aid room, on a high shelf, in a white box and is labelled 'emergency anaphylaxis kit Reception and Year One'. One is located in the Nursery in the first aid cupboard, which is high up and unlocked, in a white box labelled 'emergency anaphylaxis kit'.

Epipen Adult: is located in the unlocked first aid room, on a high shelf, in a white box and is labelled 'emergency anaphylaxis kit Year Two and Adult.

All emergency Epipens are accessible at all times of the school day and during after school provision.

The allergy lead, and assistant, are responsible for checking that the adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are used will be disposed of by returning to the pharmacy or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will also be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- adrenaline should be administered as soon as possible, within 5 minutes. **Do not wait to contact the emergency services before administering the adrenaline**

- the child should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or 'spare' ADs)
- if the child **has their own prescribed adrenaline devices** these should be used in the first instance
- if the child **does not have prescribed adrenaline devices** 'spare' adrenaline devices can be used
- if the child's **prescribed adrenaline devices are not available or misfire,** 'spare' adrenaline devices can be used
- if the child has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for 'spare' adrenaline devices to be used. ~~It can be~~ It is, however, good practice for the school to obtain consent from the parents/carers 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 the reasonable action to save a life without checking whether prior consent has been given.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, Herts Catering staff and others who may oversee children, including at breakfast and after school clubs, will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply cover, coaching and peripatetic staff have received allergy awareness training and liaising with Herts Catering and Premier Education (Wrap-around care providers) and external clubs to ensure their staff are fully trained and allergy aware.

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

- allergy awareness, the risk it poses, how allergic reactions occur and how to manage them
- allergy includes multiple co-existing conditions: asthma, eczema, hayfever
- understand the difference between food allergy, intolerance and coeliac disease

- that a child can be allergic to any food, not just the top 14 allergens, and non-food related allergies
- know the symptoms of allergic reactions and how to treat
- how to locate and administer adrenaline or an asthma inhaler (all adrenaline devices should be used to train with as a student may have a different device to the spare adrenaline device)
- how to report an allergic reaction including: mild to moderate, anaphylaxis, near miss/incident
- understand their responsibilities in risk reduction to ensure that children are prevented from coming into contact with their allergens
- understand the impact that an allergy can have on a child's wellbeing
- understand the school's allergy safety policy and how to check if a child is on the record of those with a known allergy, and how to use an allergy or asthma action plan

Emergency Preparedness

Every year, staff will undertake allergy and anaphylaxis training and will be reminded of key aspects of the policy such as:

- how to identify which children have a known allergy
- the storage of children's, and spare, adrenaline devices
- have the opportunity to practise with adrenaline training devices

Letchmore Infants' and Nursery School will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown procedures we will ensure that a child's adrenaline device is with them. Should a real evacuation happen, the child may have to go home without adrenaline if this has not been taken out during an evacuation.

Roles and Responsibilities:

Allergy Lead, assistant and Governing Board:

The Governing Board 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 Board, monitor this policy

annually and monitor it's implementation on Governor Visit Days Letchmore Infants' and Nursery School have a named Governor who works closely with the allergy lead, and assistant.

The Allergy Lead is a member of the senior leadership team and is responsible for allergy safety, which includes driving the implementation of the allergy safety policy and ensuring it is reviewed at least annually.

The allergy lead and assistant are responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with Herts Catering. Outside of normal admission point, ensuring that information is shared with staff and catering teams as soon as possible, but within two weeks of the child starting
- holding a register of children 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 students at mealtimes
- communicating about the policy, the children who are on the register of those with allergies,
- reinforcing the importance of recording and reporting near misses and incidents
- communicating with governors to provide updates about the policy implementation and review
- communicating with the Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
- communicating with outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
- liaising with Herts Catering regarding the procedures for ensuring that the children with allergies are provided with a safe meal are in place
- supporting parents/carers to enable them to input into Individual Healthcare Plans (IHPs) and to request allergy action plans when appropriate
- supporting children to develop an understanding of allergy awareness through PSHRE lessons

- obtaining spare adrenaline devices and making sure these are checked and in date with replacements being secured before the current ones expire
- ensuring that IHPs are created and communicated
- 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 but ideally a few times per year

All staff

All staff are responsible for:

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

Parents are responsible for:

- adhering to this policy
- liaising with Herts Catering about their child's allergy and dietary requirements
- providing school with the information they need to create Individual Health Care Plans
- updating school when reactions happen outside of school, or of any changes to their child's allergy and its management
- ensuring that their child always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Cata Collection: Letchmore Infants' and Nursery School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions and treatment histories prior to admission via our data collection forms.

Information Sharing: UK GDPR does not prevent the sharing of a child's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with all staff, support staff, and Herts Catering while maintaining appropriate data privacy.

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

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

Visitors and Regular Volunteers: will be asked about allergies ahead of their visits. If an allergy is declared, the allergy lead, or assistant, will be notified and this information will be communicated as necessary to ensure the visitor has a safe working environment.

Children's Individual healthcare Plans (IHPs) and Allergy Action Plans

Allergy Action Plans

Allergy action plans are issued for children who have a IgE food allergy, and often a venom allergy, that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so a plan is not issued.

They are clinical documents that are created by a GP, allergy nurse or clinic:

- they detail the student's allergy and medications

- they contain parent/carer contact details and must be signed by the parent/carer as this is their authority to administer medication, including the administration of spare adrenaline devices
- they will only be updated by the medical professional following a review of the child's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the child annually so as they are always recognisable

Individual Healthcare Plans (IHPs)

IHPs are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a child is fully included in the life of the school. They will identify exact risk-mitigation measures that need to be followed. IHPs are school owned documents that are co-created by school, parents/carers, and where appropriate, the child.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested from the school nurses where needed. If a child has an allergy or asthma action plan, this will be included with the IHP.

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

Letchmore Infants' and Nursery School ensure that:

- children with an allergy action plan/asthma action plan have an IHP
- children without an allergy action plan/asthma action plan but have an allergy that needs active management over and above what other children need will have an IHP
- IHPs are created whilst children are waiting for a diagnosis

School Trips and External Visits

Letchmore Infants' and Nursery School ensures that children with allergies are fully included in every trip, sporting event or extracurricular activity. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. It will also include the safe storage of adrenaline devices for the duration of the trip/event. In order to ensure the child is safe and included, alternative activities will be planned, where necessary.

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

In conjunction with the allergy lead, and or assistant, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Letchmore Infants' and Nursey School will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them, ensuring children remaining in school still have access to spare adrenaline devices should the need arise.

Letchmore Infants' and Nursey School will notify the host school when organising a sporting fixture, that a child has an allergy.

Serious Incidents and Near Misses

Letchmore Infants' and Nursey 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 children are better protected in the future.

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

Letchmore Infants' and Nursey School uses CPOMS and Arbor to record allergic reactions (incidents) and near misses (e.g. accidental exposure without reaction,

or labelling errors). The incident or near miss will be reviewed and a report written and shared with the Governing Board.

We will share the report with the child's parents/carers and, where appropriate, the child and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lesson learned review. We will confirm what we have learnt from the incident and outline any actions we are taking as a result. The child's IHP will be updated, where 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.

Wellbeing and Support

At Letchmore Infants' and Nursey School, allergy safety is a priority and actions to ensure that children are included and safe are embedded into the school's culture. Children will allergies become anxious as a result of the risk of exposure to allergens and potential for anaphylaxis, which may be compounded by living with difficult to control asthma or eczema.

Letchmore Infants' and Nursey School:

- regularly communicate with children, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- includes allergy and anaphylaxis as part of PSHRE lessons
- plans school celebrations, rewards and communal events inclusively from the outset to eliminate social isolation
- involves children (where appropriate) and staff with allergies in developing and reviewing policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents and addresses any stigmatism or bullying directed at individuals due to their allergies or dietary constraints
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment, which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall

- has proactive engagement with new joiners with known allergies, setting out school policies and the support available

Safeguarding

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

Unacceptable Practice

Letchmore Infants' and Nursey School 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 from easily accessing and administering their medication in line with what is agreed in their IHPs (e.g. prescribed adrenaline devices and asthma relievers) when and where necessary
- assuming that every child with the same condition requires the same support
- assuming that older children do not require support related to their allergy, even of they are able to take increasing responsibility for its management
- ignoring the views of the child or their parents/carers
- ignoring medical evidence or the opinion and advice of healthcare professionals
- assuming that a child does not have an allergy as they do not yet have a diagnosis, for example, while medical investigation is underway
- sending a child who becomes unwell to the school office or medical room without adult supervision. In the case of an emergency or suspected emergency, e.g. anaphylaxis, help should come to the child

- penalising children for their attendance record if their absences are related to their medical condition e.g. health appointments and health management. This includes excluding children from rewards for 100% attendance where their non-attendance is the result of a medical condition
- requiring parents/carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child
- preventing children from participating, or creating unnecessary barriers to them participating, in any aspect of school life, including external visits and trips e.g. by requiring parents to accompany the child

Policy Review and Publication

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

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 students 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.