ABBEY VIEW SCHOOL

Policy: Allergies & Anaphylaxis

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1. Policy Statement

This policy aims to ensure that all trustees understand:

Abbey View School is committed to providing a safe, inclusive environment for pupils with allergies. The school recognises that allergies can range from mild reactions to potentially fatal anaphylaxis and that allergic reactions may be unpredictable.

The school will take proportionate and reasonable steps to:

- Reduce exposure to known allergens without giving a false guarantee that the school is completely allergen-free.
- Identify and support pupils with diagnosed or suspected allergies.
- Prepare staff to recognise and respond promptly to an allergic reaction.
- Maintain emergency arrangements, including appropriate access to adrenaline auto-injectors.
- Include pupils safely in lessons, meals, clubs, trips, residential visits and other school activities.
- Protect pupils' dignity, wellbeing and privacy and address allergy-related bullying or exclusion.
- Record and learn from allergic reactions, serious incidents and near misses.

This policy follows the Department for Education's Allergy safety in schools statutory guidance, published on 6 July 2026. That guidance requires relevant schools in England to publish an allergy safety policy, train staff, identify pupils who need Individual Healthcare Plans and record and learn from incidents and near misses

2. Legal and Guidance Framework

Abbey View School will implement this policy consistently with:

- Section 100 of the Children and Families Act 2014, which requires governing bodies, academy proprietors and PRU management committees to make arrangements to support pupils with medical conditions.
- The DfE's 2026 statutory guidance on allergy safety in schools.
- The DfE's statutory guidance on supporting pupils with medical conditions at school.
- The Human Medicines (Amendment) Regulations 2017 and Department of Health and Social Care guidance concerning emergency adrenaline auto-injectors in schools.
- The Food Information Regulations 2014, including allergen-information requirements applicable to school catering.
- The Equality Act 2010, where an allergy amounts to a disability.

- Applicable health and safety, data-protection, first-aid, safeguarding and food-safety duties.
- Schools and caterers must provide allergen ingredient information for the food they serve and continue meeting pupils' special dietary needs when menus or ingredients change.

3. Aims

The aims of this policy are to:

- Establish clear responsibility for allergy safety.
- Identify pupils with allergies and understand their individual needs.
- Reduce avoidable exposure to allergens.
- Ensure prescribed medicines are available, stored appropriately and accessible without avoidable delay.
- Ensure suitable spare adrenaline auto-injectors are held for emergency use.
- Give staff the knowledge and confidence to recognise and respond to allergic reactions.
- Ensure emergency responses are prompt, consistent and rehearsed.
- Support full participation in education and school life.
- Maintain accurate records and improve practice following incidents and near misses.
- Work constructively with pupils, parents, healthcare professionals, caterers and other relevant organisations.

4. Definitions

For this policy:

- An allergy is an immune-system response to a substance that is normally harmless.
- An allergen is a substance capable of causing an allergic reaction. It may be present in food, medication, insect venom, latex, animals, pollen or other materials.
- Anaphylaxis is a serious, potentially life-threatening systemic allergic reaction requiring immediate treatment.
- An adrenaline auto-injector, or AAI, is a single-use device that delivers a measured dose of adrenaline.
- An Individual Healthcare Plan, or IHP, records a pupil's needs, risks, medicines, emergency response and agreed support.
- A near miss is an event that could have resulted in allergen exposure or harm but did not, whether because of intervention or chance.

5. Responsibilities

Trust Board

The trust board will:

- Ensure arrangements are in place to support pupils with allergies.
- Approve and monitor this policy.
- Ensure sufficient resources, training and oversight are available.
- Seek assurance that the school complies with statutory guidance.
- Monitor significant incidents, recurring near misses and resulting improvements.
- Ensure no pupil is denied admission, education or participation solely because reasonable allergy arrangements are required.

Principal

The Principal has overall responsibility for implementation and will:

- Appoint a competent Designated Allergy Lead and deputy.
- Ensure responsibilities are allocated clearly.
- Ensure relevant policies, risk assessments and contracts reflect this policy.
- Arrange appropriate staff training and refreshers.
- Ensure prescribed and spare emergency medicines are managed safely.
- Make sure temporary, agency and visiting staff receive essential information.
- Ensure incidents and near misses are reviewed and, where appropriate, reported externally.
- Escalate serious concerns to governors or trustees.

Designated Allergy Lead- Lucy Brazier

The Designated Allergy Lead will:

- Maintain an accurate and accessible allergy register.
- Coordinate IHPs and ensure they are reviewed.
- Liaise with pupils, parents, healthcare professionals and caterers.
- Monitor medicines, storage, expiry dates and emergency kits.
- Coordinate training, drills and staff competency records.

- Check arrangements for trips, clubs, events and transitions.
- Lead reviews following incidents and near misses.
- Report patterns, concerns and actions to the Principal.
- The Allergy Lead coordinates provision but does not hold sole responsibility for responding to an emergency. All staff must act within their training.

All staff

All staff must:

- Be aware of this policy and complete required training.
- Know how to summon help and where emergency medicines are located.
- Take allergies seriously and follow pupils' IHPs.
- Never delay emergency treatment while trying to contact a parent.
- Not give pupils food, medication or products contrary to agreed controls.
- Report symptoms, exposures, incidents and near misses promptly.
- Challenge allergy-related bullying, teasing, food-sharing or deliberate exposure.
- Inform the Allergy Lead if they are unsure about arrangements.

Parents and carers

Parents and carers are expected to:

- Notify the school promptly of a diagnosed or suspected allergy.
- Supply accurate medical information and relevant healthcare documentation.
- Participate in creating and reviewing the pupil's IHP.
- Provide prescribed medication in its original labelled container.
- Ensure prescribed medication is in date and replace it before expiry.
- Inform the school promptly of changes in diagnosis, medication or emergency treatment.
- Encourage their child to understand their allergy in an age-appropriate way.
- The school will not make support conditional on a parent attending the school day or accompanying a pupil on routine activities.

Pupils

According to their age, maturity and ability, pupils will be supported to:

- Understand and communicate their allergy needs.
- Avoid food-sharing and unknown food.
- Recognise early symptoms and seek help immediately.
- Carry their own medication where this is agreed in their IHP.
- Tell staff when medication has been used or is missing.
- Treat the allergy needs of others respectfully.
- A pupil will not be blamed or punished for experiencing an allergic reaction or for needing reasonable assistance.

Catering staff and providers

Catering staff and providers must:

- Comply with food-safety and allergen-information requirements.
- Maintain accurate ingredient and allergen information.
- Prevent avoidable cross-contact through suitable storage, preparation, cleaning and serving controls.
- Follow approved special-diet procedures.
- Check substitutions and recipe changes before serving affected pupils.
- Ensure trained cover is available when relevant personnel are absent.
- Communicate promptly with the school about ingredient, supplier or menu changes.
- Report mistakes, suspected exposures and near misses immediately.

6. Identifying pupils with allergies

Abbey View School will request medical and allergy information:

- During admission.
- At the start of each academic year.
- Before school trips, residential visits and relevant activities.
- Whenever a pupil's needs change.

Information will be recorded on the school's management system and allergy register. Relevant staff will receive the minimum information necessary to protect the pupil.

Where a pupil develops symptoms without a previous diagnosis, the school will respond to the symptoms, inform parents and advise them to seek appropriate medical assessment. Emergency treatment must not be delayed because the allergy is previously unknown.

7. Individual Healthcare Plans

An IHP will be prepared where a pupil's allergy could require active risk management, emergency medication or adjustments to education and school life. This includes pupils at risk of anaphylaxis.

The IHP will be developed with the pupil, parents or carers, relevant school staff and, where appropriate, healthcare professionals. It will ordinarily include:

- The pupil's photograph and identifying information.
- Known allergens and likely routes of exposure.
- Typical signs and symptoms.
- Prescribed medication, dosage and administration instructions.
- The location of medication and whether the pupil carries it.
- The emergency response, including when an AAI should be administered.
- Dietary and environmental controls.
- Adjustments needed for lessons, meals, clubs, transport, trips and residential visits.
- Staff training or competency requirements.
- Communication and confidentiality arrangements.
- Arrangements for absences, transitions and cover staff.
- Review and emergency contact details.

IHPs will be readily available to staff who need them, including in an emergency. They will be reviewed:

- At least annually.
- Following a reaction, emergency, serious near miss or use of an AAI.
- When medication, diagnosis or circumstances change.
- Before significant transitions or activities presenting different risks.
- Where an allergy does not require an IHP, the school will still record and communicate proportionate precautions.

8. Reducing exposure to allergens

Abbey View School will use a risk-reduction approach. It will not describe itself as completely "allergen-free", because such a guarantee may be impossible and could create false reassurance.

Controls will reflect individual needs and may include:

- Safe storage, preparation and serving procedures.
- Handwashing with soap and water before and after eating.
- Cleaning tables, equipment and contaminated surfaces.
- Controls on food-sharing and unplanned food brought into school.
- Checking ingredients before food is used in lessons or activities.
- Suitable seating or supervision arrangements, without unnecessary isolation.
- Avoiding an identified allergen in a classroom where the assessed risk requires this.
- Controls for craft materials, science activities, gardening, animals, medicines and latex.
- Suitable waste disposal and response to spills.
- Clear arrangements for celebrations, fundraising, rewards and food-tasting activities.
- Blanket bans will not be the school's only control. Where a restriction is necessary, its purpose and limits will be communicated clearly and reviewed.

9. Food and catering arrangements

The school and catering provider will maintain a controlled process for special diets. No pupil requiring an allergy-related special diet will be served until required information and safeguards are in place, except where an agreed safe interim arrangement has been established.

The school will ensure that:

- Current dietary information is shared securely with relevant catering staff.
- Allergen information is available and accurate.
- Special meals are clearly identified and protected from cross-contact.
- Ingredient labels and recipes are checked rather than relying on memory.
- Substitutions are assessed before meals are served.
- Staff do not guess whether food is safe.
- Uncertain food is not served to an affected pupil.
- Changes are communicated to the pupil and relevant staff in an age-appropriate way.
- Packed lunches and food brought from home are covered by proportionate rules.

- Prepacked for direct sale food supplied by the school will meet applicable ingredient and allergen-labelling requirements.

10. Medicines and adrenaline auto-injectors

Pupil-prescribed medication

Pupils at risk of anaphylaxis should have rapid access to their prescribed AAI. Arrangements will be set out in the IHP.

Medication must normally:

- Be supplied in the original packaging with the dispensing label intact.
- Be in date and prescribed for the pupil.
- Be stored securely but remain quickly accessible.
- Accompany the pupil during off-site activities.
- Be available whenever the pupil is on site or participating in school activities.
- Where clinically advised, more than one prescribed AAI should be available. The school will maintain a clear system for expiry-date checks, replacement requests and recording administration.

Spare AAIs:

In accordance with the DfE's 2026 statutory guidance, Abbey View School will hold suitable spare AAIs for emergency use. The DfE states that schools must stock spare adrenaline devices, provide allergy-awareness training for all staff and improve incident and near-miss processes.

Spare AAIs will:

- Be obtained lawfully from a pharmacy.
- Include suitable dosage strengths based on the school's pupil population and medical advice.
- 2 AAIs will be available at a strength dosage of 0.3mg which is appropriate for any child over the age of 11.
- Be stored safely in a known, unlocked or rapidly accessible location.
- Be clearly distinguished from named pupils' medication.
- Be checked regularly for integrity and expiry.
- Accompany relevant off-site activities where required by risk assessment.

A spare AAI may be used where permitted by current law and guidance, including for a pupil known to be at risk of anaphylaxis whose own device is unavailable, faulty, out of date or cannot be administered without delay. Necessary parental consent and medical authorisation will be recorded through the IHP or the school's emergency AAI arrangements.

Nothing in this policy prevents urgent first aid or the calling of emergency services for a person with suspected anaphylaxis.

11. Recognising an allergic reaction

Possible symptoms include:

- Itching, tingling or swelling of the lips, mouth, face or eyes.
- Hives, flushing or an itchy rash.
- Abdominal pain, nausea or vomiting.
- Sudden coughing, wheezing, noisy breathing or breathing difficulty.
- Throat tightness, difficulty swallowing or a hoarse voice.
- Dizziness, confusion, collapse or loss of consciousness.
- A sudden change in behaviour, pallor, floppiness or unusual quietness in a young child.
- Anaphylaxis should be suspected where there are sudden airway, breathing or circulation problems, particularly following possible exposure to an allergen. Skin symptoms may be absent.

12. Emergency response to suspected anaphylaxis

Where anaphylaxis is suspected, staff must:

- Administer an AAI immediately in accordance with the pupil's emergency plan, staff training and current instructions. If in doubt, administer adrenaline rather than delay where anaphylaxis is suspected.
- Call 999 immediately and state, "Anaphylaxis".
- Give the school's exact location, access details and the pupil's condition.
- Do not allow the pupil to stand or walk. Lay them flat with legs raised where possible. If breathing is difficult, allow them to sit with legs extended. Place an unconscious breathing pupil in the recovery position. A pregnant person should lie on their left side.
- Note the time the AAI was given.
- If symptoms do not improve, or return, give a second AAI after the interval specified in current emergency guidance, commonly five minutes, using a second device.
- Send a member of staff to direct the ambulance and another to obtain further medication.

- Contact the pupil's parents or carers after emergency treatment and the ambulance call have begun.
- Keep the pupil under continuous adult supervision.
- Transfer the used device and relevant medical information to ambulance staff.
- Ensure the pupil is taken to hospital for medical assessment, even if they appear to recover.

Staff must not:

- Delay adrenaline while seeking permission.
- Send the pupil to collect their own medicine alone.
- Ask the pupil to walk to the medical room.
- Give food or drink.
- Rely on antihistamine to treat airway, breathing or circulation symptoms.
- Leave the pupil unattended.

Emergency instructions will be displayed with AAI kits and included in staff training. Clinical instructions supplied with the device and directions from emergency services take precedence where appropriate.

13. Staff training

All school staff, including relevant temporary, agency, catering, premises and extracurricular staff, will receive allergy-awareness training appropriate to their role.

Whole-staff training will cover:

- Common allergens and routes of exposure.
- Recognition of mild, moderate and severe reactions.
- Anaphylaxis and the need for urgent adrenaline.
- How and when to use the AAI devices held by the school.
- Calling 999 and positioning a casualty.
- The location of prescribed and spare AAIs.
- Avoidance of delay and common emergency-response errors.
- Food-sharing, cross-contact and environmental risks.
- Pupil inclusion, dignity and allergy-related bullying.
- Incident and near-miss reporting.

Training will take place:

- During induction before staff assume relevant responsibility.
- At intervals set by the school's risk assessment and training provider.
- When devices or procedures change.
- Following an incident or identified gap in practice.

Staff with specific responsibilities will receive additional practical instruction and competency assessment where necessary. Training records will include the content, provider, date, attendees and renewal date.

The school will ensure that enough appropriately trained staff are available during the school day and during school-organised activities. A trained member of staff who responds to an unforeseen emergency will be supported and will not be penalised for acting reasonably and in good faith.

14. Trips, residential visits, clubs and off-site activities

Pupils with allergies will be included in school activities wherever reasonable adjustments can make participation safe.

Before an activity, the responsible member of staff will:

- Review the pupil's IHP.
- Complete a proportionate allergy risk assessment.
- Consult parents, the pupil, providers and caterers as necessary.
- Confirm how ingredients and cross-contact will be managed.
- Ensure prescribed and suitable spare AAIs are accessible.
- Check medication expiry dates and quantities.
- Ensure trained staff are present.
- Confirm mobile coverage, emergency contacts, local emergency arrangements and the full address.
- Brief staff without unnecessarily disclosing confidential information.
- Consider travel time to emergency medical care.

Emergency medication must travel with the pupil and not be placed in inaccessible luggage. The school's responsibilities continue during transport and activities arranged by or on behalf of the school.

15. Inclusion, attendance and wellbeing

Allergy management will be designed to support, not unnecessarily restrict, a pupil's education.

Abbey View School will:

- Make reasonable adjustments where required.
- Avoid isolating pupils at mealtimes unless specifically justified by risk assessment and agreed through the IHP.
- Ensure allergy-related absence is managed sensitively.
- Provide appropriate educational support following significant absence.
- Consider the emotional effect of allergy and emergency incidents.
- Address teasing, intimidation, allergen exposure and food-related bullying under the Behaviour and Anti-Bullying Policies.
- Ensure examination, assessment and attendance procedures do not disadvantage pupils unfairly.
- Support safe transition between classes, year groups, schools or post-16 settings.
- Deliberately exposing another person to a known allergen is a serious safeguarding and behaviour concern and will be addressed immediately.

16. Communication and confidentiality

The school will communicate allergy arrangements to those who need the information, which may include:

- Teaching and support staff.
- First aiders and pastoral staff.
- Catering and lunchtime staff.
- Office, premises and transport staff.
- Supply staff, volunteers and activity providers.
- Emergency services.

Photographs or emergency information may be displayed in controlled staff or catering areas where necessary for safety and lawful to do so. Information will be accurate, current, proportionate and handled in accordance with data-protection requirements.

Parents will be informed of material changes to arrangements affecting their child. Relevant allergy expectations will be communicated to the wider school community without identifying individual pupils unnecessarily.

17. Incidents and near misses

Every allergic reaction, AAI administration, emergency ambulance call, medication error and significant near miss will be recorded promptly.

Records will include:

- Date, time and location.
- The activity taking place.
- Known or suspected allergen.
- Symptoms and their progression.
- Medication and first aid given, by whom and when.
- Emergency-service and parent contact.
- Food, packaging, labels or other evidence retained where appropriate.
- Immediate safeguards introduced.
- Findings and agreed actions.

Following a serious event, the Principal or Allergy Lead will:

- Secure the pupil's immediate support and communicate with the family.
- Preserve relevant evidence, including packaging, menus, recipes and records.
- Review adherence to the IHP and school procedures.
- Consider staffing, training, catering, communication and environmental factors.
- Identify root causes rather than individual blame alone.
- Update risk assessments, IHPs, training or contracts where needed.
- Share learning with relevant staff and governors or trustees.
- Complete any legally required reports or notifications.
- The school will monitor patterns in near misses even where no pupil was harmed.

18. Admissions and transitions

The school will not refuse admission solely because a pupil has an allergy or requires an IHP.

Before a pupil starts, transfers or changes phase, the school will seek sufficient information to establish safe arrangements. Where full medical documentation is pending, the Principal will agree proportionate interim measures with parents and relevant professionals.

Medication, IHPs and essential information will transfer securely and promptly. Staff receiving the pupil will be briefed before assuming responsibility wherever practicable.

19. Complaints

Concerns should be raised promptly with the class teacher, Designated Allergy Lead or Principal so that safety issues can be addressed without delay.

Formal complaints will be managed under Abbey View School's Complaints Policy. Raising a concern or complaint will not adversely affect a pupil's education, treatment or inclusion.

20. Monitoring and Review

The Principal will report to the trust board at least annually on:

Monitoring area	**Evidence considered**
Identification and planning	Allergy-register accuracy and completed IHP reviews
Medication safety	Availability, accessibility and expiry checks
Training	Completion rates, practical competence and induction
Incidents	Reactions, AAI use, near misses and recurring themes
Catering	Audit findings, substitutions and special-diet controls
Inclusion	Trips, participation, attendance and reported bullying
Improvement	Actions completed following incidents or audits

This policy will be reviewed annually and sooner where:

- The DfE or another competent authority changes its guidance.
- Relevant legislation changes.
- An incident, near miss or audit identifies a weakness.
- Catering, premises or school activities change materially.
- Stakeholder feedback indicates that revision is required.