East-the-Water School Allergy Policy

FGB approved: Autumn 2026

Responsible person: Deana Smith / SENCO / SLT (Allergy Lead)

Next formal review: Autumn 2027. Operational review: after any allergic reaction or near miss, and when new guidance is published.

Document control	Detail
Policy owner	Allergy Lead / SENCO
Medical Team	Kerry Jordan, Julie Servaes and Marie Cox
Applies to	All staff, pupils, parents, visitors, volunteers, supply staff, breakfast/after-school provision, clubs, events and trips
Linked policies	Policy for Supporting Children with Medical Conditions; Asthma Policy; Educational Visits/Trips procedures; Equality Policy; Safeguarding and Health and Safety procedures
Implementation note	This policy reflects Statutory Guidance July 2026 'Allergy Safety in schools. A copy is available at the school office or the school website

Core safety principle: system first, not memory

- If in doubt, do not give food.
- No system = no food: if the allergy list is missing, out of date, inaccessible or cannot be checked, food must not be given.
- Staff must not rely on memory, habit, informal reassurance, assumptions about small quantities, or personal judgement about ingredients.
- Pupils with allergies must be included safely. If an activity cannot be made safe, the activity must be adapted, not the child excluded.

1. Aims

This policy sets out how East-the-Water School manages allergies, reduces the risk of allergic reactions, responds effectively in an emergency, supports pupils with allergies to ensure their safety, wellbeing and inclusion, and promotes allergy awareness across the whole school community.

The policy is designed to be practical, consistent and failure resistant. Staff follow the agreed system every time; the school does not rely on informal practice, memory, goodwill or individual interpretation.

2. Guidance, legal context and local context

This policy is based on and should be read alongside:

Source URLs are retained in Appendix 7 so that the policy remains auditable if document hyperlinks are stripped during copying, upload or conversion.

- Department for Education statutory guidance: Supporting pupils at school with medical conditions.
- Department for Education allergy guidance for schools and school food standards resources.

- Department of Health and Social Care guidance on using emergency adrenaline auto-injectors in schools.
- Medicines and Healthcare products Regulatory Agency clarification on emergency use of spare adrenaline auto-injectors.
- Devon County Council guidance signposting schools to DfE statutory guidance and Devon reporting/support processes.
- The Equality Act 2010, Children and Families Act 2014, health and safety duties, safeguarding duties and food allergen information requirements.

3. Understanding allergies

An allergy is an immune response to a normally harmless substance called an allergen. Allergic reactions can range from mild symptoms to anaphylaxis, which is a life-threatening emergency.

Allergies are common in childhood; the whole school community must understand allergy, reduce risk and know what to do in an emergency.

Common triggers include foods such as nuts, milk, egg and sesame; insect stings; medication; latex; animal fur; pollen (hayfever) and other individually recorded triggers. A pupil may react differently on different occasions. Reactions are not always linear: a pupil may become seriously unwell within minutes without first having mild symptoms.

Anaphylaxis usually occurs quickly after exposure, but it can begin later. Illness, asthma and other health factors can increase risk. Anaphylaxis must be treated promptly with adrenaline.

4. Key definitions

Term	Meaning
Allergen	A substance that causes an allergic reaction.
Anaphylaxis	A severe, life-threatening allergic reaction involving airway, breathing or circulation symptoms, or sudden severe breathing difficulty.
Adrenaline auto-injector (AAI)	A single-use device containing a pre-measured dose of adrenaline. Common brand names include EpiPen and Jext. The school uses the term AAI or adrenaline pen.
Spare AAI	An emergency AAI held by the school for emergency use in line with national guidance and this policy. It is not a replacement for a pupil's own prescribed devices.
Allergy Action Plan	A medical plan provided by a healthcare professional. Where available, it must be attached to the pupil's Individual Healthcare Plan.
Individual Healthcare Plan (IHCP)	The school document setting out a pupil's medical needs, precautions, medicines, consent and emergency procedures.
Significant allergy	An allergy that requires prescribed medication, has caused a medically significant reaction, may require detailed management, or places a pupil at risk of anaphylaxis.

5. Roles and responsibilities

5.1 Governing Body and Headteacher

- Ensure the school has suitable allergy arrangements, training, equipment and monitoring in place.

- Ensure this policy is implemented across school life, including clubs, visits, catering, events and supply cover.
- Make sure allergic pupils are included safely and are not disadvantaged or bullied because of allergy.
- Ensure serious incidents and near misses are reviewed and reported through the correct school, Devon and statutory routes where required.
- Ensure the policy is published on the school website and brought to the attention of pupils, parents/carers and all people working at the school at least annually.

5.2 Allergy Lead

- Oversee allergy management across the school.
- Ensure allergy information is accurate, accessible to staff who need it, and shared securely.
- Ensure staff are trained, briefed and aware of procedures.
- Manage the stock, paired storage, location, expiry checks and replacement of spare AAIs.
- Ensure IHCPs and and Allergy Action Plans are in place for pupils with significant or high-risk allergies.
- Ensure an anaphylaxis drill takes place at least annually.
- Record, review and learn from allergic reactions and near misses.
- Update this policy and companion documents when guidance, risk or school arrangements change.

5.3 Medical Team

The Medical Team is led by Kerry Jordan, Julie Servaes and Marie Cox.

- Kerry Jordan records and maintains allergy records and special dietary information for all relevant pupils and updates Norse and the Allergy Lead when pupils enter school or when information changes.
- Julie Servaes records and maintains Allergy Action Plans and Individual Healthcare Plans.
- Marie Cox checks medicines, keeps a register of AAIs including location, type and expiry date, supports stock control, and supports staff training.
- The Medical Team must ensure that any allergy information received from parents, staff, pupils, caterers or healthcare professionals is recorded promptly and passed to the Allergy Lead.

5.4 Catering provider and kitchen staff

- Norse provides catering in school and must be given up-to-date allergy and special dietary information through the school system.
- Catering arrangements must provide safe food options for pupils with allergies and must maintain allergen information for foods served.
- Menu substitutions, product changes or supplier changes must not compromise special dietary needs. Where allergen information cannot be confirmed, the food must not be served to the affected pupil.
- School staff must not independently interpret catering ingredients for allergy pupils. Queries must go through the agreed catering/Medical Team system.

5.5 All staff, including teachers, support staff, midday staff, club staff and volunteers

- Know which pupils in their care have allergies and where the current allergy list, IHCPs, Allergy Action Plans and medication are located.
- Follow this policy every time food, cooking, tasting, treats, rewards, events, clubs or trips are involved.
- Check the allergy list every time before food is given. Memory is not a check.
- Do not give food if the allergy list is missing, out of date, inaccessible or unclear.
- Recognise and respond to allergic reactions, including anaphylaxis.
- Ensure pupils have rapid access to medication and never lock AAIs away.
- Forward any direct parent communication about allergies, ingredients or medical changes to the Medical Team immediately. Staff must not rely on verbal reassurance.
- Promote inclusion and prevent allergy-related bullying.

5.6 Supply and temporary staff

- Supply, temporary, agency and other relevant pupil-facing staff must have received allergy-awareness and emergency-response training appropriate to their role and must be briefed about pupils they supervise, the location of allergy information and emergency medication.
- They may support food procedures only where appropriately trained and briefed and, where required, supervised by a trained member of staff.
- If these arrangements cannot be met, they must not take sole responsibility for food-related activities involving pupils with allergies.

5.7 Parents and carers

- Be aware of and support the school's Allergy Policy and the safety of pupils with allergies.
- Provide accurate and up-to-date information about their child's medical needs, dietary requirements, allergies, history of reactions and related conditions such as asthma, hay fever, rhinitis or eczema.
- Provide Allergy Action Plans and support the IHCP process where their child has a significant allergy.
- Supply required medication, including two AAIs where prescribed, and ensure medicines remain in date.
- Update the school immediately in writing when allergy information, medicines, dosage, triggers or medical advice changes.
- Follow school guidance on allergens, packed lunches, snacks, fundraising, celebrations and food brought into school.
- Not describe a preference, dietary choice or non-allergic intolerance as an allergy. These are managed separately so the allergy safety system remains accurate.

5.8 Pupils

- All pupils should be allergy aware, support others and not share food.
- Pupils with allergies should, where age appropriate, know their allergens, understand safe food rules, know where their medication is, carry medication where agreed in their plan, and tell staff immediately if they feel unwell.
- Pupils must follow staff instructions on food, handwashing and not sharing food.

6. Allergy identification, information and records

- The school maintains a current allergy register for pupils with diagnosed or school-notified allergies, including allergens, severity, required precautions, medication and emergency arrangements.
- The office, first aider at lunchtime, Allergy Lead and lunchtime club hold current allergy information for staff use.
- The overview register for each year group is kept in the allergy/asthma file in class. IHCPs are stored inside the class cupboard - they are accessible to staff quickly in an emergency but kept safe in line with data protection duties.
- Not all pupils with allergies require an IHCP. An IHCP should be put in place where an allergy has a functional impact, poses a risk of harm and requires arrangements beyond the school's usual provision. Where a healthcare professional provides an Allergy Action Plan, this should form part of the IHCP.
- Each IHCP must include known allergens/triggers, symptoms, medication and dosage, emergency procedures, where AAIs are found if required, parental consent, a pupil photograph where consent is given, and whether consent is in place for use of a spare AAI.
- When an Allergy Action Plan is updated by a healthcare professional, the IHCP must be reviewed and updated to match it.
- Medication expiry dates, locations and device types must be recorded and checked at least termly and whenever medicines are supplied or returned.
- Allergy information must be reviewed at least annually and immediately after any relevant change, allergic reaction, near miss, trip concern or catering change.

Staff are requested to inform the Allergy Lead about any allergies and medication that they have so that they can be supported when or if the need arises.

Visitors are asked by staff in the office when they sign in to identify any allergies and medication that they have incase medical support is required.

7. Food and allergen risk management

Mandatory food rule

- CHECK: allergy list present and current.
- IDENTIFY: pupils with allergies.
- PREPARE: separate safe food and pupils where needed.
- SERVE: allergy pupils first with approved food only.
- CHECK: every item before it is given.
- THEN: serve other pupils after the allergy procedure is complete.

7.1 General controls

- Food must not be used routinely as a reward, treat or classroom management tool.
- Sweets or similar items must not be used as rewards unless the full allergy food procedure has been planned and followed.
- Children must not be sent home with food unless the full allergy procedure has been followed and the food is safe for the child receiving it.
- Pupils must not bring in or distribute food to others unless the full procedure has been agreed in advance and followed.
- Food sharing is not allowed.
- The school is allergen aware, not guaranteed allergen free. Targeted restrictions on high-risk foods, such as nuts, may be used where risk assessment requires them.

7.2 Approved food only

- Food for pupils with allergies must be approved in advance through the school system by the Allergy Lead/SENCO, Medical Team or pre-agreed catering/supplier system.
- Approved food must be sealed, clearly labelled and have full ingredient information available before it is given.
- Food must not be given where packaging, ingredient information, allergen information or approval status is missing, damaged, unclear or changed.
- Staff must not interpret ingredient lists for pupils with allergies unless this is part of the agreed trained role and school approval process.
- Homemade, unlabelled or externally provided food that has not been approved must never be given to allergy pupils.
- Parents may provide food for their own child only. It must be treated as packed lunch/own-child food, labelled with the child's name, kept separate and not shared. Parental permission does not override the school system.

7.3 Catering

- The Medical Team will update Norse and the Allergy Lead when pupils with allergies join the school or when allergy information changes.

- Norse/catering staff are responsible for allergen controls, ingredient information and safe food provision within the catering service.
- School staff must not offer a catering item to an allergy pupil unless it is shown as safe through the agreed catering/school system. The lunch register states which pupils have allergies to support this.
- If there is a menu or product substitution, the affected pupil must not receive the food until special dietary needs and allergen information have been checked and confirmed through the agreed system.
- A photo sheet of pupils with allergies is available to catering staff to ensure that 2 checks are in place.
- A Paediatric First Aider must always be present when EYFS children are eating their lunch.

7.4 Events, celebrations, birthdays, cake sales and shared food

- Events involving food present increased risk and must be planned in advance.
- A named staff member must be assigned in advance and is accountable for the allergy procedure at the event.
- Allergy pupils must be identified before the event using the current allergy list.
- Allergy pupils must not access shared food sources, buffet tables, shared cake plates or informal food distribution. When treats to celebrate birthdays are brought in, parental permission must be sought in advance to ensure inclusion and safety. The school holds a stock of pre-approved suitable alternatives for identified pupils to support safe inclusion at such events.
- Allergy pupils must be served first, separately, with approved food only.
- Only approved packaged items may be used for sharing unless the food is for a parent's own child and has been agreed in advance through the school system.
- Homemade cakes may be permitted only for the parent's own child where agreed in advance and where the school can manage this safely. They must not be distributed informally.
- Where the system cannot be followed exactly, food must not be given.

7.5 Hygiene and cross-contamination

- Pupils wash hands before and after eating and after food preparation activities.
- Staff must use separate handling, utensils, containers and surfaces for allergy pupils where required by risk assessment or the pupil's plan.
- Food must be kept in original or clearly labelled packaging until checked.
- Allergy pupils must not share utensils, cups, water bottles, plates or food with other pupils.
- Surfaces must be cleaned before and after food activities. Staff must wash hands between handling different foods where allergen risk is present.

8. Lessons, clubs, trips and off-site activities

- All allergy controls in this policy apply during lessons, clubs, breakfast/after-school provision, trips, sporting events, visits and any off-site activity.
- Risk assessments must include allergy considerations for cooking, food tasting, science, craft, art, animal contact, outdoor learning, residential visits, transport and events. This includes thinking about the use of containers in activities such as crafts that may have contained an allergen.
- Trip leaders must have current allergy information, IHCPs and Allergy Action Plans for relevant pupils.
- Pupils must have rapid access to their own two AAIs where prescribed and an additional appropriate spare AAI kit must be taken on each trip for these pupils
- If pupils are on a high risk trip outside of school that may place them at heightened risk of anaphylaxis, advice must be sought from the Allergy Lead about whether the spare AAI kit should be taken
- Medication must be checked before departure and kept accessible at all times. It must not be locked in luggage or left on transport away from the pupil.

- At least one trained member of staff must be available to respond to an allergic emergency. Where a pupil has higher risk needs, staffing and training must match the IHCP and risk assessment.
- Food provided on trips must be approved in advance. If food safety cannot be confirmed, the pupil must have safe food provided through an agreed alternative.

9. Adrenaline auto-injectors and medicines

9.1 Pupil's own AAIs

- Parents must provide two AAIs for pupils who are prescribed them.
- AAIs must be accessible at all times, not locked away, stored at room temperature, protected from direct sunlight and extremes of heat, clearly labelled, and out of the reach of children where pupils are not carrying their own devices.
- Prescribed AAI kits are located in the pupil's classroom in a safe and suitably central location that staff can access at all times.
- AAIs must be taken to the pupil in an emergency. The pupil must not be moved to the medicine unless unavoidable for immediate safety.
- Pupils may carry their own AAIs where this is agreed in their IHCP and is appropriate to age and maturity.
- Pupils with AAIs have them kept in a bumbag on or near them. Expiry dates are held by the medical Team and are regularly checked.

9.2 Spare AAIs

- The school holds spare AAIs for emergency use. Spare AAIs are stored in the corner to the right of the First Aid cupboard in the office, clearly labelled as emergency anaphylaxis medication, and checked regularly for expiry.
- The school will normally hold paired spare AAIs in appropriate strengths for primary-aged pupils, including at least two 150 microgram devices and two 300 microgram devices unless current guidance or risk assessment requires a different arrangement.
- Spare AAIs must be stored in pairs so a second dose is immediately available if required.
- Spare AAIs may be used where a pupil's own device is not available, out of date, misfires or cannot be accessed quickly, and where use is permitted by the pupil's Allergy Action Plan/medical authorisation and parental consent. If required, staff MUST ensure that the correct dosage pen is used that matches the pupil's own device.
- In exceptional life-saving circumstances where anaphylaxis is suspected in a person without prior authorisation/consent, The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment. This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy.
- After any AAI is used, the device must be handed to paramedics where possible, replacements must be obtained promptly, and the incident must be recorded and reviewed.
- Unused and expired AAIs can be taken to a pharmacy for disposal

10. Responding to allergic reactions and anaphylaxis

Emergency rule

- If anaphylaxis is suspected, give adrenaline first. Do not wait to see whether symptoms improve.
- Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing

- If in doubt, give adrenaline.
- Always call 999 and say "anaphylaxis".
- Never let a person with suspected anaphylaxis stand or walk around.

10.1 Mild to moderate allergic reactions

Symptoms may include	Required response
Swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain; vomiting; change in behaviour	Stay with the pupil; call for help; locate AAIs in case symptoms worsen; follow the IHCP/Allergy Action Plan; give antihistamine only if prescribed/authorised; record the time; phone parent/carer; continue monitoring for 60 minutes.

Antihistamine may help mild symptoms but must never be used instead of adrenaline where anaphylaxis is suspected.

10.2 Suspected anaphylaxis

Treat as anaphylaxis where there are severe symptoms involving Airway, Breathing or Circulation/Consciousness. Anaphylaxis can occur without skin symptoms.

Airway	Breathing	Circulation / Consciousness
Persistent cough; hoarse voice; difficulty swallowing; swollen tongue	Difficult or noisy breathing; wheeze; persistent cough; sudden severe breathing difficulty	Persistent dizziness; pale/floppy; sleepy; collapse; unconsciousness

Immediate response steps:

See Appendix 2 – EMERGENCY RESPONSE PLAN

NB – ASTHMA

- Asthma can increase the severity of allergic reactions. Pupils with asthma should be supported in line with the school's Asthma Policy and should have appropriate asthma medication and action plans where needed.
- If a pupil with a food allergy and asthma suddenly develops severe breathing difficulty, staff must consider anaphylaxis. If anaphylaxis is suspected, give adrenaline immediately – using the pupil's prescribed AAI first where available or an appropriate school spare where necessary – then call 999.

11. Training, drills and compliance

- All staff receive allergy awareness and anaphylaxis response training at least annually (Through The Key).
- Training must cover recognition of allergic reactions and anaphylaxis, use of AAIs stocked/prescribed in school, location of medicines, food safety procedures, emergency roles and reporting.

- New staff must receive allergy induction before working unsupervised with pupils or handling food-related situations. This will happen within one month of them starting.
- Supply and temporary staff must receive a practical briefing for pupils/classes they cover and may not lead food procedures unless pre-briefed and supervised by trained staff.
- The school will run an anaphylaxis emergency drill at least annually and will record learning from the drill.
- Compliance will be monitored by the Allergy Lead/SENCO and Headteacher. Failure to follow this policy may result in formal management action because informal erosion of the system creates unacceptable risk.

12. Inclusion, wellbeing and bullying

The school recognises that allergies, particularly those that may result in anaphylaxis, can have a significant impact on a pupil's emotional wellbeing. The school will promote wellbeing by:

- Providing a safe, inclusive and supportive environment where pupils with allergies feel respected, valued and able to participate fully in school life.
- Working in partnership with pupils, parents/carers and, where appropriate, healthcare professionals to understand and meet each pupil's individual needs.
- Ensuring pupils with allergies are able to participate safely in all aspects of school life, including lessons, educational visits, extracurricular activities, sports and school events, with reasonable adjustments made where appropriate.
- Encouraging pupils to share any concerns about managing their allergy and ensuring they know who they can speak to if they feel anxious or worried.
- Promoting awareness and understanding of allergies amongst staff and pupils, to foster empathy, reduce anxiety and support an inclusive school culture.
- The school will promote allergy awareness and prevent allergy-related bullying, teasing, deliberate exposure or pressure to eat unsafe food.
- Activities should be adapted to include allergic pupils safely rather than excluding them.

The school is committed to ensuring that no pupil experiences bullying or discrimination because of their allergy. The school will:

- Maintain a zero-tolerance approach to bullying, teasing, intimidation or discrimination relating to a pupil's allergy or medical condition.
- Treat any deliberate exposure to an allergen, threats involving allergens, tampering with food or medication, or any behaviour that knowingly places a pupil at risk as a serious breach of the school's Behaviour and Relational Policy and, where appropriate, Safeguarding procedures.
- Investigate all reports of allergy-related bullying promptly and take appropriate action in accordance with the school's policies.
- Provide appropriate support for pupils affected by bullying or anxiety relating to their allergy.
- Promote a culture of respect, inclusion and understanding through education and positive behaviour expectations, helping all members of the school community understand the importance of supporting pupils with allergies.
- Encourage pupils to report concerns about bullying or unsafe behaviour, knowing that all reports will be taken seriously and acted upon promptly.

13. Reporting, review and learning from incidents

- All allergic reactions, suspected reactions, medication issues, food errors and near misses must be recorded on the same day using school incident procedures.
- Any serious incident or near miss should be recorded in the Accident book.
- Parents/carers must be informed of all reactions and near misses involving their child.
- The Allergy Lead must review the incident or near miss, identify causes, and update IHCPs, risk assessments, training, food procedures or this policy where needed, ensuring parent involvement.
- School will take action to support the wellbeing not only the family and child, but those involved in responding to the incident and any children who have witnessed it.
- Where food supplied by the school, caterer, supplier or event may be involved, staff must preserve packaging, labels, batch details and menus where possible and inform the Allergy Lead, Medical Team and caterer immediately.
- Serious incidents must be escalated to the Headteacher and governors and reported through Devon, OSHENS, RIDDOR, safeguarding, food safety or other statutory processes where applicable.
- This policy and companion documents must be reviewed after any serious allergic reaction, significant near miss, relevant guidance change, change in catering provider/system, or change in school site arrangements.

14. Linked documents and companion materials

- Current allergy register and pupil IHCPs.
- Pupil Allergy Action Plans, preferably healthcare professional/BSACI-style plans where provided.
- Administering Medicines and Supporting Children with Medical Conditions Policy.
- Asthma Policy.
- ETW Allergy Safety Quick Guide for Staff.
- ETW Allergy Safety Poster.
- School trip and event risk assessments.

Appendix 1 - Managing allergic reactions

Allergic reactions vary. Staff must not assume a pupil will react in the same way twice, even to the same allergen. Reactions can be affected by illness, asthma and other individual factors.

Reaction type	Symptoms	Response
Mild to moderate reaction	Swollen lips, face or eyes; itchy or tingling mouth; hives or itchy rash; abdominal pain; vomiting; change in behaviour	Stay with the pupil; call for help; locate AAIs in case symptoms worsen; follow the IHCP/Allergy Action Plan; give antihistamine only if prescribed/authorised; record the time; phone parent/carer; continue monitoring for 60 minutes.
Anaphylaxis	Any severe airway, breathing, circulation or consciousness symptoms, or sudden severe breathing difficulty. Skin symptoms may be absent.	Give adrenaline immediately; call 999; keep pupil lying down; stay with pupil; second dose after 5 minutes if no improvement/worse; CPR if no signs of life; hospital by ambulance.

APPENDIX 2 - EMERGENCY RESPONSE PLAN (ERP)

- This ERP sets out the actions staff must take in the event of a suspected **severe allergic reaction (anaphylaxis)**.
- It must be followed immediately by all staff. **Do not delay treatment.**
- This plan should be used alongside the pupil's **Allergy Action Plan**.

SYMPTOMS OF ANAPHYLAXIS

A – Airway	B – Breathing	C - Circulation
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen Tongue	• Difficult or noisy breathing • Wheeze or cough	• Persistent dizziness • Pale or floppy • Sleepy • Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE (AAI) FIRST BEFORE YOU DO ANYTHING ELSE IF CHILD HAS AN AAI.

DELIVERING ADRENALINE

1. Adult 1 - Take the AAI to the patient (rather than moving them) and give it immediately
2. Adult 2: call 999, state anaphylaxis, give address and confirm adrenaline has been given and what time
3. Adult 3/nearby staff: clear pupils, call SLT/first aid, collect spare paired AAI kit and pupil plan.
4. Keep the pupil lying flat with legs raised, or sitting with legs outstretched if breathing is difficult. Do not allow standing or walking.
5. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
6. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
7. Stay with the patient at all times and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest). Monitor airway, breathing and consciousness
8. Call the pupil's emergency contact.
9. Give second AAI after 5 minutes if no improvement or symptoms worsen, then call 999 again.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. The pupil must be transferred to hospital by ambulance
13. A member of staff must accompany them if a parent is not present
14. All used AAIs must be safely disposed of as per guidance
15. Record, report, replace AAIs and review the incident.

NOTE. Where anaphylaxis is suspected in a person due to an unrecognized allergy, spare AAIs can be used to save a life without checking for consent. (Human Medicines (Amendment Regulations 2017). This is viewed as an exceptional circumstance.

Appendix 3 - Staff food safety procedure (mandatory)

Step	Action	Failure point
1. CHECK	Current allergy list is physically present and checked before food is given.	If not present/current/checkable: no food.
2. IDENTIFY	Identify pupils with allergies and their safe food arrangements.	If unclear: no food for affected pupil until clarified through Medical Team/Allergy Lead.
3. PREPARE	Separate allergy food, utensils, surfaces and pupils where needed.	If separation cannot be maintained: do not proceed.
4. SERVE	Serve allergy pupils first with approved food only.	If food is not approved, sealed/labelled or confirmed safe: no food.
5. CHECK EVERY ITEM	Check item, packaging, name label and pupil before handing over.	If any doubt: no food.
6. THEN OTHERS	Only after allergy pupils are safely served, serve other pupils.	No informal sharing or swaps.

Never rely on memory, make ingredient judgement calls, accept verbal reassurance as a substitute for the system, or give food without checking the list.

Appendix 4 - Events, celebrations and food activity checklist

- Named staff member assigned and briefed.
- Current allergy list checked before planning and immediately before food is served.
- Allergy pupils identified and safe food arrangements confirmed in advance.
- Food is approved, sealed/labelled, and ingredient information is available.
- Parent-provided food is for own child only, labelled, separate and agreed in advance.
- No shared food sources for allergy pupils.
- Allergy pupils served first.
- AAIs and plans are accessible within 5 minutes.
- Any uncertainty means food is not given.

Appendix 5 - Trips and off-site checklist

- Trip risk assessment includes allergy triggers, food, travel, accommodation, activities, insects/animals, and emergency access.
- Trip leader has current allergy register extracts, IHCPs and Allergy Action Plans for relevant pupils.
- Pupil's own two AAIs are present and checked before departure.
- An appropriate additional spare AAI paired kit is taken.
- Medicines are accessible at all times and are not locked away or left on transport.
- At least one trained adult is present and understands the ERP.
- Safe food is planned and approved in advance.
- Emergency services access, parent contact and school contact procedures are known.

Appendix 6 - Allergy Action Plans and proforma source

Use the pupil's healthcare professional Allergy Action Plan where provided. The school should attach it to the IHCP and keep copies in agreed staff-accessible locations. Where no plan is provided but allergy risk is known, the school must seek one from parents/healthcare professionals and put interim risk controls in place.

A blank/proforma plan must not replace healthcare professional advice for a pupil with significant allergy. It may be used only to structure information while awaiting a formal plan and must be reviewed by the Allergy Lead.

Appendix 7 – Common Allergies

Common allergic conditions include:

Hay Fever (Allergic Rhinitis), triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.

Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.

Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below). Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.

Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.

Less common allergic conditions in children include allergy to **insect stings** (e.g. bee, wasp) and **medicines**

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

- food allergens;
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Appendix 8 - Source links checked for final QA

These links preserve the source references from the original 2026 policy and the additional current guidance used in the final check. These links should be checked as part of the annual policy review and whenever relevant national guidance materially changes.

Source	URL
DfE statutory guidance: Supporting pupils at school with medical conditions	https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
DfE allergy guidance for schools	https://www.gov.uk/government/publications/allergy-safety-in-schools
DHSC guidance: using emergency adrenaline auto-injectors in schools	https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
DHSC AAI PDF guidance	https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf
DfE March 2026 announcement on stronger allergy protections	https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school
MHRA AAI safety update and resources	https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-aais-new-guidance-and-resources-for-safe-use
Food Standards Agency allergen guidance hub	https://www.food.gov.uk/business-guidance/allergen-guidance
Devon schools guidance: supporting pupils with medical conditions	https://www.devon.gov.uk/support-schools-settings/inclusion/education-inclusion-service/support-for-pupils-with-health-needs/schools-guidance-for-supporting-pupils-with-medical-conditions/
BSACI Allergy Action Plans	https://www.bsaci.org/resources/allergy-action-plans/
BSACI Paediatric Allergy Action Plans	https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/

Action-plan template control

The original 2026 policy included a proforma Allergy Action Plan appendix. For safer version control, the school should attach each pupil's current healthcare-professional Allergy Action Plan to their IHCP and use the current BSACI/clinician version at the time the plan is created or reviewed, rather than relying on a static copied image inside the policy.

Mandatory operational point: a blank/proforma plan must not replace healthcare professional advice for a pupil with significant allergy. If a plan is missing, the school must seek one and put interim risk controls in place.