

ST AIDAN'S VC PRIMARY SCHOOL

ALLERGY AND ANAPHYLAXIS SAFETY POLICY

Academic Year 2026–2027



Document control	Details
Policy lead	Angela Ross – SEND Hub Lead / Medical Officer
Senior leadership oversight	Jade Hitchens – Head of School
Executive leadership	Jade-Simone Bacon – Executive Head
Approval status	For approval by governing body
Effective from	September 2026
Review date	September 2027, or earlier if required
Applies to	All staff, pupils, volunteers, contractors and relevant visitors
Related policies	Medical Conditions; First Aid; Safeguarding; Educational Visits; Food/School Meals; Medicines

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Version Control

Version	Date	Change	Author / Owner	Approval
1.0	September 2026	New policy aligned to DfE Allergy safety in schools statutory guidance	Angela Ross / Medical Officer	Pending

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1. Purpose and scope

St Aidan's VC Primary School is an allergy aware school and are committed to providing a safe, inclusive environment for pupils with allergies and for pupils at risk of anaphylaxis. Anaphylaxis is a potentially life-threatening emergency requiring rapid recognition and treatment.

This policy sets out arrangements for identifying allergies, reducing avoidable exposure, maintaining rapid access to prescribed medication and emergency adrenaline, staff training, Individual Healthcare Plans (IHPs), emergency response, incident reporting and continuous improvement.

The policy applies during the school day and, so far as relevant, during clubs, trips, sports, residential visits and other activities organised or supervised by the school.

2. Legal and regulatory framework

This policy has regard to the Department for Education Allergy safety in schools statutory guidance, published 6 July 2026, which applies in England and sets out requirements including a published allergy safety policy, allergy safety training, identification and support through IHPs, and recording and learning from serious incidents and near misses.

The school will also have regard to the statutory guidance Supporting pupils with medical conditions at school, together with applicable medicines, health and safety, equality and safeguarding requirements and MHRA advice on adrenaline auto-injectors.

The policy will be updated when statutory guidance or other relevant requirements change.

3. Roles and responsibilities

Jade Hitchens, Head of School, has senior leadership oversight of implementation, resourcing, training, risk management, incident review and policy review.

Angela Ross, SEND Hub Lead / Medical Officer, is the operational policy lead. She maintains the allergy register, coordinates IHPs and emergency plans, oversees medication checks and training records, supports staff, and escalates significant risks or incidents to the Head of School.

All staff must take known allergies seriously, know how to summon emergency help, know where emergency adrenaline is located, follow IHPs and emergency plans, report incidents/near misses, and complete required training.

Parents/carers should provide current medical information, prescribed devices and allergy action plans and notify the school promptly of changes. This information is updated on the schools MIS system 'Arbor'.

4. Identification and recording

The school will maintain a confidential, current allergy register. Records should include the allergen(s), symptoms, prescribed medication, emergency arrangements, IHP/Allergy Action Plan status, relevant contacts and any agreed reasonable adjustments.

Information will be shared with staff who need it to keep the pupil safe, with appropriate regard to confidentiality and data protection.

Allergy information must be checked when pupils join the school and whenever parents/carers or healthcare professionals report a change.

5. Individual Healthcare Plans and Allergy Action Plans

Where appropriate, the school will develop an IHP with the pupil (where suitable), parents/carers, school staff and relevant healthcare professionals. The plan will specify triggers, symptoms, medication, emergency procedures, responsibilities, activities and review arrangements.

Parents/carers should provide a clinician-issued Allergy Action Plan where available. Plans should be readily accessible to relevant staff and reviewed at least annually and sooner after significant changes.

6. Adrenaline auto-injectors and spare emergency devices

Pupils prescribed an adrenaline auto-injector (AAI) must have rapid access to their prescribed medication. Devices must be stored, checked and transported in accordance with manufacturer instructions and the pupil's plan.

The school will maintain spare emergency adrenaline devices in accordance with the statutory requirements and DfE guidance. Spare devices will be readily accessible, appropriately stored, routinely checked for expiry/condition, and recorded.

AAls must be used without delay when anaphylaxis is suspected, in accordance with the pupil's emergency plan, device instructions and applicable law. The emergency response must never be delayed while searching for medication or contacting parents/carers.

Following use, the device must be retained/managed as required for clinical or incident purposes, and the school must arrange replacement stock promptly.

7. Recognition and emergency response

Possible signs include swelling of the throat/tongue/lips, breathing difficulty or wheeze, persistent cough, hoarse voice, difficulty swallowing, dizziness, collapse, pallor, confusion, widespread hives/rash, tummy ache or sudden deterioration after exposure. Skin symptoms may be absent.

Where anaphylaxis is suspected: administer adrenaline immediately using the available appropriate AAI; call 999 and state 'suspected anaphylaxis'; keep the pupil with an adult and monitor continuously; follow emergency-service advice; use a second device if clinically indicated and permitted by the emergency plan/device guidance; inform parents/carers as soon as reasonably practicable after emergency care is activated; and record/review the incident.

The pupil should not be left alone. Staff should follow the emergency position advice in the current clinical guidance/device instructions and avoid sudden standing or walking.

8. Allergy prevention and risk management

The school will take reasonable and proportionate measures to reduce exposure to known allergens. Catering staff and relevant activity leaders will be informed of necessary allergy information.

Risk assessments will consider cooking, science, art, sensory activities, gardening, celebrations, clubs, PE, trips and other activities involving food or potential allergen exposure.

The school will not assume that a completely allergen-free environment can be guaranteed. Individual risk assessment and healthcare planning remain essential.

9. Educational visits and activities

Pupils with allergies should be enabled to participate fully wherever reasonably possible. Before visits, leaders must confirm IHP/emergency-plan availability, medication, trained supervision, catering arrangements, emergency contacts and location-specific risk controls.

Medication must accompany the pupil where required and remain accessible throughout the activity, including sports and off-site education.

10. Training, competence and communication

All staff will receive allergy-awareness training appropriate to their role, including recognition of symptoms, emergency response and use of adrenaline devices. Training will be recorded and refreshed in line with current statutory guidance and the school's training programme.

New starters, temporary staff and relevant contractors must receive appropriate allergy-safety information before undertaking duties involving pupils at risk. Staff should not undertake a task requiring competence they have not received.

11. Incidents, near misses and learning

Serious allergy incidents and significant near misses must be reported promptly to Angela Ross and Jade Hitchens. Examples include suspected anaphylaxis, AAI use, inaccessible or missing medication, accidental exposure or serious catering error.

Angela Ross will coordinate a review covering what happened, contributing factors, effectiveness of existing controls, training, communication, medication access and any required changes to IHPs or procedures. Learning will be shared appropriately and actions tracked to completion.

12. Inclusion, dignity and anti-bullying

Pupils with allergies should not be unnecessarily excluded from activities. The school will support age-appropriate self-management, dignity and participation.

Allergy-related bullying, intimidation or deliberate exposure will be treated seriously under the school's behaviour and safeguarding arrangements.

13. Governance, monitoring and review

The Head of School will maintain senior leadership oversight. Angela Ross will provide operational assurance and report significant risks, incidents, training gaps and overdue actions.

We have a named governor who is responsible in reviewing our policies and procedures.

This policy will be reviewed at least annually, after serious incidents or significant near misses, following material changes to a pupil's medical needs, or when legislation/statutory guidance changes.

Appendix A – Staff Responsibilities Matrix

Role	Key responsibilities	Escalation / evidence
Head of School – Jade Hitchens	Senior oversight; resources; implementation; training assurance; incident review; policy publication/review	Receives significant risks/incidents; annual assurance
Medical Officer – Angela Ross	Allergy register; IHPs; emergency plans; AAI checks; spare AAI arrangements; training records; incident/near-miss review	Escalates significant concerns to Head of School
Class / teaching staff	Know pupil allergy plans; supervise activities; know medication location; respond to emergencies; report concerns	Record/report incidents and near misses
First aid / trained staff	Emergency response; AAI use within policy/training; call 999; monitor pupil; document response	Immediate escalation to emergency services and school lead
Catering staff	Allergen information; food controls; prevent avoidable cross-contact; communicate changes	Report food/allergen incidents immediately
Trip / visit leader	Include allergy controls in risk assessment; carry/access medication; brief staff; confirm emergency arrangements	Report incidents and review after visit
All staff / volunteers	Complete required training; follow allergy controls; report concerns	Escalate any suspected anaphylaxis immediately

Appendix B – Emergency Anaphylaxis Flowchart

Step	Action	What staff do
1	RECOGNISE	Suspect anaphylaxis: airway/breathing/circulation symptoms, sudden deterioration, or known allergen exposure with concerning symptoms.
2	ADRENALINE	Give the appropriate AAI immediately, following the pupil's emergency plan/device instructions.
3	999	Call 999. Say: "Suspected anaphylaxis." Do not delay for parental contact.
4	STAY & MONITOR	Keep the pupil with an adult; monitor continuously; follow emergency-service advice.
5	SECOND DOSE	If symptoms persist/worsen, use a second AAI where clinically indicated and permitted by the emergency plan/device guidance.
6	PARENT/CARER	Inform parent/carer as soon as reasonably practicable after emergency care is activated.
7	RECORD & REVIEW	Record the incident, replace used/expired medication, notify Angela Ross and Jade Hitchens, and complete a review.

IMPORTANT: Emergency treatment must not be delayed while searching for medication, completing paperwork or contacting parents/carers.

Appendix C – AAI Register

Use one row per prescribed AAI or school-held spare emergency device. Record checks in accordance with the school's medication procedure.

Date checked	Pupil / device ID	Medication / device type	Dose	Expiry date	Storage location	Condition / seal	Checked by	Action required / date completed

Appendix D – Staff Allergy Training Record

Staff member	Role	Training date	Provider / course	Content: recognition	Content: emergency response	Content: AAI use	Assessment / competence	Refresh due	Signature

Appendix E – Allergy Incident / Near-Miss Review Record

Field	Record
Date/time	
Pupil / anonymised reference	
Location / activity	
Known allergen / suspected trigger	
Signs/symptoms	
AAI given? Time? Device?	
999 called? Time?	
Parent/carers informed?	
Immediate outcome	
What went well?	
What could be improved?	
Medication / equipment issue?	
Training / communication issue?	
IHP or risk assessment update required?	
Action owner	
Action deadline	
Completed / date	
Reviewed by Angela Ross	
Senior review by Jade Hitchens	

Reference note: This document is designed for school use and should be checked against the current DfE statutory guidance, the school's governing-body arrangements, local authority/trust procedures and individual clinical advice before formal approval.