Allergy Safety Policy

Policy Number:	EDU.POL.044	Policy Owner Job Role	Quality Manager
Issue Number:		Ratified By	Quality Director
Issue Date:	01.07.26	Service Type:	Schools
		Applicable Services:	Education
Contributors	Rob Arrowsmith		
Mandatory Policy	No		
Note	This policy should not be amended without prior approval of the Education Director		

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1. Supporting Documents

This policy should be read alongside our:

- Medical Conditions and Medication Policy (EDU.POL.030)
- First Aid Policy (EDU.POL.029)
- Safeguarding Children in Education Policy (EDE.POL.002)
- SEND Policy (EDU.POL.022)
- Educational Visits and Off-Site Policy
- Health and Safety Policy (EDU.POL.038)
- Anti-Bullying Policy (EDU.POL.007)

Related policies are held within RADAR in the School's policy folder.

2. Introduction

At Park House School we treat allergy safety as a critical safeguarding and health matter. Anaphylaxis is a severe allergic reaction that can be fatal and can develop within minutes. Around one in five pupils with allergies has their first reaction at

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school, and about a fifth of allergic reactions at school happen to pupils with no known allergy. For that reason every member of staff at Park House School is trained to recognise and respond to an allergic reaction, and we hold spare adrenaline on site for use in an emergency.

We are an allergy-aware school. We stay actively aware of the allergens that affect our pupils, we take reasonable steps to reduce the risk of exposure, and we hold robust emergency plans. This policy sits alongside our Medical Conditions and Medication Policy (EDU.POL.030) and our First Aid Policy (EDU.POL.029), and the three are consistent and should be read together.

Our approach is grounded in Keys Connect, our relational and trauma-informed model. We work in partnership with pupils, families and health professionals so that pupils with allergies are safe and fully included.

3. Aim & Scope

This policy applies to all pupils at Park House School, and to staff, parents and carers, visitors and contractors. It covers the whole school day and all school activities, including breakfast and after-school provision, educational visits and trips. It aims to:

- identify pupils, staff and visitors with allergies and the allergens that affect them
- minimise the risk of exposure to known allergens, including through food
- make sure every member of staff can recognise and respond to anaphylaxis and asthma attacks
- make sure prescribed and spare adrenaline devices and emergency inhalers are stocked, in date and accessible
- meet our duties under the allergy safety requirements, the Independent School Standards, the Equality Act 2010 and current statutory guidance

4. Abbreviations and Definitions

This policy uses the following terms:

- Allergy: a reaction by the body to a normally harmless substance, for example a food, an insect sting, or a contact or airborne allergen.
- Allergen: the substance that triggers an allergic reaction.
- Anaphylaxis: a severe and potentially fatal allergic reaction affecting the airway, breathing or circulation, which always needs an immediate emergency response.
- Adrenaline device: an adrenaline auto-injector or nasal adrenaline device used to treat anaphylaxis.
- Spare adrenaline device: a device the school holds for emergency use, not prescribed to a named pupil.
- Allergy Action Plan and Asthma Action Plan: the medical plans, agreed with a health professional, that say how to treat a pupil's allergy or asthma.

5. Policy Content

5.1 Principles and Approach

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At Park House School our practice is guided by these principles. Everyone is ready. Any member of staff may have to act, so all staff are trained to recognise and respond to anaphylaxis and asthma attacks. We are allergy aware, not falsely reassured. We manage the risk of all allergens rather than relying on a single ban. Adrenaline first, without delay. In a suspected anaphylaxis we give adrenaline straight away and call 999. If in doubt, we give adrenaline. We plan for the undiagnosed pupil too. We hold spare adrenaline because reactions can happen to a pupil with no known allergy. Inclusion matters. Pupils with allergies take a full part in school life, including food, trips and activities, with risks managed. We learn from every incident, near miss and drill, and we change our practice when we need to.

5.2 Allergy Safety in Practice

Our allergy-aware approach

At Park House School we are an allergy-aware school, not a single-allergen-free school. A ban on one food, for example a nut ban, can give a false sense of security, because any food can cause a reaction and labels often say a product may contain an allergen. Instead we stay actively aware of the allergens that affect our pupils, we take reasonable steps to reduce the risk of exposure, and we hold robust emergency plans.

Identifying pupils with allergies and keeping records

We keep a record of every pupil, and any member of staff or regular visitor, with a known allergy, their allergens, and whether they carry adrenaline. For each pupil at risk of anaphylaxis we record their emergency contacts, a current photograph, their allergens and whether each is ingested, inhaled or absorbed, their prescribed devices and dosage, their Allergy Action Plan, whether they also have asthma, and whether there is medical and parental consent to use a spare device. We keep a register of pupils at risk of anaphylaxis, at Appendix B, and it is good practice to keep an allergen list with photographs where food is served or handled.

Minimising exposure and food safety

We manage the risk of exposure to allergens in food we provide and food brought in by others. Our caterers provide allergen information for the food they serve and meet families to plan safe meals, and staff who handle food are trained to read labels and avoid cross-contamination, for example by preparing food for pupils with allergies first and cleaning surfaces and utensils carefully. We seek parental agreement before food is brought in for treats or celebrations, we avoid the trading and sharing of food, and we plan for allergens in cooking, science, art and craft activities, using safe alternatives. Pupils with allergies are not segregated at mealtimes. Our food provision follows the Food Information Regulations 2014, including Natasha's Law for pre-packed for direct sale food.

Recognising and responding to anaphylaxis

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Anaphylaxis affects the airway, breathing or circulation. The signs include tightening or swelling in the throat, a hoarse voice, difficulty swallowing, wheezing, difficult or noisy breathing, a persistent cough, dizziness, looking pale or floppy, sudden sleepiness or collapse. If one or more of these signs is present, staff do not delay. The emergency steps are at Appendix C. If a pupil with known asthma and food allergy suddenly has difficulty breathing, staff treat it as anaphylaxis. If in doubt, staff give adrenaline.

Adrenaline devices and spare adrenaline

Pupils prescribed an adrenaline device should have two devices with them at all times, including on the journey to and from school, and have rapid access to them everywhere in school, including the dining area, playground and sports field. Where a pupil cannot keep their devices with them, the devices are kept in an unlocked, accessible central place. At Park House School, we also hold spare adrenaline auto-injectors for emergency use, as allowed by the Human Medicines (Amendment) Regulations 2017. A spare device can be used on any pupil having anaphylaxis where their own device is not available or misfires and there is consent in their Allergy Action Plan, or on a pupil assessed as lower risk who has consent in place. All adrenaline devices are stored at room temperature, never locked away, kept in date, logged, and replaced after use, and used devices are disposed of safely.

The school's arrangements for spare adrenaline devices will comply with any eligibility and consent requirements contained within current legislation and Department for Education guidance.

Asthma and emergency inhalers

Pupils with asthma have an Asthma Action Plan and access to their reliever inhaler. We hold an emergency salbutamol inhaler and spacer for use in an asthma attack where there is consent. Staff never give a reliever inhaler instead of adrenaline to treat anaphylaxis.

Allergy Action Plans and Asthma Action Plans

Each pupil at risk of anaphylaxis has a British Society for Allergy and Clinical Immunology Allergy Action Plan, or equivalent, agreed with a health professional and kept with their Individual Healthcare Plan and their medication. Each pupil with asthma has an Asthma Action Plan kept in the same way. These plans say how and when to use medication in an emergency.

Allergy safety drills

We carry out allergy safety drills, in the same way as fire drills, to test how staff respond to a simulated anaphylaxis without any risk to a pupil. We record the result and use it to improve our practice. Where a drill involves a pupil, we plan it with them and their family so that it supports rather than worries them.

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Educational visits, trips and off-site activities

We plan ahead so that pupils with allergies take part in visits and trips safely. We carry out a specific risk assessment, we take prescribed and spare adrenaline and the pupil's Allergy Action Plan with us, and we make sure staff on the visit can recognise and respond to anaphylaxis. A pupil is never left behind because of an allergy.

5.3 Recording, Monitoring and Reporting

Allergic reactions, anaphylaxis, near misses and the results of allergy safety drills are recorded on RADAR, reported to the pupil's parents and to the Proprietor and Governors, and used to learn lessons and review this policy. Where a reaction raises a safeguarding concern, it is reported to the Designated Safeguarding Lead. Where unsafe food has been supplied, the relevant authority is notified. Leaders keep the register of pupils at risk of anaphylaxis up to date, check that prescribed and spare adrenaline and emergency inhalers are in date, and report on the policy to the Proprietor and Governors at least annually. Allergy risks are held on the school risk register.

5.4 Equality and Inclusion

At Park House School this policy is applied fairly and without discrimination, in line with the Equality Act 2010. A severe allergy can be a disability, and we make anticipatory and reasonable adjustments so that pupils with allergies are not put at a disadvantage and are fully included, including at mealtimes, on trips and in practical subjects. We monitor the impact of this policy on pupils with protected characteristics and adapt our practice to remove disadvantage. Any concern that this policy disadvantages a pupil or group should be raised with the headteacher.

6. Responsibilities

6.1 Pupils

Carry and use their own adrenaline device where they are able to, avoid known allergens, and tell an adult straight away if they feel unwell or have come into contact with an allergen. Take part in writing their own Allergy Action Plan and Individual Healthcare Plan where they are able to.

6.2 Staff

Know which pupils have allergies, read their plans, and reduce the risk of exposure to allergens. Recognise the signs of an allergic reaction, anaphylaxis and an asthma attack, and act immediately, including using a prescribed or spare adrenaline device.

6.3 Leadership

Make sure pupils with allergies have the plans and support they need, that all staff are trained, and that spare adrenaline and emergency inhalers are stocked, in date

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and accessible. Make sure allergy risks are on the school risk register, stored securely within the school's SharePoint environment, and are actively managed, and that allergy safety is not left to the catering team alone.

6.4 Governance

Hold leaders to account for this policy and its implementation, and make sure it is reviewed at least annually and published.

6.5 Parents and carers

Tell the school about their child's allergy, provide in-date adrenaline devices and an Allergy Action Plan, and give consent for the use of a spare device.

6.6 Named leads

The Headteacher retains overall responsibility for implementation of this policy and may delegate operational responsibility for allergy management to the designated Allergy Lead.

The named Executive Senior Leader responsible for allergy safety is:
Tracy Reynolds

The named governor/proprietor representative responsible for oversight is:
James Madine

The Designated Safeguarding Lead (DSL) is:
Ann-Marie Oliver

The DSL oversees any allergy-related incidents that present a safeguarding concern.

The Allergy Lead is:

Tracy Reynolds

The designated Allergy Lead is responsible for:

- Maintaining the allergy register.
- Monitoring Allergy Action Plans and Individual Healthcare Plans.
- Monitoring medication expiry dates.
- Coordinating training.
- Supporting incident reviews and audits.
- Liaising with families and healthcare professionals where appropriate.

7. Training Requirements

All staff, including teaching, support, supply, cover and catering staff and anyone running breakfast or after-school provision, receive allergy and anaphylaxis awareness training at least once a year. This covers recognising allergic reactions

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and anaphylaxis, the main food allergens, responding in an emergency, and how to locate and use prescribed and spare adrenaline devices and emergency inhalers. Training covers how to check the allergy register and how to read and use an Allergy Action Plan or Asthma Action Plan, and how to report a reaction, incident or near miss. Training is part of induction for new staff, with arrangements for supply and cover staff, and a record of training is kept.

8. Equality Impact Statement

All policies will be developed and implemented in a manner that promotes equality, diversity, and inclusion, ensuring fair and equitable treatment for all individuals. Policies must align with relevant equality legislation and reflect the expectations and standards set by our regulatory bodies. They will demonstrate a commitment to eliminating discrimination, advancing equality of opportunity, and fostering an inclusive environment that respects and values the diverse needs, backgrounds, and experiences of those we support, as well as our workforce.

9. Sources of Information / References

This policy reflects current legislation and statutory guidance, including:

- Supporting children and young people with medical conditions and allergy, Department for Education statutory guidance, draft for consultation March 2026, statutory from 1 September 2026 (the guidance behind Benedict's Law). This guidance applies directly to maintained schools and academies and is relevant to independent schools through the duties below
- The Children and Families Act 2014, section 100A (the duty to have an allergy safety policy, reviewed at least annually and published) and section 100B (regulations on allergy safety, including training and spare adrenaline devices), as inserted by the Children's Wellbeing and Schools Act 2026
- The Education (Independent School Standards) Regulations 2014, Part 3 (the welfare, health and safety of pupils), and the Independent School Standards: Guidance for independent schools, Department for Education, April 2026
- The Equality Act 2010 (a severe allergy can be a disability, so the duty to make anticipatory and reasonable adjustments applies)
- The Human Medicines (Amendment) Regulations 2017 (which allow schools to hold spare adrenaline auto-injectors without a prescription, for emergency use)
- The Food Information Regulations 2014, including the 2021 amendment known as Natasha's Law on pre-packed for direct sale food
- The Health and Safety at Work etc. Act 1974, section 2
- Keeping Children Safe in Education 2025, and Keeping Children Safe in Education 2026 from 1 September 2026
- The Early Years Foundation Stage Statutory Framework, where the school has early years provision (noting that the spare adrenaline rules above apply to schools and not to early years settings)

10. Version Control

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This document can also be found in the following locations and should be amended in the following (ie. Circle, Radar):

This policy is reviewed at least annually, and sooner if legislation or statutory guidance changes or if an incident, near miss or drill suggests it should be. It is published on the school website and made available in hard copy on request. The named owner for review at Park House School is the headteacher, supported by the named senior leader and named governor for allergy safety. The next review date and version history are recorded in the control table above.

11. Appendices

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11.1 Appendix A: School-Specific Annex

Park House School the following local arrangements apply:

- Named senior leader and named governor for allergy safety: Ann-Marie Oliver, Headteacher and James Madine, Education Director
- Where prescribed and spare adrenaline and emergency inhalers are stored, at room temperature and accessible at all times: Above Medicine Cabinet in the SLT Office.

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11.2 Appendix B: Register of Pupils at Risk of Anaphylaxis

The school keeps this register up to date and uses it to make sure the right staff, plans and medication are in place. Add one row for each pupil.

Field	Detail
Pupil name and class	
Known allergens, and whether ingested, inhaled or absorbed	
Also has asthma	Yes or no, with Asthma Plan
Prescribed adrenaline device and dosage	
Spare device consent in place	Yes or no
Allergy Action Plan in place	Yes or no, date
Individual Healthcare Plan in place	Yes or no, date
Devices in date and checked	Date checked

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11.3 Appendix C: Anaphylaxis Emergency Response

If a pupil shows one or more signs of anaphylaxis, affecting the airway, breathing or circulation, staff act straight away:

- Lie the person flat with their legs raised. If breathing is difficult, allow them to sit. Never stand them up or let them walk.
- Give the adrenaline device without delay, using the pupil's own device if available, or a spare device if not.
- Dial 999 immediately for an ambulance and say anaphylaxis.
- Stay with the person, keep them lying down even if they seem to improve, and phone their parent or emergency contact.
- If there is no improvement after five minutes, give a second dose using another device.
- Begin CPR at any time if there are no signs of life.

Always give the adrenaline device first if someone has sudden and severe breathing difficulty, including wheeze, a persistent cough or a hoarse voice. Anaphylaxis can happen without a skin rash. Giving adrenaline when in doubt is safe and may be lifesaving. Never give a reliever inhaler instead of adrenaline to treat anaphylaxis.

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