Allergy Safety Policy

Version	Date	Author	Comments
1	Oct 26	R Kidd	Based on The Key Model Policy (August 2026), Department for Education guidance Allergy safety in schools (July 2026), and guidance and resources from Anaphylaxis UK and the Food Standards Agency (FSA), adapted to reflect Westgate CP School's context and existing procedures.

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Statutory Policy	Yes
Review Cycle	At least annually and following a serious incident or significant change in guidance
Next review	Oct 27
Available	This policy is published on the school website and shared with staff, parents and pupils. It is available in hard copy on request

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1. Purpose and aims

Westgate CP School is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies. We recognise that allergies can have a significant effect on daily life and that anaphylaxis is a serious, potentially life-threatening emergency.

This policy explains how the school will identify and support people with allergies, reduce the risk of exposure to known allergens, prepare staff to recognise and respond to allergic reactions, and learn from incidents and near misses.

Our aims are to:

- reduce avoidable exposure to known allergens through proportionate, individualised risk management;
- ensure relevant information, action plans and emergency medication are available and accessible when needed;
- ensure staff know how to recognise an allergic reaction and act promptly, including in anaphylaxis;
- support pupils' wellbeing, dignity, participation and inclusion in all aspects of school life;
- work constructively with parents/carers, pupils, healthcare professionals, catering providers and other relevant adults;
- review arrangements regularly and use incidents and near misses to improve practice.

This policy applies during the school day and to school-related activities, including educational visits, sporting fixtures, clubs, breakfast and after-school provision, events and activities organised by or on behalf of the school.

The school will implement this policy in accordance with the Department for Education's statutory guidance, Allergy safety in Schools (July 2026), and other relevant legislation and guidance, including requirements relating to supporting pupils with medical conditions and the safe use of emergency medication.

This policy will be reviewed at least annually and sooner where necessary following a serious allergic reaction, a significant incident or near miss, a material change in school arrangements, updated statutory guidance or a change in pupils' needs. Following an incident or near miss, the school will review the relevant risk assessments, Individual Healthcare Plans (IHPs), medication arrangements and procedures, and amend the policy where necessary. The policy will be published on the school website, shared with staff and made available to parents/carers in an accessible format. Allergy safety arrangements will be reviewed regularly to ensure they remain effective and reflect the needs of the school community.

2. Scope, definitions and related policy

2.1 What is an allergy?

An allergy is a reaction of the body's immune system to a substance (an allergen) that is usually harmless to most people. Allergens may include foods, insect venom, medicines, latex, animals, pollen or other environmental substances. The nature and severity of a reaction vary between individuals.

A food allergy is different from a food intolerance. Coeliac disease is also different from an allergy. Staff should follow the individual pupil's healthcare information and not make assumptions based on another person's allergy or dietary needs.

2.2 Anaphylaxis

Anaphylaxis is a severe allergic reaction that can develop rapidly and may be life-threatening. Symptoms may affect the airway, breathing or circulation. A rash or other skin symptoms may be absent. Staff must not wait for symptoms to worsen or for a rash to appear before acting where anaphylaxis is suspected.

2.3 Individual Healthcare Plans and allergy action plans

An Individual Healthcare Plan (IHP) is the school's plan setting out the individual support, risk-management measures, medication arrangements and emergency procedures needed for a pupil. A clinical allergy action plan is provided by an appropriate healthcare professional and sets out the pupil's allergy-related symptoms and recommended emergency treatment. The clinical allergy action plan should be attached to or clearly referenced within the IHP, where an IHP is in place. Relevant asthma action plans should also be obtained and followed where appropriate.

This policy should be read alongside the school's separate Managing Medical Conditions and First Aid Policy, which continues to set out the school's wider arrangements for medical conditions, medication and first aid.

3. Roles and responsibilities

3.1 Governing body

- Ensure the school has an allergy safety policy that sets out measures to reduce exposure to known allergens and the response to suspected anaphylaxis.
- Ensure allergy-related risks are identified and actively managed, including through the school's risk-management processes.
- Monitor implementation and review of the policy, including learning from incidents and near misses.

3.2 Headteacher

- Ensure this policy is implemented, published and reviewed at least annually, and following a serious incident or relevant change in guidance.
- Ensure appropriate staff training, induction and cover arrangements are in place.
- Work with parents/carers and relevant healthcare professionals to decide what support and reasonable adjustments are needed, including whether an IHP is required.
- Ensure allergy information is handled securely and shared with staff who need it to keep pupils safe.
- Ensure incidents are reviewed and actions are followed through.
- Ensure that appropriate arrangements are in place for the safe handling, storage and disposal of sharps and clinical waste, including used needles and lancets, in accordance with the school's separate Sharps Policy and health and safety procedures.

3.3 Designated Allergy Safety Lead

The school's allergy safety lead is Rhonda Kidd (Headteacher). The Allergy Safety Lead will:

- coordinate implementation of this policy and oversee the register of pupils with known allergies;
- coordinate IHPs, risk assessments and the collection and review of allergy action plans;
- Ensure that relevant staff know where to find current allergy information, IHPs and clinical action plans, and how to access prescribed and school-held emergency medication promptly (see Sections 4.2 and 4.4);
- coordinate the arrangements for purchasing, storing, checking and replacing school spare adrenaline auto-injectors;
- Ensure that allergy-related incidents and near misses are recorded, reviewed and used to improve practice (see Sections 8.6 and 11);
- coordinate allergy awareness training, practice with trainer devices and emergency drills;
- liaise with parents/carers, catering staff and relevant professionals, and bring any significant concerns to the headteacher.

3.4 All staff

- Read and follow this policy and the relevant IHP, allergy action plan and risk assessment for pupils they support.
- Know how to identify pupils with allergies, where to find relevant information and how to access prescribed and spare emergency medication.
- Take reasonable steps to reduce allergen exposure and avoid cross-contamination in activities they supervise.
- Respond immediately to suspected anaphylaxis, summon help and follow the emergency procedures in this policy and the pupil's action plan.
- Record and report allergic reactions, accidental exposures and near misses promptly through CPOMS and, where required, complete a Safety, Health and Wellbeing (SHaW) report via Suffolk Learning. Follow the procedures in Sections 8.6 and 11.

3.5 Office Team

The Office Team will ensure that relevant allergy information voluntarily provided by visitors is handled appropriately and that any immediate safety needs are communicated promptly to the Headteacher/Allergy Safety Lead and other staff who need to know. Where appropriate, visitors will be asked whether they have any relevant allergy-related needs so that reasonable precautions can be considered.

3.6 Parents and carers

- Provide accurate and up-to-date information about their child's allergies, previous reactions, prescribed medication and any relevant changes.
- Provide current clinical allergy action plans and prescribed medication, including the number of in-date adrenaline auto-injectors recommended or prescribed for their child, and replace medication before it expires.
- Inform the school promptly if medication, diagnosis, symptoms or clinical advice changes.
- Work with the school to develop and review the IHP and risk-management arrangements.

3.7 Pupils

Pupils will be involved in decisions about their support in a way appropriate to their age, understanding and communication needs. Where appropriate, pupils will be encouraged to understand their allergy, recognise symptoms, seek help and take increasing responsibility for their medication. A pupil's ability to self-manage will not remove the school's responsibility to provide appropriate support.

3.8 Catering and other providers

Catering staff and external providers supplying or handling food for school activities must be made aware of relevant allergy requirements and follow appropriate food-safety, allergen-information and cross-contact prevention procedures. Staff organising events or activities involving food must also consider known allergies in advance and follow the relevant IHPs and risk assessments. The school will communicate relevant information to providers in good time and check that responsibilities are understood (see Section 6.2).

3.9 Staff training

The Headteacher and Allergy Safety Lead will ensure that staff receive appropriate allergy awareness and emergency response training, with training requirements and arrangements set out in Section 9. This includes ensuring that relevant staff are trained to recognise allergic reactions and anaphylaxis, understand their responsibilities and know how to respond in an emergency.

4. Identifying pupils and managing information

4.1 Admissions and updates

Westgate CP School collects information from parents/carers about known allergies, dietary requirements, previous serious reactions and treatment as part of admission and medical information processes. Allergy information is recorded on Arbor MIS. Parents/carers are reminded to review their child's medical information at the start of each school year and must inform the school promptly of changes during the year.

Where a pupil joins outside the usual admission point, the relevant information and care arrangements will be sought and shared with the staff who need it as soon as practicable. The school will work with the family and, where appropriate, the previous setting and healthcare professionals to establish safe arrangements.

Where allergy information is missing, unclear or out of date, the school will follow this up with the parent/carer and agree any interim safety arrangements needed while clarification is sought. Staff must not assume that a pupil has no allergy solely because no allergy information has been recorded.

4.2 Allergy register and access to information

The school maintains a current register of pupils with known allergies. The register includes, where relevant, the pupil's name and photograph, known allergen(s), significant risk factors, prescribed emergency medication and the type and dose of adrenaline auto-injector, whether a current allergy action plan is held, and relevant consent and emergency instructions.

The Allergy Safety Lead is responsible for overseeing the register and ensuring that the register, Individual Healthcare Plans (IHPs) and clinical allergy action plans are kept up to date and held in the school's approved locations. The school's Medical Information board is

located in the staffroom, and relevant staff can access more detailed medical information, IHPs and clinical action plans through the school's agreed arrangements.
Essential allergy information is made readily accessible to staff who need it to keep pupils safe, including staff supervising meals, outdoor activities, clubs, wraparound provision and educational visits. Arrangements are in place to ensure that relevant information and emergency medication can be accessed promptly when required, including when pupils are away from their usual classroom or the main school building.
Access to the register and associated medical information is controlled. Information is shared securely and only with staff and other relevant individuals who need it to fulfil their responsibilities for the pupil's safety and care. The Allergy Safety Lead oversees the accuracy of the register and ensures that relevant staff are informed promptly of changes to a pupil's allergy, medication or emergency arrangements.
Photographs will be included where they are necessary to help staff identify a pupil safely and reliably. The register and associated documents must be kept secure, regularly checked for accuracy and accessible to staff who need the information to carry out their responsibilities, including during trips, clubs and wraparound provision.

4.3 Identifying and Recording Allergies
The school will take reasonable steps to identify and record relevant allergy information for pupils, staff and visitors.
Parents and carers will be asked to provide accurate information about their child's diagnosed allergies and any suspected allergies or previous reactions that may require further assessment. Information should include known or suspected triggers, symptoms, prescribed medication and emergency arrangements, together with any changes to these details. The school will seek appropriate clarification and put proportionate interim safety measures in place where necessary.
Information will be recorded on the school's management information system and in the relevant healthcare records, with appropriate arrangements for visitors and other adults on site. Where possible, relevant information will be obtained before a pupil starts school or before a planned activity or visit. Records will be kept up to date and shared with staff who need the information to keep individuals safe.

4.4 Confidentiality and information sharing
Information about a person's health is special category personal data and will be handled in accordance with the school's data protection arrangements. Information will be shared securely, proportionately and promptly with staff and other relevant individuals who need it to protect the safety and wellbeing of pupils.

The school maintains a 'Medical Information' board in the staffroom to help staff identify pupils with medical conditions and locate essential safety information, including information relevant to allergy management and emergency medication. The information displayed will be limited to what is necessary for staff to carry out their responsibilities safely. Access to more detailed medical information, Individual Healthcare Plans (IHPs) and clinical action plans will be available to relevant staff through the school's agreed arrangements.

Relevant policies are available in hard copy alongside the board. The school's spare adrenaline auto-injector kit and defibrillator are also stored in the staffroom. Staff must know how to access the relevant information and emergency equipment promptly when required.

4.5 IHPs and clinical action plans

The school will work in partnership with parents/carers and, where appropriate, the pupil and relevant healthcare professionals to determine whether an Individual Healthcare Plan (IHP) is required. An IHP will be developed where a pupil's allergy has a functional impact in school, presents a risk of harm and requires individual arrangements additional to, or different from, those generally provided.

The IHP will set out the pupil's known allergies, relevant symptoms and risk factors, measures to reduce exposure, medication arrangements, staff responsibilities and the action to be taken in an emergency. It will also address the support needed during lessons, meals, playtimes, clubs, wraparound provision and off-site activities, as appropriate.
A clinical allergy action plan is provided by an appropriate healthcare professional and sets out the individual's allergy-related symptoms and emergency treatment. Where a pupil has an allergy action plan, it will be attached to or clearly referenced within the IHP, as appropriate. Where a pupil also has asthma, the relevant asthma action plan will be obtained and followed, with details included in or linked to the IHP where appropriate.
Pupils with a known food or insect-sting allergy that may lead to anaphylaxis should have an appropriate clinical allergy action plan from their healthcare professional. The school will request a current plan and follow up with parents/carers where one has not been provided. Any interim safety arrangements will be based on the information available and the risks identified. The IHP will be reviewed at least annually and sooner if the pupil's needs, diagnosis, medication or clinical advice changes. Parents/carers must inform the school promptly of relevant changes and provide updated clinical plans when necessary.

5. Risk assessment and reducing exposure

The school will use individualised, proportionate risk assessments to identify foreseeable exposure risks and practical control measures. Risk assessments will be considered for pupils at risk of anaphylaxis when taking part in:

- food preparation, baking, food technology, cooking or food tasting;
- science experiments, crafts or other curriculum activities involving food, packaging, latex or other possible allergens;
- educational visits, residential trips, sporting fixtures and other off-site activities;
- activities involving animals, visits from animals or guide dogs, where relevant to a pupil's allergy;
- events, celebrations, clubs, wraparound care or other activities where food or relevant allergens may be present;
- outdoor activities where insect stings or other known environmental allergens may pose a risk.

Managing the risk of nut exposure

Westgate CP School asks families not to send nuts or products containing nuts into school as part of its approach to reducing the risk of exposure for pupils with allergies. The school takes reasonable steps to communicate this expectation and manage foreseeable risks. However, it cannot guarantee a completely nut-free environment, as nuts or products containing nuts may be brought onto the school site inadvertently. Accidental exposure cannot be ruled out entirely. Individual risk assessments, appropriate hygiene and food-handling measures, access to emergency medication and clear emergency procedures remain essential to supporting pupils with allergies.

Each risk assessment must identify the control measures required, the person responsible for implementing them and how staff will be made aware of the arrangements. Assessments must be reviewed before a relevant activity where necessary, whenever circumstances or the pupil's needs change, and following an incident or near miss.
The school will not assume that pupils with the same allergy have identical needs. Risk assessments and control measures will be individualised, proportionate to the risks identified and reviewed when circumstances change.

6. Hygiene, food and catering

6.1 Everyday hygiene

- Pupils will be reminded to wash their hands before and after eating and after relevant practical activities or contact with animals.
- Pupils must not share food, drinks, lunchboxes, cutlery or food utensils. Staff should discourage sharing and explain the reasons in an age-appropriate way.
- Surfaces, equipment and utensils used for food or practical activities must be cleaned appropriately to reduce cross-contact.
- Staff must follow the individual risk assessment when food is brought from home or supplied by an external provider.
- Where pupils have named food containers or specific arrangements, these must be clearly identified and handled as agreed in the IHP or risk assessment.

Handwashing and cleaning are important risk-reduction measures but cannot, on their own, guarantee the complete removal of allergens. Staff must follow any additional precautions identified in the relevant IHP or risk assessment.

6.2 School meals and catering

- The school will work with its catering provider to communicate pupils' relevant allergies and agree safe arrangements for food preparation and service.
- The school will use its established PINK List and meal-service arrangements to help identify pupils with allergies and other specific dietary requirements and reduce the risk of errors. These arrangements include:
    - Recording relevant allergy and dietary information on the school's management information system and transferring it to the daily meal lists.
    - Providing the catering team with the relevant list of pupils who have ordered a school meal, with updates supplied when late changes are received.
    - Highlighting pupils with specific requirements clearly on the lists used by relevant school and catering staff.
    - Using the agreed identification and serving arrangements for pupils on the PINK List, including tickets and designated trays where applicable, to help ensure that the correct meal is provided and that relevant requirements are communicated through the service process.
    - Storing and identifying special cold meals separately from standard cold school meals, where this is part of the agreed catering procedure.
    - Ensuring that pupils' meal arrangements, including where they sit and how food from home is managed, are based on individual needs and risk assessments.

These procedures support safe meal provision but do not replace the need to check ingredients and allergen information, prevent cross-contact and follow each pupil's IHP and clinical allergy action plan where applicable.

- Catering staff must receive appropriate allergy awareness and food-safety training and know how to access current allergen information.
- Menus and ingredient/allergen information should be available to parents/carers and pupils. Any menu change or substitution must be checked for relevant allergens before the food is served.
- Food must be prepared, stored and served in a way that reduces the risk of cross-contamination. Staff must not guess whether a food is safe; where information is uncertain, it must be checked with the appropriate provider before serving.
- Staff supervising meals must know which pupils require support and how to respond if an allergic reaction is suspected.
- Where ingredient or allergen information is unavailable, unclear or cannot be verified, the food must not be served to a pupil with the relevant allergy until suitable information and safe arrangements have been confirmed. Staff must not rely on assumptions, previous experience or appearance to determine whether food is safe.
- The school asks families not to send nuts or products containing nuts into school and reinforces this expectation through regular communications. If staff identify food that may contain nuts, they should follow the school's agreed procedure, taking account of the pupil's needs and the immediate risk. Where necessary, staff should prevent the food from being shared or brought into contact with an affected pupil, communicate with the relevant parent/carer and record any significant exposure or near miss in accordance with Section 11. The school cannot guarantee that the site is completely nut-free.

6.3 Food brought into school and special events

Food brought into school for birthdays, celebrations, rewards, fundraising, PTA events, cooking activities or other occasions must be considered in advance where a pupil's allergy may be affected. Staff organising an activity must consult the relevant IHP and risk assessment and, where necessary, liaise with parents/carers and food providers before the event. Ingredients and allergen information must be checked where relevant. Activities should be planned inclusively so that pupils with allergies can participate without avoidable exclusion or stigma.

6.4 Insect stings and outdoor activities

For pupils with a known insect-sting allergy, the individual risk assessment and action plan will guide precautions and emergency arrangements. General precautions may include keeping food and sweet drinks covered outdoors, disposing of food waste promptly, avoiding leaving drinks uncovered, and requiring suitable footwear outdoors. Staff should follow the pupil's clinical allergy action plan and seek appropriate assistance following a sting. Where a serious allergic reaction or anaphylaxis is suspected, staff must follow the emergency procedures in Section 8 immediately; treatment must not be delayed while dealing with the sting site.

6.5 Animals and visitors

Where an activity involves animals, or a visitor brings an animal such as a guide dog, the school will consider known allergies in advance and make reasonable arrangements to reduce exposure. Relevant measures may include avoiding direct contact, keeping appropriate

distance, handwashing after contact and cleaning surfaces. The school will balance allergy safety with accessibility and inclusion, using an individual risk assessment rather than applying an automatic blanket rule.

7. Medication and adrenaline auto-injectors

7.1 Prescribed medication

Pupils prescribed adrenaline auto-injectors (AAIs) should have rapid access to their prescribed medication throughout the school day and during travel, lunch, outdoor play, PE, clubs, wraparound care and school trips. Where clinically advised, two in-date devices should be available. The arrangements must be suitable for the pupil's age, understanding and ability to carry and use the device.

Where a pupil cannot safely or reliably carry their device, the school will agree a storage arrangement with the family and relevant healthcare professionals. Medication must be readily accessible to authorised staff, not locked away in a way that delays emergency treatment, kept in accordance with the manufacturer's instructions and protected from excessive heat, cold and direct sunlight. The allergy action plan should be kept with or readily accessible alongside the medication.

Parents/carers are responsible for providing and replacing prescribed medication and checking expiry dates. The school will remind families when medication is approaching expiry where practicable, but this does not replace the parent/carer's responsibility. The school will keep appropriate records of medication received, stored and administered.

The school will ensure that agreed medication arrangements remain effective during transitions between activities and locations, including when pupils move between classrooms, the dining hall, outdoor areas and wraparound provision. Responsibility for carrying or collecting medication must be clear, and medication must not be left behind when the pupil moves to another location.

7.2 School spare adrenaline auto-injectors

The school will maintain spare AAIs for use in an emergency in accordance with current legislation and Department of Health and Social Care guidance. Spare devices supplement, but do not replace, a pupil's own prescribed medication.
The school holds two junior-dose and two adult-dose EpiPens in a staffroom kit, checked by Louise Sparks and Debbie Ward.

Spare AAIs are stored in a clearly labelled box in the staffroom. These are stored in pairs where practicable, separate from pupils' prescribed medication and checked at least monthly for presence, condition and expiry. Replacements are arranged before expiry. A record of checks and replacements will be maintained.

The Allergy Safety Lead will ensure that staff know when and how spare devices may be used, including where a pupil's own device is unavailable, has misfired or is not sufficient and a further dose is indicated under the action plan or emergency guidance. Staff must not delay lifesaving treatment while trying to establish whether consent has been recorded.

Anaphylaxis may occur in a person whose allergy has not previously been identified. If anyone shows signs of suspected anaphylaxis, staff must seek emergency assistance immediately and follow the emergency procedures in Section 8. A school-held spare adrenaline auto-injector may only be used in the circumstances permitted by current legislation and guidance, including for a pupil known to be at risk of anaphylaxis, and must be administered by appropriately trained staff. Staff must not delay emergency action while trying to establish whether the person has a known allergy.

7.3 Consent, administration and disposal

A school-held spare AAI may be used only in accordance with applicable legislation, current guidance and the circumstances for which its use is authorised. Staff must follow their training and the pupil's allergy action plan where available. If anaphylaxis is suspected, staff must call 999 and take appropriate emergency action immediately. They must not delay emergency treatment while seeking paperwork, consent records or clarification.

All AAIs are single-use devices. Following administration, staff must ensure that the used device is handed to the ambulance crew where possible, or disposed of safely in accordance with the manufacturer's instructions and local arrangements. The time of administration and relevant details must be recorded and passed to the ambulance crew. The parent/carer must be informed as soon as practicable, and the incident must be recorded and reviewed in accordance with Section 11. Used devices must be replaced promptly.

The school will maintain records of the consent and other authorisation arrangements required for pupils who may need a school-held spare AAI. The use of a spare AAI must comply with applicable legislation, current guidance and the circumstances in which its use is authorised. Staff must be familiar with these arrangements and receive appropriate training. Where anaphylaxis is suspected, staff must not delay emergency treatment while trying to locate consent records or other paperwork.

7.4 Medication during visits and activities

Pupils must not be automatically excluded from a trip or activity because they have an allergy. The trip leader, Allergy Safety Lead and relevant staff will plan appropriate support, review the risk assessment, confirm that prescribed medication and action plans are available, and ensure that staff trained to respond to an allergic reaction are present. The decision about taking school spare AAIs will be made in advance and recorded.

Before departure, the trip leader must check the agreed medication and emergency arrangements without creating an unnecessary barrier to participation. If required medication is missing or out of date, the leader must urgently consult the headteacher/Allergy Safety Lead and parents/carers to establish a safe and proportionate plan; the pupil must not simply be left behind without an individual assessment and escalation.

Any decision about whether the activity can proceed safely must be made by the headteacher or designated senior leader in consultation with the Allergy Safety Lead and parents/carers, taking account of the pupil's individual needs, the risks and the arrangements that can reasonably be put in place. The decision and any agreed actions must be recorded. The pupil must not be automatically excluded without an individual assessment.

7.5 Fire evacuation and lockdown

Emergency planning must take account of access to prescribed medication. Staff must follow the pupil's individual arrangements during drills and actual evacuations so far as safely possible. Relevant medication should accompany the pupil when moving to a place of safety, and staff must ensure it remains accessible during any lockdown or relocation.

The relevant risk assessment or emergency plan must identify who is responsible for ensuring that medication accompanies the pupil during evacuation or relocation and how it will remain accessible if the pupil is required to remain in a different location for an extended period.

8. Responding to an allergic reaction

A suspected anaphylactic reaction is a medical emergency.

Staff must act immediately, follow the pupil's allergy action plan where available, and call 999. Remain with the pupil – do not leave them alone.

Do not wait for a rash to appear, for symptoms to worsen, or for paperwork or consent records to be located before taking appropriate emergency action.

8.1 Recognising a serious allergic reaction

Symptoms of an allergic reaction can develop rapidly and may include:

- swelling of the lips, tongue, mouth or throat;
- difficulty breathing, wheezing, noisy breathing or persistent coughing;
- difficulty swallowing, speaking or a feeling of tightness in the throat;
- dizziness, confusion, collapse or becoming pale, floppy or unresponsive;
- sudden symptoms affecting more than one part of the body, particularly following exposure to a known allergen.

A rash, itching or other skin symptoms may occur, but a rash is not always present during anaphylaxis. Staff must treat suspected anaphylaxis as a medical emergency, even if all symptoms are not present or the person has no known history of allergy. If there is doubt, staff must seek emergency assistance and follow the emergency procedures in Section 8.2 without delay.

8.2 Immediate emergency response

Where anaphylaxis is suspected, staff must take the following actions:

1. **Administer adrenaline immediately.** Use the pupil's prescribed adrenaline auto-injector (AAI) immediately, following their allergy action plan and the device instructions. If the prescribed device is unavailable, use a school spare AAI in accordance with training and emergency guidance. Do not delay adrenaline while waiting for further symptoms or searching for paperwork.
2. **Call 999 immediately.** State that anaphylaxis is suspected and request an ambulance. Where staffing allows, one adult should call 999 while another trained adult administers adrenaline. Give the emergency operator clear information about the symptoms, the suspected allergen if known, and any medication administered. Follow the operator's instructions.

3. **Position the pupil safely**. Do not allow the pupil to stand or walk, even if they begin to feel better. They should normally lie flat, with their legs raised if possible.
   If breathing is difficult, they may need to sit with their legs extended. If they are unconscious but breathing normally, place them in the recovery position. Follow the emergency operator's instructions and current emergency guidance.
4. **Monitor the pupil continuously.** Stay with them, reassure them and observe their breathing and responsiveness. Do not leave them alone or send them to the school office or medical room unaccompanied.
5. **Give a second dose of adrenaline if needed.** If symptoms have not improved after five minutes, or serious symptoms persist or return, administer a second appropriate adrenaline device in accordance with the pupil's action plan, device instructions and current emergency guidance. Do not delay the initial 999 call while waiting to assess the response to the first dose.
6. **If the person becomes unresponsive and is not breathing normally,** call 999 (if not already done) and follow the emergency call handler's instructions, including starting CPR if advised.
7. **Prepare for the ambulance.** Send an adult to meet the ambulance and direct the crew to the pupil. Keep the pupil supervised and supported until responsibility is handed over to healthcare professionals.
8. **Inform the parent/carer**. Contact the parent/carer as soon as practicable, without delaying emergency treatment or assistance. The pupil must receive urgent medical assessment following suspected anaphylaxis, even if symptoms improve after adrenaline.

8.3 Mild or moderate reactions

Staff should follow the pupil's allergy action plan for symptoms that appear mild or moderate, remain with the pupil, monitor closely and seek appropriate medical advice. If symptoms are severe, rapidly worsening, involve the airway, breathing or circulation, or there is any doubt that anaphylaxis may be occurring, staff must treat the situation as an emergency and follow Section 8.2 immediately.

8.4 Allergic reactions that do not initially appear to be anaphylaxis

An allergic reaction may worsen, even if symptoms initially appear mild or moderate. Staff must remain with the person, follow the clinical allergy action plan and monitor for any deterioration. If symptoms worsen, develop rapidly, affect breathing or circulation, or raise concern that anaphylaxis may be developing, staff must immediately follow the emergency procedures in Section 8.2. Antihistamines must not be used as a substitute for adrenaline when anaphylaxis is suspected and must not delay emergency treatment.

8.5 Roles during an emergency

Where staffing allows, responsibilities should be divided as follows:

- Adult 1: Stay with the pupil, administer adrenaline and monitor their condition.
- Adult 2: Call 999, communicate with the emergency operator and follow instructions.
- Adult 3: Notify the school office and parent/carer as soon as practicable, meet the ambulance and direct the ambulance crew to the person.

These roles must be adapted to the circumstances and the staff available. The priority is to administer adrenaline promptly when indicated, obtain emergency assistance and keep the pupil safe.

Staff must record the time of each adrenaline dose and any other relevant actions, and pass this information to the ambulance crew. Recording must not delay emergency treatment. The school will ensure that appropriate means of recording this information are available with the emergency equipment.

8.6 Following an allergic reaction

Following a suspected serious allergic reaction, the Headteacher or designated Allergy Safety Lead must ensure that:

- the incident is recorded on CPOMS and any required accident or medication records are completed;
- the parent/carer is informed and appropriate follow-up communication takes place;
- the pupil's IHP, allergy action plan and risk assessment are reviewed with the family and relevant professionals, as appropriate;
- the circumstances are reviewed to identify any changes needed to staff training, supervision, medication access, food handling or risk-management arrangements;
- agreed actions are assigned to a named person and monitored to completion; and
- appropriate emotional support is offered to the pupil and others affected by the incident.

Any emergency kit or spare AAI used must be recorded, and the used device must be replaced promptly. The school will review the incident and any required changes to arrangements in accordance with Section 11.

The school will use incidents and near misses to strengthen allergy safety and reduce the likelihood of recurrence.

9. Staff training and emergency preparedness

The school will ensure that staff receive allergy awareness and emergency response training appropriate to their role. Training arrangements will include:

- **Who needs training**: Permanent, temporary, supply, agency and peripatetic staff, regular volunteers, catering staff and staff supervising breakfast club, after-school provision and other school activities, as appropriate to their responsibilities. Training and briefing arrangements must take account of staff absence, temporary cover and changes in responsibilities, so that pupils are not left without appropriately informed adults.
- **Training content:** Recognising allergic reactions and anaphylaxis; the emergency response, including when and how to use adrenaline auto-injectors; relevant Individual Healthcare Plans (IHPs) and allergy action plans; reducing allergen exposure and cross-contamination; incident reporting; and supporting the emotional wellbeing and inclusion of pupils with allergies.
- **Practical preparation**: Relevant staff will have opportunities to practise using trainer adrenaline auto-injectors and to familiarise themselves with emergency procedures.
- Induction and updates: New staff and relevant temporary staff will receive appropriate information and training before undertaking duties where allergy-related responsibilities may arise. Training will be refreshed at least annually and when changes in guidance, pupil needs or school procedures make this necessary.

- **Records and monitoring**: The school will maintain records of training completion and monitor these to identify and address any gaps. The Headteacher and Allergy Safety Lead will ensure that appropriate arrangements are in place.

Staff must familiarise themselves with the allergy information and emergency arrangements relevant to the pupils they support. Training does not replace the need to follow an individual pupil's IHP, allergy action plan and this policy.

10. Educational visits, sport, clubs and wraparound care

Pupils with allergies will be supported to participate in educational visits, residentials, sporting events, clubs and wraparound care wherever this can be achieved safely through appropriate planning and risk management. Organisers will consult the pupil and family as appropriate, review any relevant IHP and clinical allergy action plan, complete an individual risk assessment where needed, communicate essential information to staff and providers, and confirm that prescribed medication and any necessary emergency equipment are available and accessible.

- The visit/activity leader must confirm the staff attending know which pupils have relevant allergies, what precautions are required and how to respond to an emergency.
- Prescribed medication must accompany the pupil or be immediately accessible in accordance with the agreed plan. A decision about school spare AAIs must be made before the activity.
- Where food is supplied by a host venue, sports organiser or external provider, the school will communicate relevant allergy requirements in advance and check that suitable arrangements are in place.
- For residential visits, the school will communicate with the venue about meals, accommodation, activities and emergency procedures and will agree how medication is stored and accessed overnight.
- Parents/carers will not routinely be required to attend an activity solely because their child has an allergy. Any additional support will be considered individually and in line with the school's inclusion duties.
- The visit or activity leader must confirm, before the activity begins, who is responsible for carrying or accessing medication, who will respond in an emergency and how emergency services can be contacted at the venue or during travel.

11. Incidents and near misses

11.1 Definitions and recording

An allergy-related incident is an event involving an allergic reaction, accidental exposure to an allergen or a failure of an allergy safety control. A serious incident is one that results in significant harm or places a person at immediate and significant risk of harm, including an event requiring emergency medication, urgent clinical intervention or attendance by emergency services. A near miss is an event that did not result in harm but had the potential to do so, such as accidental exposure without a reaction, a labelling error or a failure in an agreed control measure.

All allergic reactions, accidental exposures and near misses must be reported promptly to the Allergy Safety Lead and recorded on CPOMS as soon as practicable. Relevant accident or medication records must also be completed. Records should include who was affected, what happened, when and where it happened, known or possible causes, action taken, medication administered, whether emergency services were called, the outcome and any follow-up required. A SHaW report must be completed where required under the school's reporting arrangements.

11.2 Review, communication and learning

The school will review incidents and near misses in a learning-focused, no-blame spirit while maintaining appropriate accountability. The Allergy Safety Lead, supported by the Allergy Safety Champions, will review the circumstances and consider whether the IHP, risk assessment, staff training, communication, food handling or medication arrangements need to change. Significant concerns and required improvements will be reported to the Headteacher.

Parents/carers will be informed as soon as practicable, and the pupil and family will be given an appropriate opportunity to share their views. Relevant learning and actions will be shared with staff and providers who need to know. Plans and risk assessments will be updated where necessary, and agreed actions will be assigned to a named person and monitored to completion. Where required, incidents will be reported to the relevant external body or authority. Any safeguarding concerns will be managed under the school's safeguarding procedures.

12. Wellbeing, inclusion and safeguarding

The school recognises that living with an allergy and the possibility of anaphylaxis can cause anxiety for pupils and their families. Allergy management must protect safety while enabling pupils to participate fully in learning, play, social events and wider school life.

- Staff will listen to pupils' concerns and provide reassurance about the steps in place to keep them safe.
- The school will consider appropriate pastoral support and regular check-ins where a pupil is anxious or has been affected by an incident or near miss.
- Allergy-related teasing, bullying, deliberate exposure or stigmatisation will be treated seriously and addressed under the school's Behaviour and Anti-Bullying policies.
- Celebrations, rewards and communal events should be planned inclusively from the outset so that pupils are not unnecessarily isolated or singled out.
- Following a serious incident or near miss, the school will consider the emotional impact on the pupil, family, staff involved and witnesses, and offer appropriate support.

The school will consider safeguarding action where failure to provide essential allergy information or medication, or other conduct, places a pupil at risk of neglect, abuse or exploitation. Any concerns will be managed through the school's safeguarding procedures and relevant statutory guidance.

13. Unacceptable practice

The following are examples of unacceptable practice:

- unreasonably preventing or delaying access to prescribed medication in line with their plan;
- assuming that all pupils with the same allergy need the same support, or dismissing a possible allergy because a diagnosis is not yet confirmed;
- ignoring the views of the pupil or family, or relevant clinical advice, without appropriate consideration;
- sending a pupil who is unwell to the office or medical room without suitable supervision, or delaying emergency help while seeking paperwork;
- requiring parents/carers to attend school routinely to administer medication or provide support that the school should plan to provide;
- automatically excluding a pupil from a trip, activity, meal or event because they have an allergy, rather than assessing and planning for their needs;
- failing to record and review an allergic reaction, accidental exposure or near miss.
- failing to check that agreed emergency medication is present, in date and accessible, or failing to ensure that medication accompanies a pupil during relevant activities and visits

14. Monitoring, publication and review

The Allergy Safety Lead will monitor implementation of this policy and report significant incidents, near misses, training completion, medication checks and required improvements to the Headteacher. Monitoring will consider whether IHPs and risk assessments are current, whether staff can access essential information and emergency medication promptly, and whether agreed actions have been completed. Governors will monitor the effectiveness of the arrangements through the school's normal governance processes.

This policy will be published on the school website, shared with staff and made available to parents/carers. It will be reviewed at least annually and sooner following a serious incident or near miss, a material change to school arrangements, a significant change in pupils' needs or updated guidance. Before approval, the school will complete the confirmation checklist and remove the draft notice once all arrangements have been verified.

15. Related guidance and documents

- Department for Education, Allergy Safety in Schools statutory guidance (July 2026): https://www.gov.uk/government/publications/allergy-safety-in-schools
- Department of Health and Social Care, guidance on using emergency adrenaline auto-injectors in schools.
- Anaphylaxis UK education resources: https://www.anaphylaxis.org.uk/education
- Food Standards Agency guidance on food allergen information and food businesses.
- Westgate CP School Managing Medical Conditions and First Aid Policy (separate policy).
- Westgate CP School Sharps Policy
- Westgate CP School Safeguarding, Behaviour, Anti-Bullying, Health and Safety, Data Protection and School Food policies.