



Allergy Safety Policy

Version	Version 1.0
Date created:	August 2026
Review date:	August 2027
Approved by Governors:	

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1. Statement of Intent

Edison Pace School believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the school and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of school life.

We will:

- Adhere to legislation and statutory guidance on caring for students with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAls).
- Ensure all staff (including agency staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations.
- Ensure our school raises awareness of allergies and anaphylaxis to the whole school community.
- Conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic students safe for all new joining students with allergies and any students newly diagnosed.

- Aim to reduce the risk of exposure to allergens to an acceptably low level.

Whilst we will endeavour to ensure our school provides a safe environment for all, we cannot guarantee our school will be completely allergen-free.

The school also has a First Aid and Administration of Medicines Policy, which may also be relevant, and all staff should be aware of.

2. Context

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing.

Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling. Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic student. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response.

20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

Under Benedicts Law, schools have a legal duty to support students with medical conditions, including allergy.

3. Legislation and guidance

This policy is underpinned by Benedicts Law and is based on the Department for Education (DfE)'s guidance on [Allergy Safety in Schools \(July 2026\)](#) and [Supporting Pupils at School with Medical Conditions \(December 2015\)](#) the Department of Health and Social Care's guidance on [Using Emergency Adrenaline Auto-Injectors in Schools](#), and the following legislation:

- [The Children's Wellbeing and Schools Act 2026](#)
- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)
- [The Equality Act 2010](#)

4. Roles and Responsibilities

4.1 The Allergy Lead

The nominated allergy lead for our Shelton site is C. Porter (Designated Safeguarding and Behaviour Lead).

The nominated allergy lead for our Porthill site is J. Evans (Assistant Headteacher)

The allergy leads are responsible for:

- Carrying out a risk assessment of allergy needs of students and staff, appropriate to the circumstances of the workplace, to be reviewed annually or following any significant changes
- Promoting and collating allergy and special dietary information for all relevant students and staff
- Ensuring:
 - All allergy information is up to date and readily available to staff
 - All students with allergies have an allergy action plan
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- Liaising with the kitchen/catering team

4.2 School administrative team

The school administrative team is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Liaising with the allergy lead

4.3 All Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students
- Ensuring all risk assessments are read and understood
- Ensuring the allergy policy and procedures are followed
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending/completing appropriate allergy training as required

- Being aware of specific students with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of students with allergies
- Ensuring medical incidents and administration of medication is recorded appropriately and communicated to parents/carers
- Ensure they disclose any food allergies as part of their induction

4.4 Kitchen/catering staff

All kitchen/catering staff are responsible for:

- Ensuring that the food allergy requirements are reviewed and current menu offerings are reflective of requirements
- Ensuring allergen information is made available for all dishes served
- Ensuring all dishes are reviewed for allergen contents
- Ensuring all purchased pre-packaged items have been provided with the list of all ingredients
- Maintaining rigorous food hygiene practices to reduce the risk of cross-contamination

4.5 Contractors and visitors

Contractors and visitors are to ensure:

- The school's Allergy Policy and reporting procedure is followed
- Their activities do not introduce an allergy risk to the school.
- A high standard of hygiene is maintained whilst in school premises as a matter of good practice.
- Any areas which may be contaminated are to be reported to the premises team

4.6 Parents/Carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy.
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- If required, providing their child with 2, in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamines etc., and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.
- Updating the school on any changes to their child's condition.

4.7 Students with allergies

These students are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

4.8 Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers

5. Assessing risk

The school completes a school wide risk assessment that seeks to minimise the risks of exposure to known allergens. In conjunction with parents/carers, the school will complete an Individual Healthcare Plan (IHP – Appendix I)) for all students with a known allergy and those at risk of anaphylaxis. The IHP will set out the additional and/or different arrangements that will be in place for supporting students with their allergy, including in emergency situations. Consideration will be given to the following:

- Students bringing in their own food from home
- Lessons/activities including the use of food e.g. cooking, life skills
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips (all activities will be individually risk assessed)
- Any other activities involving animals or food, such as animal handling experiences, visiting dogs and baking
- The risks involved in students carrying their own AAI

6. Managing/minimising risk

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Edison Pace school ensure that staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

6.1 Hygiene procedures

- Students are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Students have their own named water bottles

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies.

- Catering staff receive appropriate training and are able to identify students with allergies
- School menus are available on our school website for parents/carers to view
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of students
- Information relating to the 14 allergens is readily available, allowing students and staff to make safer choices (Appendix II). Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the [Food Standards Agency \(FSA\)](#)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage students and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a student brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

6.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

When indoors:

- Where possible, windows and doors should be opened to allow wasps/bees to exit
- If a student has an allergy to stings, they should calmly leave the room with an adult

6.5 Animals

- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals

6.6 Support for mental health

The school recognises that the risk posed by allergies and cases of anaphylaxis can cause considerable anxiety to students with allergies. Students will receive additional support via:

- Pastoral care
- Regular check-ins with their keyworker
- Allergy awareness lessons

All incidents and reports of bullying of students with known allergies will be addressed in line with the school's anti-bullying policy

6.7 Events and school trips

For events, including ones that take place outside of the school, and school trips, no students with allergies will be excluded from taking part

- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of students' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips
- All school trips and offsite activities will be individually risk assessed to explore whether they pose a risk risks to students with allergies, if necessary, alternative activities will be planned to ensure inclusion.
- Overnight school trips may be possible with careful planning. A meeting with parent/carers and the trip lead will take place prior to the trip. Staff at the venue will be briefed and alternative arrangements will be made if necessary.

7. Identification of Individuals with Allergies

Admissions Data Collection: Prior to admission, Edison Pace School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories. This information is collected by the school's admissions pack.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Transition: Allergy information and existing care plans are shared as part of a student's transition. Edison Pace School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Edison Pace School work with parents/carers and the student, if appropriate, to write a new IHP.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan/risk assessment created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

8. Procedures for handling an allergic reaction

8.1 Register of students with AAls

The school maintains a register of students who have been prescribed AAls. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed an AAI (and if so, what type and dose)
- Where a student has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the student
- The register is kept on the staff shared area and can be checked quickly by any member of staff as part of initiating an emergency response

8.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately (Appendix III)
- Staff are also trained in the administration of AAls to minimise delays in students' receiving adrenaline in an emergency (Appendix IV)
- if a student has an allergic reaction, the staff member will initiate the school's emergency response plan, following the student's Individual Healthcare Plan
- If an AAI needs to be administered, a member of staff will use the student's own AAI, or if it is not available, a school one
- If the student has no allergy action plan, staff will follow the school's procedures below on responding to a possible severe allergic reaction:
 - Stay with the student and radio for support – do not leave them unattended

- Lie the student down – with or without legs elevated, if they are struggling to breathe, they should raise their shoulders or sit up slowly.
 - Remove the trigger if possible, e.g. insect stinger
 - If any one of the ABC symptoms are present (Appendix II), administer the AAI without delay into the top of the outer thigh
 - Call 999 for an ambulance and state suspected anaphylaxis and AAI has been administered
 - Follow medical advice, If the student's symptoms have not improved after 5 minutes, use a 2nd AAI.
 - Do not allow the student to stand or walk at any time, even if they feel better
 - Call the students' parent/carer as soon as possible
- A school AAI device will be used instead of the student's own AAI device if:
 - Medical authorisation and written parental consent have been provided, or
 - The student's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
 - If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance
 - If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored and the parents/carers informed.

8.3. Incident recording and reporting, including near misses

An incident recording and reporting form (Appendix V) will be completed by the relevant member of staff on as soon as possible after an incident resulting in an anaphylaxis. A copy will be emailed or printed out and sent to parent/carers. A copy of the incident report form will also be added to the student's educational record by the relevant member of staff.

Any instances of 'near-misses' will also be reported via the incident report form.

As much detail as possible should be supplied when completing an incident report form.

9. Adrenaline auto-injectors (AAIs)

9.1 Emergency anaphylaxis kit

In accordance with Benedict's Law, the school holds an emergency anaphylaxis kit. This includes:

- Pairs of spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information

- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of students to whom the AAI can be administered
- A record of when AAls have been administered

9.2 Purchasing of AAls

The allergy leads are responsible for buying AAls and ensuring they are stored according to the guidance.

- The school sources AAls from Eureka Direct
- The school ensures spare AAls are available on each site, plus availability for off-school activities and planned school trips
- The brand of AAI used by the school is EpiPen
- The dosage of each AAI is based on Resuscitation Council UK's age-based criteria – for children aged 6 and over a dose of 300 microgram (0.3 milligram) is used

9.3 Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls are:

- Stored in pairs, in the event of failure or an additional dose of adrenaline is required
- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAls will be kept separate from any student's own prescribed AAI, and clearly labelled to avoid confusion. Spare AAI's will be located in the main reception area on both sites

9.4 Maintenance (of spare AAls)

On a half termly basis, C. Porter and J. Evans are responsible for checking that:

- The AAls are present and in date
- Replacement AAls are obtained when the expiry date is near

9.5 Disposal

AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

9.6 Use of AAls off school premises

- Students at risk of anaphylaxis who are able to administer their own AAls should carry their own AAI with them on school trips and off-site events
- The school will ensure that an emergency AAI is available for use on school trips and off-site visits for those who might suffer anaphylaxis without a known diagnosis.

10. Training

The school is committed to training all staff in allergy response, this includes permanent and temporary staff, external agency workers, volunteers and placement students. All staff will receive training as part of their induction, this includes:

- Being made aware of the allergy safety policy
- Understanding responsibilities in reducing the risk of individuals with known allergies coming into contact with their known allergens
- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis, including how to respond in an emergency
- Where AAls are kept on the school site, and how to access them
- How to administer AAls
- The wellbeing and inclusion implications of allergies
- The importance of reporting and recording an allergic reaction or case of anaphylaxis – whether an incident or near miss

Staff training will be refreshed on an annual basis

11. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- First aid policy
- Administering medications policy
- Educational visits policy
- Anti-bullying policy

12. Monitoring and review

This policy will be reviewed annually or following any significant allergy related incident or near-miss. This policy will be made available to all staff, parent/carers and other relevant stakeholders via our school website.

Appendix I – Individual healthcare plan template

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	

Arrangements for support:

Give details of the specific support or adaptations which the educational setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for educational trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents/carers:	Date
Issued by:	Date:
Next planned review:	Date:

Appendix II – Information on allergies

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.



Appendix III – Recognition and management of an allergic reaction/anaphylaxis

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

AIRWAY:

Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing
Wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)  
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS



***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

ANAPHYLAXIS

HOW TO USE EPIPEN AAI

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



Appendix V – Allergy incident and near miss report form

Date	
Time	
Incident location	
Student affected	
Staff members present	
Emergency services called?	

What happened / allergen involved? (if known)
Why the incident happened (as far as is known)
How did staff respond?

What support was provided to the individual, including any medication administered?

What follow up actions were taken?

What lessons can be learned? Are changes to policies, policies and training required?

Name/signature	
Date	
Role	
Reviewed by (Name/signature)	
Date	
Role	
Actions taken	