St Luke's CofE Primary School
Rooted in Love" Ephesians 3:17

Compassion · Service · Perseverance · Respect · Truthfulness · Generosity

Allergy and Anaphylaxis Safety Policy

Policy owner	S Dean
Approved by	Governing Body
Date adopted	September 2026
Review date	September 2027, or sooner following an incident, near miss or change in guidance
Applies to	All pupils, staff, volunteers, visitors, contractors and school-organised activities
Published	School website and available from the school office
Status	Dedicated statutory allergy safety policy

Safeguarding principle

Anaphylaxis is a medical emergency. When anaphylaxis is suspected, staff must act immediately: give adrenaline, call 999 and stay with the pupil.

Policy overview

This policy sets out St Luke's CE Primary School's arrangements for preventing, recognising and responding to allergic reactions and anaphylaxis. It is intended to support a whole-school approach to allergy safety and should be read alongside the school's medical conditions, first aid, safeguarding, health and safety, SEND/inclusion, educational visits and catering arrangements.

Key principles

- Children with allergies are entitled to participate fully and safely in school life.
- Allergy safety is a whole-school responsibility, not solely the responsibility of first aiders.
- Known allergens should be avoided through proportionate, risk-assessed controls.
- Adrenaline must be given promptly where anaphylaxis is suspected.
- Pupils prescribed adrenaline should have rapid access to their medication and the school's spare devices.
- Incidents and near misses must be recorded, reviewed and used to improve practice.

Legislative and guidance framework

- Children's Wellbeing and Schools Act 2026, including the allergy safety provisions commonly referred to as Benedict's Law.
- Department for Education statutory guidance on allergy safety in schools (2026).
- Children and Families Act 2014, section 100.
- Supporting pupils at school with medical conditions: statutory guidance.
- Human Medicines Regulations 2012, as amended.
- Health and Safety at Work etc. Act 1974.
- Equality Act 2010.
- Education Act 2002.
- Keeping Children Safe in Education.
- Early Years Foundation Stage statutory framework.
- UK GDPR and Data Protection Act 2018.

1. Policy statement

At St Luke's CE Primary School, the health, safety, wellbeing and inclusion of every child are of paramount importance.

Our Christian vision, "Rooted in Love", underpins our commitment to creating a safe, caring and inclusive environment in which children with allergies are understood, supported and able to participate fully in school life.

An allergy can be a serious medical condition and, in some cases, exposure to an allergen can cause anaphylaxis, a potentially life-threatening allergic reaction requiring immediate treatment.

St Luke's recognises that effective allergy management requires a whole-school approach. Allergy safety is therefore the responsibility of all staff and is not restricted to first aiders or staff directly supporting pupils with known allergies.

2. Aims

- Provide a safe and inclusive environment for pupils with allergies.
- Identify pupils with known allergies and understand their individual needs.
- Reduce, as far as reasonably practicable, the risk of exposure to known allergens.

- Ensure staff can recognise allergic reactions and anaphylaxis.
- Treat anaphylaxis as a medical emergency and respond without delay.
- Ensure prescribed and spare AAIs can be accessed rapidly.
- Put appropriate Individual Healthcare Plans (IHPs) and Allergy Action Plans in place.
- Provide annual allergy awareness and emergency response training for relevant staff.
- Consider allergy safety in classrooms, dining areas, playgrounds, Breakfast Club, clubs and educational visits.
- Ensure pupils with allergies are not unnecessarily excluded from school activities.
- Support the emotional wellbeing of pupils living with allergies.
- Record, investigate and learn from allergy-related incidents and near misses.

3. Leadership and responsibilities

Governing Body

- Ensure the school has a dedicated allergy safety policy and that it is published and reviewed at least annually.
- Ensure appropriate resources, training and emergency arrangements are in place.
- Receive assurance about implementation and significant incidents or near misses.
- Hold leaders to account for learning from incidents and improving procedures.

Named Senior Leader for Allergy Safety

- Oversee implementation of this policy and maintain oversight of pupils with allergies.
- Ensure IHPs and Allergy Action Plans are in place where required.
- Coordinate staff training and induction information.
- Oversee the provision, location and routine checking of spare AAIs.
- Ensure suitable risk assessments are completed and reviewed.
- Liaise with parents/carers, healthcare professionals and the catering provider where necessary.
- Investigate incidents and near misses and report significant matters to governors.

All staff

- Know how to recognise an allergic reaction and anaphylaxis.
- Know how to summon emergency help and where emergency AAIs are located.
- Follow pupils' IHPs and Allergy Action Plans.
- Take reasonable steps to prevent exposure to known allergens.
- Consider allergy risks when planning lessons, food activities, events and visits.
- Respond immediately to suspected anaphylaxis and report incidents or near misses.

4. Identifying pupils with allergies

Parents/carers must inform school of any known or suspected allergy when a child joins St Luke's and whenever a new allergy is diagnosed or circumstances change.

- Known allergen(s) or suspected trigger(s).
- Nature and severity of previous reactions.
- Signs and symptoms to look for.
- Prescribed medication, including whether an AAI is prescribed.
- Emergency procedures and dietary requirements.
- Relevant healthcare professional information and emergency contacts.

The school will maintain an up-to-date Allergy Register and share relevant information with staff on a need-to-know basis. Information will be checked regularly and at key transition points.

5. Individual Healthcare Plans and Allergy Action Plans

An IHP will be used where a pupil's allergy has a functional impact in school, places them at risk of harm, or requires arrangements that are additional to or different from those generally available.

- Known allergens and triggers.
- Signs and symptoms.
- Preventative measures and reasonable adjustments.
- Medication, dosage and storage location.
- Emergency response arrangements.
- Meals, snacks, classroom activities, PE, playtimes and outdoor learning.
- Breakfast Club, clubs, trips and residential visits.
- Responsibilities of staff, parents/carers and the pupil.
- An Allergy Action Plan and Asthma Action Plan where relevant.

Plans will be reviewed at least annually and sooner where there is a change in diagnosis, medication, treatment, risk or school arrangements.

6. Staff training and awareness

All relevant staff will receive allergy awareness and emergency response training at least annually. New staff will receive allergy safety information as part of induction, and supply/temporary staff will be briefed where necessary.

- What allergies are and common allergens/triggers.
- Recognising mild, moderate and severe allergic reactions.
- Recognising anaphylaxis and understanding the link between allergy and asthma.
- When and how to call 999.
- How to use an adrenaline auto-injector.
- Location of prescribed and spare AAIs.
- The importance of administering adrenaline promptly.
- Risk reduction, food safety, IHPs and Allergy Action Plans.
- The emotional and social impact of allergies.
- Reporting incidents and near misses.

7. Minimising exposure to allergens

The school will take proportionate and reasonable steps to reduce exposure to pupils' known allergens. Risk assessments will consider the following where relevant:

- School meals, packed lunches and snacks.
- Breakfast Club, clubs, celebrations and parties.
- Cooking, food technology and curriculum activities.
- Classroom rewards and food brought into school.
- Craft, science and sensory materials.
- Gardening, animals and animal visits.
- Cleaning products, latex and other environmental allergens.
- PE, outdoor learning, trips and residential visits.

8. Food allergy and catering

The school will work closely with its catering provider to manage food allergy safely.

- Maintain accurate information about pupils' known food allergies.
- Ensure relevant catering staff have access to necessary allergy information.
- Provide clear allergen information and follow safe food preparation procedures.
- Take reasonable steps to minimise cross-contamination.
- Communicate dietary requirements effectively.
- Respond promptly to any concern, error or near miss.

Parents/carers remain responsible for providing accurate and current information about their child's diagnosed allergies.

9. Allergy-aware school approach

St Luke's recognises that no school can guarantee a completely allergen-free environment. The school will therefore use an allergy-aware, risk-assessed approach rather than relying solely on blanket bans.

- Individual risk assessment and healthcare planning.
- Education and awareness.
- Appropriate supervision and hand hygiene.
- Cleaning and safe food management.
- Reasonable adjustments.
- Targeted restrictions where an individual risk assessment indicates they are necessary.

10. Adrenaline auto-injectors (AAIs)

Pupils' prescribed AAIs

Pupils prescribed an AAI must have rapid access to it. Medication must not be stored in a way that causes unnecessary delay in an emergency.

- Clearly labelled with the pupil's details.
- Stored safely but readily accessible.
- Accompanied by the pupil's emergency information where possible.
- Checked regularly for expiry dates.
- Taken on educational visits and off-site activities.

School spare AAIs

- The school will maintain spare, in-date AAIs for emergency use.
- Spare AAIs will be stored in pairs, clearly identified, readily accessible and not locked away.
- Locations will be planned so adrenaline can be brought rapidly to pupils across the school site.
- Appropriate dosage strengths will be available having regard to the school population.
- Devices will be checked routinely and replaced before expiry or promptly after use.
- Spare AAIs do not replace a pupil's own prescribed medication.

Five-minute expectation

School arrangements enable adrenaline to be administered as soon as possible and within five minutes of recognising anaphylaxis.

11. Recognising anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Staff will particularly look for problems involving AIRWAY, BREATHING or CIRCULATION.

AIRWAY	Swelling of tongue or throat; difficulty swallowing; hoarse voice; feeling that the throat is closing.
BREATHING	Difficulty or noisy breathing; wheeze; persistent cough; rapid breathing; unusual exhaustion; blue/grey lips.
CIRCULATION	Pale, cold or clammy skin; dizziness; confusion; weakness; collapse; loss of consciousness.
IMPORTANT	Skin symptoms such as hives may occur, but anaphylaxis can occur without a skin rash.

12. Emergency response to suspected anaphylaxis

ANAPHYLAXIS IS A MEDICAL EMERGENCY

If anaphylaxis is suspected, act immediately. Do not wait for symptoms to worsen.

1. Give adrenaline immediately. Use the pupil's prescribed AAI if immediately available; otherwise use the school's spare AAI where appropriate and permitted.
2. Call 999 immediately and say: "ANAPHYLAXIS". Give the school name, address and precise location of the pupil.
3. Position the pupil appropriately. If faint or weak, lie them flat with legs raised. If breathing is difficult, allow them to sit up with legs extended. Do not allow them to stand or walk.
4. Stay with the pupil and continue to monitor them.
5. Contact parents/carers. This must not delay calling 999 or giving adrenaline.
6. If symptoms have not improved after five minutes, give a second AAI.
7. If the pupil becomes unresponsive and is not breathing normally, commence CPR and follow 999 instructions.
8. A pupil who has received adrenaline must be assessed by emergency healthcare professionals.

If in doubt - give adrenaline

Where anaphylaxis is suspected, the risk of delaying adrenaline is greater than the risk of giving it unnecessarily. Staff must follow their training and the pupil's emergency plan.

13. Mild or moderate allergic reactions

- Swollen lips, face or eyes.
- Itchy or tingling mouth.
- Hives or itchy rash.
- Abdominal pain or vomiting.
- Mild throat discomfort.

Staff will follow the pupil's IHP/Allergy Action Plan and administer authorised medication where appropriate. The pupil must be monitored carefully because a reaction can progress. Any Airway, Breathing or Circulation symptom must be treated as anaphylaxis.

14. Educational visits and off-site activities

Pupils with allergies will be supported to participate fully in trips, residentials, sporting events and other educational activities wherever the risk can reasonably be managed.

- Potential allergen exposure and food provision.
- Availability of prescribed and spare emergency medication.
- Transport, access to emergency services and nearest medical support where appropriate.
- Staffing, supervision and communication with external providers.
- Emergency arrangements and individual reasonable adjustments.

The pupil's prescribed AAI must accompany them and an appropriately trained member of staff must be available.

15. Breakfast club, clubs and extended provision

The same allergy safety expectations apply throughout the school day and to school-organised extended provision. Relevant staff must have access to pupil information and know how to obtain emergency medication quickly.

16. Early Years

For children in the EYFS, St Luke's will also follow the Early Years Foundation Stage statutory framework, including requirements relating to safer eating. Staff will consider allergy risks during meals, snacks, cooking, sensory activities and all other provision.

17. Inclusion, wellbeing and anti-bullying

- Pupils with allergies will be treated with dignity and respect and listened to about their condition.
- They will be supported to participate fully in school life wherever reasonably possible.
- They will not be unnecessarily isolated at mealtimes or activities.
- Age-appropriate independence will be encouraged without placing sole responsibility on the child.
- Allergy-related anxiety will be taken seriously and pastoral support provided where needed.

Bullying, teasing or deliberate exposure of another pupil to a known allergen will not be tolerated and may constitute a serious safeguarding matter.

18. Information sharing and confidentiality

Medical and allergy information is sensitive personal data. Relevant information will be shared only with those who need it to keep pupils safe, in accordance with UK GDPR and the Data Protection Act 2018.

19. Visitors, events and external providers

Where appropriate, visitors, volunteers and external providers will be informed of relevant allergy safety arrangements. External providers supplying food or activities involving potential allergens must be considered as part of the school's risk assessment.

20. Incidents, near misses and learning

All significant allergy incidents and near misses will be recorded, reported to the Allergy Safety Lead and reviewed. Parents/carers will be informed, and governors will receive appropriate assurance and reporting.

- The pupil's IHP or Allergy Action Plan.
- Risk assessments and supervision.
- Food and catering arrangements.
- Medication storage and access.
- Staff training and communication.
- Emergency procedures.
- This policy and related procedures.

21. Emergency allergy drills

The school will periodically test its emergency arrangements through simulated allergy/anaphylaxis scenarios. Drills will test recognition of symptoms, speed of response, access to AAIs, communication and the ability to reach different parts of the site quickly.

22. Responsibilities of parents and carers

- Inform school promptly of any diagnosed or suspected allergy.
- Provide accurate, current medical information and relevant action plans.
- Provide prescribed medication in its original packaging and ensure AAIs are in date.
- Inform school immediately of changes to diagnosis, treatment or medication.
- Work collaboratively with school when developing an IHP.
- Tell school about significant reactions occurring outside school where relevant to the child's safety.

23. Responsibilities of pupils

Taking account of age and understanding, pupils will be encouraged to:

- Understand their allergy and the foods/substances they need to avoid.
- Tell an adult immediately if they feel unwell or think they have been exposed to an allergen.
- Avoid sharing food where this creates a risk.
- Know how to access their medication and develop increasing independence where appropriate.

Children will never be expected to take sole responsibility for managing a potentially life-threatening allergy.

24. Monitoring and review

- Review the Allergy Register and relevant IHPs.
- Monitor completion of staff training.
- Check prescribed and spare AAIs and expiry dates.
- Review storage locations and accessibility.

- Review trip and catering arrangements.
- Review incidents, near misses and learning from drills.
- Consult pupils and parents/carers where appropriate.
- Report assurance and significant issues to governors.

This policy will be reviewed at least annually and sooner following a significant allergic reaction, near miss, change in guidance or identified weakness in procedures.

Appendix 1 - Allergy Safety Checklist

☐ Named senior leader identified for allergy safety.

☐ Current Allergy Register maintained.

☐ Appropriate pupils have an IHP and Allergy Action Plan.

☐ Relevant staff have access to the information they need.

☐ Annual staff training completed and recorded.

☐ New, supply and temporary staff are appropriately briefed.

☐ Prescribed AAIs are readily accessible.

☐ Spare AAIs are available, stored in pairs and not locked away.

☐ AAI locations support rapid access across the school site.

☐ Expiry dates are checked routinely.

☐ Catering arrangements reflect known food allergies.

☐ Allergy risks are considered in curriculum activities and events.

☐ Trips and visits include specific allergy risk assessment.

☐ Breakfast Club and extended provision staff understand emergency procedures.

☐ Incidents and near misses are recorded, reviewed and acted upon.

☐ Emergency allergy drills are undertaken periodically.

☐ Policy is published and reviewed at least annually.

Appendix 2 - Emergency Anaphylaxis Procedure

RECOGNISE

Look for AIRWAY, BREATHING or CIRCULATION problems. Anaphylaxis may occur without a skin rash.

1	**GIVE ADRENALINE IMMEDIATELY**
2	**CALL 999 - SAY "ANAPHYLAXIS"**
3	**LIE THE PUPIL DOWN - do not allow them to stand or walk**
4	**STAY WITH THE PUPIL**
5	**CONTACT PARENTS/CARERS**
6	**IF NO IMPROVEMENT AFTER 5 MINUTES - GIVE SECOND AAI**
7	**FOLLOW 999 INSTRUCTIONS AND COMMENCE CPR IF REQUIRED**

Appendix 3 - Allergy / Anaphylaxis Incident and Near-Miss Record

Pupil name / initials	
Date and time	
Location	
Known allergen / suspected trigger	
What happened	
Symptoms observed	
Medication administered	
AAI used? If yes, which device	
Time adrenaline given	
Second dose required?	
Time 999 called	
Parent/carer contacted	
Hospital transfer / outcome	
Staff involved	
Immediate actions to reduce recurrence	
Further review required	

Appendix 4 - Termly AAI Check Record

To be completed by the designated member of staff responsible for emergency anaphylaxis kits.

Date	Location	Dose	Expiry date	Condition / seal	Checked by

Governor approval

Approved by	
Chair of Governors	
Head of School	
Date / next review	