HIGH ERCALL PRIMARY SCHOOL

ALLERGY AND ANAPHYLAXIS SAFETY POLICY

2026–27

Including school, breakfast/after-school provision, trips and school-related activities

Date of Policy Creation	September 2026	**Named Responsibility**	Gemma Lingham
Date of review completion	1st September 2026	**Named Responsibility**	Gemma Lingham DSL
Inception of new Policy		**Named Responsibility**	
Date of Policy Adoption by Governing Body			
Policy review		September 2027	

1. Purpose, status and legal framework

High Ercall Primary School is committed to ensuring that pupils with allergies are safe, included and able to participate fully in school life. This is a dedicated allergy safety policy for 2026–27. It should be read alongside the school's Supporting Pupils with Medical Conditions, First Aid, Safeguarding and Child Protection, SEND, Health and Safety, Educational Visits, Food/Catering and Wraparound Care procedures.

The policy has been developed from the Department for Education-approved model policy produced by BSACI, Allergy UK and Anaphylaxis UK, the Anaphylaxis UK wraparound-care model, and the Department for Education's July 2026 statutory guidance and policy template.

- Section 100 of the Children and Families Act 2014.
- Section 34 of the Children's Wellbeing and Schools Act 2026, which introduced the new school allergy-safety duties often referred to publicly as 'Benedict's Law'.
- Department for Education: Allergy safety in schools - statutory guidance, July 2026.
- Keeping Children Safe in Education (KCSIE) 2026, in force from 1 September 2026.
- Supporting pupils at school with medical conditions - statutory guidance (current version).
- Equality Act 2010, Health and Safety at Work etc. Act 1974, Food Information Regulations 2014, School Food Standards and relevant food-information law.
- Early Years Foundation Stage statutory framework, where applicable to children in Reception/young children.

2. Definitions and scope

An allergy is an abnormal immune-system reaction to a normally harmless substance. Allergens may include food, insect stings, medicines, latex, contact allergens and airborne allergens. Anaphylaxis is a potentially fatal allergic reaction affecting Airway, Breathing and/or Circulation (ABC).

This policy applies to pupils, staff and visitors and to all parts of school life, including lessons, break and lunchtimes, breakfast and after-school provision, clubs, performances, sports, cooking and food activities, trips, residential visits and other school-organised activities.

Food intolerance and coeliac disease are not the same as allergy, but can require important dietary arrangements. These needs will be managed through appropriate medical/dietary procedures and, where required, an Individual Healthcare Plan (IHP).

3. Leadership, governance and responsibilities

3.1 Governing Body

- Ensure High Ercall has a dedicated, published allergy safety policy and has regard to the 2026 statutory guidance.
- Ensure allergy risks are represented on the school's risk register and actively monitored.

- Receive anonymised assurance at least annually on training, IHPs, medication access, incidents/near misses and actions taken.
- Ensure the policy is reviewed at least annually and after serious incidents or significant near misses.

3.2 Headteacher / named allergy safety lead - Mrs Gemma Lingham

- Drive implementation of this policy and ensure responsibilities are clear.
- Ensure all relevant staff receive annual allergy-awareness and emergency-response training, with induction arrangements for new, supply and cover staff.
- Ensure systems identify pupils with allergies and make essential information available to staff who need it.
- Ensure prescribed and spare emergency medication is rapidly accessible, stored correctly, checked and replaced.
- Ensure catering, wraparound, clubs and educational visits operate within this policy.
- Ensure serious incidents and near misses are recorded, reported, investigated and used to improve practice.

3.3 Parents and carers

- Inform school at admission, and promptly thereafter, of any diagnosed or suspected allergy, previous serious reaction, anaphylaxis, asthma and prescribed medication.
- Provide current clinical information and a healthcare-professional-issued Allergy Action Plan and/or Asthma Action Plan where available.
- Supply prescribed medication in the original labelled container, in date and in the quantities required, including two prescribed adrenaline devices where prescribed.
- Replace medication before expiry and tell school immediately of changes in diagnosis, triggers, treatment or emergency arrangements.
- Work with school to develop and review the child's IHP where one is required.

3.4 Pupils

- Are encouraged, according to age and understanding, to recognise symptoms, tell an adult immediately and understand their own triggers and emergency arrangements.
- Should not share food, drinks, utensils or medication.
- May carry and self-administer prescribed emergency medication where this has been individually agreed as safe and appropriate; staff retain responsibility for ensuring rapid access.

3.5 All staff, including wraparound and catering staff

- Know how to identify pupils with known allergy and where to find their IHP/Action Plan and emergency medication.
- Recognise mild/moderate allergic reactions and anaphylaxis and know the emergency response.
- Take reasonable steps to minimise exposure to known allergens and risk-assess activities involving food, animals, plants, craft materials, science or other potential allergens.
- Never delay emergency treatment while seeking permission or locating a particular member of staff.

- Report reactions, medication use, errors and near misses promptly.

4. Identification, records and Individual Healthcare Plans

The school will maintain an up-to-date allergy register covering pupils with known allergies, their triggers, prescribed emergency medication and whether they have an IHP, Allergy Action Plan and/or Asthma Action Plan. Information will be obtained from parents/carers, previous settings and healthcare professionals as appropriate.

Any pupil whose allergy requires supportive arrangements that are additional to or different from normal school arrangements will have these captured in an Individual Healthcare Plan. The IHP will be developed with the pupil (where appropriate), parents/carers and relevant healthcare advice. A healthcare-professional-issued Allergy Action Plan and/or Asthma Action Plan will be attached or referenced and the IHP reviewed whenever the Action Plan changes.

- IHPs will describe triggers, symptoms, risk-reduction arrangements, medication, emergency actions, staff responsibilities, food/catering arrangements, trips and reasonable adjustments.
- Health information is special-category personal data. It will be shared only with those who need it for safety and care, in a controlled and respectful way.
- Transition information will be shared safely when pupils change class, key stage, setting or provider.

5. Staff training and allergy-aware culture

All staff who are present when pupils are scheduled to be on site will receive allergy-awareness and emergency-response training at least annually. This includes teachers, teaching assistants, lunchtime staff, office staff, site staff with pupil-facing duties, temporary/supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and breakfast/after-school staff.

- What allergy is; common triggers; food allergy, asthma and co-existing allergic conditions.
- The difference between allergy, food intolerance and coeliac disease.
- Signs and symptoms of mild/moderate reactions and anaphylaxis, including ABC symptoms.
- How to call 999 and respond while waiting for emergency services.
- How to locate and administer prescribed and spare emergency medication, including practical familiarity with AAI trainer devices.
- How to use an Allergy/Asthma Action Plan and understand individual arrangements.
- How to minimise allergen exposure and prevent cross-contact.
- How allergy can affect wellbeing and how to prevent and respond to allergy-related bullying.
- How to report reactions, medication use and near misses.

New staff will receive allergy-safety information at induction before taking unsupervised responsibility for pupils. Supply/cover arrangements will ensure essential allergy information is communicated. High

Ercall will consider periodic simulated allergy emergency drills to test the effectiveness of its response and learn from the outcome.

6. Minimising exposure to allergens

High Ercall will take reasonable, proportionate steps to reduce exposure to each individual's known allergens. Risk management will be based on documented triggers and clinical history rather than assumptions.

- Staff planning cooking, tasting, science, craft, gardening, animal visits, celebrations or other activities involving potential allergens will check the allergy register/IHPs and risk-assess the activity.
- Food sharing will be actively discouraged and primary-age pupils with food allergy will not be given food treats or unplanned food without appropriate parental engagement/permission.
- Tables, utensils and food-preparation surfaces will be cleaned appropriately to reduce cross-contact.
- Food brought into school for events, clubs or celebrations will be managed with allergy awareness; clear allergen information will be sought wherever practicable.
- Airborne/contact allergens will be managed through reasonable measures tailored to the individual pupil's documented needs.

High Ercall will operate an allergy-aware rather than a blanket 'nut-free' approach unless an individual risk assessment identifies a more specific restriction. A blanket ban can create a false sense of security because nuts are only one of many potentially serious allergens. The priority is active risk management, clear information and a robust emergency response.

7. Food, catering and safer eating

The school and its caterer will comply with applicable food-information law and provide clear, accurate and accessible information about regulated allergens in food supplied. Reasonable adjustments relating to food will be recorded in the pupil's IHP where appropriate.

- The catering team will receive current information about pupils with food allergies before food is prepared or served.
- High Ercall will use at least two robust identification checks at mealtimes for pupils with known food allergy, selected to suit the age of pupils and the school's arrangements while protecting dignity.
- Pupils with allergies will not routinely be segregated from peers at mealtimes; safety will be managed inclusively.
- Staff supervising meals and snacks will be alert to food sharing, cross-contact and unexpected reactions.
- Packed lunches, drinks and food brought from home for an allergic pupil should be clearly identifiable.

- Breakfast and after-school provision will follow the same allergy register, IHP, food-information, cleaning, supervision and emergency-medication requirements as the school day.
- Where Reception provision falls within EYFS requirements, staff will also follow the safer-eating and supervision requirements of the EYFS statutory framework.

8. Prescribed emergency medication

Pupils prescribed adrenaline must have rapid access to both prescribed adrenaline devices at all times, including in classrooms, dining areas, playgrounds, PE/sports areas, wraparound care and on visits. Arrangements will ensure adrenaline can be administered within five minutes of recognition of anaphylaxis.

- Medication will be clearly labelled, stored at the correct temperature, protected from direct sunlight/temperature extremes and readily accessible to staff.
- Medication for younger pupils will not be locked away. Its location will be known to all relevant staff.
- Where an older/competent pupil carries medication, school will still have a clear system for ensuring it is with the pupil and available in an emergency.
- Parents remain responsible for replacement of prescribed medication; school will carry out scheduled checks and remind parents before expiry.
- Used AAIs are single-use sharps and will be handed to ambulance staff or disposed of through an appropriate sharps/clinical-waste route.

9. Spare adrenaline auto-injectors (AAIs)

High Ercall will stock spare AAIs for emergency use in line with the 2026 statutory guidance and applicable medicines regulations. For a primary school, the DfE guidance indicates that schools will normally need one pair of 150 microgram spare AAIs for children under six and one pair of 300 microgram spare AAIs for individuals aged six and over, subject to the school's pupil profile and current clinical/medicines guidance.

- Spare AAIs will always be stored in pairs, clearly labelled as emergency/spare devices, readily accessible and never locked away.
- The location(s) will be selected so that a pair can be brought to any pupil experiencing anaphylaxis within five minutes.
- The school will record device type, dose, batch/expiry date, storage location, checks, use and replacement.
- Spare AAIs will be checked at least monthly and replaced promptly after use or before expiry.
- A spare AAI may be used to save life where a pupil's own device is unavailable/not working, and may be used in an emergency first presentation of anaphylaxis in accordance with law and current DfE/DHSC guidance.

High Ercall Primary School's spare AAIs are stored in the staff room. The pens stored are as follows:

Device Type	Dose	Batch	Expiry date
EpiPen	0.3mg	PC: 05060035247431 SN: 15984115427866 Lot: 114702A	11/2027

10. Emergency response to an allergic reaction / anaphylaxis

If anaphylaxis is suspected, staff must act immediately. If in doubt, treat for anaphylaxis.

1. Stay with the pupil. Call for help. Do not send the pupil to fetch medication and do not allow them to walk around.
2. Follow the pupil's Allergy Action Plan where available, but do not delay emergency treatment.
3. Lay the pupil flat with legs raised. If breathing is difficult they may be allowed to sit up, but standing or walking must be avoided.
4. Administer adrenaline immediately into the outer thigh using the pupil's prescribed device if available, or an appropriate spare AAI. Note the time.
5. Dial 999 and state 'ANAPHYLAXIS'. Give the school's location and follow the emergency operator's instructions.
6. If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device.
7. If there are no signs of life, start CPR and follow emergency-service instructions.
8. Contact parents/carers as soon as practicable after emergency treatment has begun.
9. Keep the pupil under continuous observation. The pupil must be medically assessed following anaphylaxis and transferred by ambulance as directed by emergency services.

A reliever inhaler must never be given instead of adrenaline to treat anaphylaxis. Where a pupil has both asthma and food allergy and develops sudden breathing difficulty, staff must consider anaphylaxis and follow the emergency plan.

10.1 Mild to moderate reactions

Mild/moderate symptoms can include swollen lips/face/eyes, itchy or tingling mouth, hives/itchy rash, abdominal pain/vomiting or a sudden change in behaviour. Staff will follow the pupil's Action Plan, administer medication such as antihistamine only where authorised, inform parents/emergency contacts, not leave the pupil unattended and observe carefully for deterioration. If ABC symptoms develop, treat immediately as anaphylaxis.

11. Trips, visits, sport and off-site activities

Allergy will not be used as a reason to exclude a pupil from a trip, club or activity where reasonable arrangements can make participation safe.

- Trip leaders will identify pupils with allergies early in planning and complete an allergy-specific risk assessment where required.
- Prescribed emergency medication, Action Plans and relevant spare medication will travel with the group and remain rapidly accessible.

- At least one accompanying adult will be confident and trained to respond to anaphylaxis and administer adrenaline.
- Food, accommodation, travel, emergency medical access and communication with external providers will be considered in advance.
- For residentials, parents/carers will be involved in planning where appropriate.
- If essential prescribed emergency medication is not available, the pupil will not leave site until a safe arrangement has been restored; the school will work urgently with the family to avoid unnecessary exclusion.

12. Wraparound care, clubs and third-party providers

Breakfast club, after-school provision and school-run clubs form part of High Ercall's allergy-safety arrangements. The same standards apply before, during and after the normal school day.

- Relevant staff will receive annual allergy-awareness/emergency-response training and know the children attending with allergies.
- The allergy register, IHP/Action Plan information and emergency medication will be accessible whenever the child is present.
- Food provision, cleaning, supervision and cross-contact controls will be consistent with this policy.
- Where an external organisation uses school premises or runs a club, High Ercall will share proportionate safety information and require the provider to demonstrate suitable allergy/emergency arrangements for children in its care, consistent with safeguarding and data-protection requirements.

13. Wellbeing, inclusion, equality and safeguarding

Allergy can affect attendance, participation, confidence and emotional wellbeing. Pupils with allergy will be supported to participate fully, develop age-appropriate self-management and avoid unnecessary restriction or stigma.

- Allergy-related bullying, deliberate exposure to an allergen, teasing, food intimidation or interference with medication will be taken seriously under the Behaviour and Anti-Bullying and Child-on-Child Abuse policies.
- Staff will listen to pupils' concerns and avoid practices that unnecessarily single out or segregate a pupil.
- Reasonable adjustments will be considered under the Equality Act where allergy has a substantial and long-term adverse effect.

KCSIE 2026 makes clear that a medical condition or allergy does not by itself require a safeguarding referral. However, staff must consider safeguarding where the circumstances indicate possible neglect, abuse or exploitation - for example, where essential information is persistently withheld or a child is repeatedly sent to school without essential medication in a way that places them at risk. Such concerns must be referred to the DSL under the school's safeguarding procedures.

14. Serious incidents, near misses and learning lessons

High Ercall will record and review serious allergy incidents and near misses, including unexpected reactions, delayed or missed medication, food-allergen errors, failures of information sharing, medication not being available, and any event that could reasonably have caused serious harm.

- Parents/carers will be informed promptly.
- The Headteacher/allergy lead will ensure the event is recorded factually, including symptoms, suspected trigger, medication given, times, emergency-service involvement and outcome.
- The Governing Body will receive anonymised information about serious incidents and near misses, alongside any statutory reporting.
- Food-safety incidents will be reported to the relevant food business/caterer and, where required, environmental health/competent authorities.
- The school will consider RIDDOR and other statutory reporting requirements where applicable.
- The school will investigate causes and contributory factors, support the wellbeing of those involved, and identify learning actions.
- The policy, IHPs, risk assessments, training, catering arrangements, medication locations and supervision will be reviewed where learning indicates change is needed.

15. Information sharing, confidentiality and visitors

Information about allergy is sensitive health data. The school will share the minimum necessary information with staff, caterers, trip leaders and others who need it to keep the pupil safe. Systems such as class/medical information, kitchen identification arrangements and emergency packs will be designed to balance rapid recognition with dignity and confidentiality.

- Parents will be told how relevant health information is used and shared.
- Supply staff and temporary staff will receive essential information before taking responsibility for pupils.
- Visitors and staff with allergies are encouraged to tell the school of any emergency needs relevant to their time on site.
- Where appropriate and agreed with the pupil/parents, peers may be taught how to summon adult help in an emergency; this never replaces trained adult response.

16. Monitoring, publication and governor assurance

This policy will be published on the High Ercall Primary School website, made available to staff and parents/carers, and included in annual staff training. The Headteacher will lead an annual review and will involve, where practicable, pupils/families affected by allergy.

Monitoring area	Evidence	Frequency	Governor assurance
Training	Training register incl. supply/wraparound/catering; induction records	At least annually / on induction	All relevant staff trained; gaps actioned

Pupil plans	Allergy register; IHPs; Action Plans; transition updates	Termly check and when needs change	Plans current and proportionate
Emergency medication	Prescribed and spare AAI checks; expiry/location log	Monthly for spare stock; scheduled checks for prescribed medication	Correct doses/quantities accessible within five minutes
Food safety	Catering allergen systems; identification checks; incidents	Termly and after changes/incidents	Clear allergen information and robust identification
Incidents/near misses	Incident records, investigations, actions	Termly and after each event	Lessons learned and actions completed
Trips/wraparound	Risk assessments, medication access, staff competence	Each trip/activity; periodic audit	Inclusion and safety arrangements effective
Policy	Feedback, statutory updates, drill/incident learning	At least annually	Policy published, reviewed and implemented

17. Related policies and guidance

- High Ercall Primary School Child Protection and Safeguarding Policy 2026–27.
- High Ercall Primary School Supporting Pupils with Medical Conditions / First Aid arrangements.
- High Ercall Primary School Behaviour and Anti-Bullying Policy 2026–27.
- High Ercall Primary School Child-on-Child Abuse Policy 2026–27.
- High Ercall Primary School SEND, Health and Safety, Educational Visits, Data Protection and Wraparound Care procedures.
- Department for Education: Allergy safety in schools - statutory guidance, July 2026.
- Department for Education: Allergy safety policy template, July 2026.
- Department for Education: Keeping Children Safe in Education 2026.
- BSACI / Allergy UK / Anaphylaxis UK: Department for Education-approved Model Policy for Schools - Allergy and Anaphylaxis.
- Anaphylaxis UK: Model policy for Wraparound Care and Holiday Clubs.

Appendix 1 - Allergy emergency response at a glance

ANAPHYLAXIS = AIRWAY / BREATHING / CIRCULATION SYMPTOMS

- AIRWAY: throat/tongue/upper-airway swelling, hoarse voice, difficulty swallowing.
- BREATHING: sudden wheeze, breathing difficulty, persistent cough, noisy breathing.
- CIRCULATION: dizziness, faintness, sudden sleepiness/confusion, pale clammy skin, collapse/loss of consciousness.

IF IN DOUBT, TREAT FOR ANAPHYLAXIS.

10. Keep the pupil where they are; call for help; do not let them stand or walk.
11. Lay flat with legs raised; allow brief sitting up only if needed for breathing.
12. Give adrenaline immediately; note the time.
13. Call 999 and say ANAPHYLAXIS.
14. Give second adrenaline dose after 5 minutes if no improvement.
15. Start CPR if there are no signs of life.
16. Contact parent/carer once emergency treatment is underway.

Appendix 2 - Annual allergy safety implementation checklist

☐ Named senior leader confirmed: Mrs Gemma Lingham.

☐ At least two allergy training/policy coordinators identified by name.

☐ All staff training completed/recorded, including supply, catering, lunchtime and wraparound staff.

☐ Allergy register checked against admissions and parent updates.

☐ All required IHPs and healthcare-professional Action Plans current.

☐ Prescribed medication accessible and in date.

☐ Spare AAI stock includes appropriate doses, stored in pairs and within five minutes of all areas.

☐ Exact spare AAI locations displayed/communicated to staff.

☐ Monthly spare medication checks allocated and recorded.

☐ Catering has current allergy information and at least two identification checks at mealtimes.

☐ Breakfast/after-school arrangements audited.

☐ Trips procedures include allergy-specific risk assessment and medication access.

☐ Serious incidents/near misses reviewed and reported to governors.

☐ Policy published on website and communicated to staff, pupils and parents.

☐ Allergy emergency drill considered/completed and learning recorded.