ALLERGY MANAGEMENT AT SCHOOL POLICY

Revised to reflect DfE Allergy safety in schools Statutory Guidance (July 2026)

Review Frequency	Annual and sooner following a serious incident, near miss or significant change in guidance or school arrangements
Reviewed	September 2026 – revised draft
Next Review	September 2027
Approval	Revised draft – for Headteacher/Governor approval
Named Senior Leader responsible for allergy safety	Headteacher
Operational Allergy Lead	SENDCO / Designated Allergy Lead –Kat Waterson / Teresa Porter

Contents

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected, often within minutes of exposure to the allergen, but sometimes the reaction may occur later. Causes can include foods, insect stings and drugs.

Common UK allergens include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

This policy sets out how Shiphay Learning Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. It reflects Shiphay's values of Respect, Contribution, Creativeness and Aspiration.

The policy sets out arrangements to reduce the risk of pupils, staff and visitors coming into contact with known allergens and provides clear emergency response arrangements for suspected anaphylaxis.

The policy should be read alongside the school's wider **Supporting Pupils at School with Medical Conditions Policy**, safeguarding policy, first aid arrangements, educational visits policy, data protection arrangements and relevant catering procedures.

Food allergy, asthma and other allergic conditions can co-exist. Allergy safety arrangements should therefore take account of the individual child's circumstances and any relevant clinical advice.

Coeliac disease and food intolerances are not allergic conditions and do not cause anaphylaxis. They will normally be managed through the school's wider medical conditions and/or catering arrangements, as appropriate.

Shiphay recognises that an allergic reaction can occur in a child with no previous diagnosis of allergy. Allergy safety therefore applies to the whole school and is not limited to pupils already known to have an allergy.

2. Roles and responsibilities

Governing body

The governing body has overall responsibility for ensuring that the school has an effective allergy safety policy and that allergy risks are appropriately managed.

The governing body will:

- ensure that the school has a published allergy safety policy;
- ensure that allergy safety is appropriately reflected in the school's risk management arrangements;
- monitor implementation of the policy;
- ensure that appropriate resources are available for allergy safety, including emergency medication and staff training;
- consider relevant serious incidents and near misses and the lessons arising from them.

Headteacher / named senior leader responsible for allergy safety

A named member of the senior leadership team will have overall responsibility for allergy safety.

The named senior leader will:

- lead implementation of this policy;
- ensure appropriate staff training is in place;
- oversee the school's allergy register and arrangements for information sharing;
- ensure appropriate spare adrenaline auto-injectors are available, correctly stored and regularly checked;
- oversee the school's response to serious incidents and near misses;
- ensure lessons from incidents and near misses are acted upon;
- contribute to and/or lead the annual review of this policy;
- ensure pupils with allergies are appropriately included in school life.

Responsibility for allergy safety will not rest solely with catering staff.

Senior Leader with overall responsibility: Kate Lee

Designated Allergy Lead: Kat Waterson / Teresa Porter

Parents/carers

Parents/carers should:

- inform the school of their child's allergy as soon as possible and on entry to the school;
- provide details of previous serious reactions and anaphylaxis;
- provide a current healthcare-professional Allergy Action Plan where one has been issued;
- provide prescribed medication, including two prescribed adrenaline devices where these have been prescribed;
- ensure prescribed medication remains in date and replace it when necessary;
- inform the school promptly of changes to their child's allergy, medication or clinical advice;
- participate in the development and review of the child's IHP;
- provide information about serious incidents or near misses that become apparent after the child has left school;
- work with the school to support their child's safe and full participation in school life.

Staff

All staff present during times when pupils are scheduled to be on site will receive regular allergy awareness and emergency-response training.

This includes permanent staff, temporary staff, supply teachers, agency workers, peripatetic staff, regular volunteers, catering staff and staff supervising breakfast or after-school clubs.

Staff must:

- know which pupils in their care have known allergies and where the relevant information can be accessed;
- know how to recognise allergic reactions and anaphylaxis;
- know where prescribed and spare emergency medication is located;
- know how to access and use an Allergy Action Plan;
- know how to call emergency services and inform parents/carers;

- take reasonable steps to reduce the risk of exposure to known allergens;
- know how to report allergic reactions, serious incidents and near misses;
- support pupils to participate fully in school activities.

Staff who are not directly involved with pupils, such as contractors carrying out ad hoc maintenance work without a pupil-facing role, are not expected to undertake the full allergy-awareness training, although relevant emergency arrangements will be made available where appropriate.

Trip leaders

Trip leaders will:

- check the pupil's IHP and healthcare-professional Allergy Action Plan before the visit;
- ensure prescribed emergency medication accompanies the pupil;
- ensure staff accompanying the pupil know how to access and use emergency medication;
- ensure relevant emergency contact information is available;
- complete appropriate risk assessments;
- consider whether spare AAIs should accompany the trip where appropriate;
- ensure the arrangements do not prevent or unnecessarily restrict participation.

SENDCO / designated allergy lead

The SENDCO/designated allergy lead will:

- maintain the school's allergy register;
- ensure the current clinical Allergy Action Plan is attached to or clearly referenced by the pupil's IHP;
- coordinate staff awareness and reviews;
- coordinate IHP arrangements with the pupil, parents/carers and relevant healthcare professionals;
- maintain records of prescribed medication and AAI checks;
- support the named senior leader with allergy safety implementation;
- maintain records of AAI use and emergency treatment;
- support the review of serious incidents and near misses.

Class teachers

Class teachers will:

- know which pupils in their class have known allergies;
- know where the pupil's medication and relevant plans are located;
- ensure appropriate cover staff can access necessary information;
- check medication arrangements as part of the school's regular checking system;
- remind parents/carers when medication is approaching expiry where appropriate;
- support the pupil's inclusion and wellbeing.

Catering staff

Catering staff will:

- follow the school's allergen-management and food-safety procedures;
- ensure allergen information is accurate and available;

- check food labels and ingredients;
- prevent avoidable cross-contamination;
- communicate effectively with school staff regarding pupils with identified food allergies;
- participate in relevant allergy-awareness training.

Pupils

Pupils will be encouraged, in an age-appropriate way, to:

- understand their allergy and known triggers;
- recognise their own symptoms where possible;
- tell an adult immediately if they suspect an allergic reaction;
- understand how to seek help in an emergency;
- take increasing responsibility for carrying and managing their prescribed medication where appropriate.

Pupils who are trained and confident to administer their own adrenaline devices should be encouraged to carry them, consistent with their age, competence, clinical advice and IHP.

Visitors

Visitors should inform the school of any known allergies on arrival and receive appropriate information on signing in to the school.

3. Allergy Action Plans and Individual Healthcare Plans

The healthcare-professional Allergy Action Plan and the school's Individual Healthcare Plan (IHP) are distinct documents.

The healthcare-professional Allergy Action Plan is the **clinical document**. It provides clinical information about symptoms, triggers and emergency treatment. Shiphay recommends BSACI Allergy Action Plans for continuity where appropriate.

The school's Individual Healthcare Plan is the **school-owned individual support plan**. It translates relevant clinical advice into the arrangements Shiphay will provide for the pupil.

The IHP is not a clinical document and must not replace, contradict or reinterpret clinical advice.

The IHP may cover:

- the pupil's allergy and known triggers;
- the impact of the allergy on the pupil's health, education and wellbeing;
- day-to-day avoidance arrangements;
- supervision;
- prescribed medication;
- storage and access to medication;
- self-carry and self-administration;
- catering and food arrangements;
- curriculum and practical activities;
- sport;
- clubs and extended school activities;
- educational visits and residential visits;

- reasonable adjustments;
- communication arrangements;
- emergency arrangements;
- relevant staff responsibilities;
- consent arrangements;
- arrangements for supporting educational progress where allergy-related absence occurs.

The current healthcare-professional Allergy Action Plan must be attached to, or clearly referenced by, the IHP. The IHP should identify the healthcare professional/health provider who issued the clinical plan and the relevant review date.

IHPs will be developed in collaboration with the pupil and their parents/carers, taking account of relevant advice from healthcare professionals.

Parental consent and any relevant healthcare-professional input should be recorded within the school's IHP arrangements.

IHPs will be reviewed at least annually and earlier when:

- the child's needs change;
- medication changes;
- clinical advice changes;
- the pupil changes class or key stage;
- there is a significant allergy-related incident;
- there is a near miss;
- there is a significant change in school arrangements;
- the pupil or parents/carers identify a need for review.

The school will ensure that staff who need to act on the IHP have appropriate access to it.

Where a pupil moves to another school, the receiving school will develop its own IHP reflecting the arrangements required in that setting.

4. Emergency treatment and management of anaphylaxis

Allergic reactions are unpredictable. A mild reaction can sometimes develop into anaphylaxis.

Symptoms of a mild to moderate allergic reaction may include:

- swollen lips, face or eyes;
- itchy or tingling mouth;
- mild throat tightness;
- hives or itchy skin rash;
- abdominal pain or vomiting;
- sudden change in behaviour.

More serious symptoms involving the airway, breathing or circulation may include:

- swelling in the throat, tongue or upper airway;
- tightening in the throat;
- hoarse voice or difficulty swallowing;
- sudden onset wheezing;

- difficulty breathing;
- persistent cough;
- noisy breathing;
- dizziness or feeling faint;
- sudden sleepiness or unusual tiredness;
- confusion;
- pale, clammy skin;
- loss of consciousness or collapse.

Anaphylaxis may occur without a skin rash or other mild symptoms.

Action when anaphylaxis is suspected

If anaphylaxis is suspected:

15. **Give adrenaline immediately. Do not wait for emergency services.**
16. Follow the pupil's healthcare-professional Allergy Action Plan where available.
17. Use the pupil's prescribed adrenaline device in the first instance if it is available.
18. If prescribed adrenaline is not available, has misfired, or the person has no prescribed adrenaline, use a spare school AAI.
19. Adrenaline should be administered as soon as possible and within five minutes.
20. Bring the medication to the child. **Do not make the child walk to the medication.**
21. Call **999** and state **ANAPHYLAXIS**.
22. Stay with the child and follow emergency-service instructions.
23. If there is no improvement after five minutes, administer a second dose of adrenaline if available and appropriate.
24. If there are no signs of life, commence CPR and follow emergency-service instructions.
25. Contact the parent/carer as soon as practicable.
26. Record the incident and review it under the school's serious incident/near-miss procedure.

The child should not be left unattended.

The child should not normally be allowed to stand or walk around following suspected anaphylaxis. Help and medication should be brought to the child.

Where a child has asthma and food allergy and suddenly develops difficulty breathing, staff must consider anaphylaxis and administer adrenaline where anaphylaxis is suspected. A reliever inhaler must not be used instead of adrenaline to treat anaphylaxis.

Following a non-anaphylactic allergic reaction

For a mild to moderate allergic reaction which does not involve airway, breathing or circulation:

- follow the child's Allergy Action Plan where available;
- administer prescribed medication in accordance with the clinical plan and school medication arrangements;
- contact the parent/carer/emergency contact as appropriate;
- do not leave the child unattended;
- observe the child in a safe place for at least **60 minutes**, because the reaction may worsen;
- seek emergency medical assistance if symptoms progress or anaphylaxis is suspected.

All emergency treatment must be followed by appropriate recording and review.

5. Supply, storage and care of medication

Depending on age, understanding and competence, pupils will be encouraged to take responsibility for and carry their own prescribed adrenaline devices.

Where a pupil is not ready to take responsibility for their medication, the prescribed emergency medication must be stored safely, **not locked away**, and remain readily accessible to staff.

Pupils at risk of anaphylaxis should have access to both of their prescribed adrenaline devices at all times.

Where prescribed adrenaline is stored centrally rather than carried by the pupil, the school will ensure that it can be brought to the pupil within five minutes.

Medication should be clearly labelled and stored in accordance with the manufacturer's instructions.

A pupil's emergency medication kit should normally contain:

- the prescribed adrenaline devices;
- the current Allergy Action Plan;
- any other medication specified by the clinical plan;
- relevant instructions where appropriate.

Parents/carers remain responsible for ensuring that prescribed medication is current and in date. The school will undertake regular checks of medication held at school and remind parents/carers when replacement is needed.

The school will maintain appropriate records showing which pupils have prescribed adrenaline and a current Allergy Action Plan.

All adrenaline devices should be stored at room temperature in accordance with the manufacturer's instructions. They should not be refrigerated, left in direct sunlight or exposed to extremes of heat.

Adrenaline devices must not be locked away or stored somewhere with restricted access.

Used AAIs are single-use and must be disposed of safely in accordance with the manufacturer's instructions and local arrangements. Used or expired AAIs must not be placed in general waste.

6. Spare adrenaline auto-injectors in school

Shiphay Learning Academy will maintain spare adrenaline auto-injectors (AAIs) for emergency use where an individual is experiencing anaphylaxis and their prescribed adrenaline is unavailable, has misfired, or the individual has no prescribed device.

Spare AAIs are **not a replacement for a pupil's own prescribed adrenaline devices**.

For a primary school, the school will normally maintain:

- **one pair of 150 microgram spare AAIs** for children under 6 years of age; and
- **one pair of 300 microgram spare AAIs** for individuals over 6 years of age.

The exact stock will be reviewed against the current DHSC guidance and the age profile and arrangements of the school.

Spare AAIs must:

- be stored in pairs;

- be clearly labelled as spare/emergency devices;
- be readily accessible at all times;
- not be locked away;
- be stored safely and out of reach of children where appropriate;
- be stored at room temperature in accordance with manufacturer instructions;
- not be refrigerated or left in direct sunlight;
- be checked regularly for expiry and condition;
- be replaced promptly after use or expiry;
- be located so that they can be brought to a person experiencing anaphylaxis within **five minutes**.

The school will determine the precise location of the emergency anaphylaxis kit(s) according to the layout and risk profile of the school.

The current school arrangement is:

Emergency anaphylaxis kit location: Staffroom

Additional location, if required: N/A

Person responsible for routine checks: Teresa Porter DSL

The location and arrangements will be communicated to all relevant staff during allergy-awareness training and induction.

A clearly marked emergency anaphylaxis kit may contain spare AAIs, an emergency asthma reliever inhaler and spacer where the school holds these, together with appropriate instructions.

Use of spare AAIs

Spare AAIs may be used:

- for a pupil whose prescribed device is unavailable;
- where a prescribed device has misfired;
- where an individual with anaphylaxis has no prescribed adrenaline device, including someone experiencing anaphylaxis for the first time;
- where an individual has a prescribed non-injectable adrenaline device which is unavailable and emergency treatment is required.

In an emergency, treatment must not be delayed while staff attempt to establish whether prior consent has been recorded.

The school will seek advance parental consent for the use of spare AAIs as good practice and record this within the relevant IHP arrangements where appropriate.

The school will maintain records of:

- spare AAI stock;
- dosage;
- location;
- expiry dates;
- routine checks;
- use;
- disposal;
- replacement.

Any AAI used must be replaced promptly.

7. Staff training

All staff present during times when pupils are scheduled to be on site will complete allergy-awareness and emergency-response training at least annually.

Training will include permanent, temporary, supply, agency, peripatetic and relevant volunteer staff, together with catering staff and staff involved in breakfast clubs, after-school clubs and other pupil-facing activities.

New staff will receive appropriate allergy-awareness training as part of induction and before undertaking unsupervised pupil-facing duties where practicable.

Supply and cover staff arrangements will ensure that staff working with pupils have access to the information and training necessary to respond safely.

Training will include:

- awareness of allergy and the risks it poses;
- how allergic reactions can occur;
- food allergy, asthma, eczema, hay fever and other allergic conditions;
- the difference between food allergy, coeliac disease and food intolerance;
- common allergens and triggers;
- where to find information about individual pupils' allergy triggers;
- recognition of mild and moderate allergic reactions;
- recognition of anaphylaxis;
- the importance of prompt adrenaline administration;
- how and when to call emergency services;
- how to inform parents/carers;
- how to locate prescribed emergency medication;
- how to locate and use spare AAIs;
- awareness of emergency asthma reliever arrangements;
- how to use relevant medication/device training devices;
- how to access and follow Allergy and Asthma Action Plans;
- how to reduce the risk of allergen exposure;
- the impact of allergy on wellbeing;
- the school's allergy safety policy;
- information-sharing and confidentiality;
- how to report allergic reactions, serious incidents and near misses.

First aid training alone is not considered sufficient allergy-awareness training.

Training records will be maintained through the school's/trust's staff-training arrangements.

The school will consider periodic allergy-response drills or simulated exercises to test emergency arrangements. Any drill will be recorded and used to identify improvements. Drills involving an individual pupil with allergy will be planned carefully with the pupil and parents/carers where appropriate to avoid unnecessary anxiety or distress.

8. Inclusion, wellbeing and safeguarding

Shiphay Learning Academy is committed to ensuring pupils with medical conditions, including allergies, are properly supported in both physical and mental health so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Reasonable steps will be taken to avoid unnecessary exclusion from lessons, clubs, trips, sport, celebrations and other activities.

Alternative arrangements should be considered only where risks cannot be adequately controlled.

The school will work with pupils and parents/carers to identify reasonable adjustments which support safe participation.

Staff should be alert to:

- anxiety;
- distress;
- isolation;
- loss of confidence;
- stigma;
- bullying;
- unnecessary restrictions on activities.

Concerns should be responded to under the school's safeguarding, behaviour, anti-bullying and pastoral procedures.

Pupils should be supported to understand their allergy in an age-appropriate way and to develop increasing independence in managing it.

Where appropriate, pupils may be supported to ensure friends and peers know how to seek adult help during an emergency. This will be discussed with the pupil and parents/carers where appropriate and will never replace staff emergency-response arrangements.

Shiphay's values underpin this approach:

- **Respect:** We honour every child's right to a safe, inclusive environment by treating individual health needs and dietary restrictions with total care and empathy.
- **Contribution:** Staff, families, and pupils work together to maintain allergen-aware spaces and ensure every child is safely included in all activities.;
- **Creativeness:** We proactively adapt lessons, events, and school trips so children with allergies can fully participate without feeling left out.
- **Aspiration**: We ensure health conditions never limit a child's confidence or potential, empowering pupils to thrive in a secure, supportive setting.

9. Catering

School catering arrangements must provide allergen information in accordance with applicable food-information requirements.

The menu will be available in advance where practicable, with ingredients identified and relevant allergens clearly highlighted.

The school office will inform catering staff of pupils with identified food allergies and parents/carers are encouraged to discuss individual needs with the Catering Manager.

Catering staff will have access to the information required to provide safe food and will follow appropriate allergen-management procedures.

Food labels must be checked and appropriate measures taken to prevent cross-contamination during handling, preparation and serving.

The school will consider the risks associated with:

- school meals;
- packed lunches;
- breakfast and after-school clubs;
- cooking and food technology;
- classroom food activities;
- celebrations;
- birthday treats;
- food used in crafts and science;
- food brought into school by pupils or adults.

Food not directly provided by the school should not be given to a food-allergic pupil without appropriate consideration of the pupil's IHP and, where relevant, parental engagement and permission.

Bottles, drinks and lunch boxes supplied by parents/carers for pupils with food allergies should be clearly labelled.

Pupils should be supported to check food with catering staff where appropriate.

The school will not make blanket "allergen-free" claims. The aim is to reduce and manage risk through appropriate controls and individual arrangements.

10. School trips and activities

Pupils with allergies should have every opportunity to attend school trips, sports fixtures and residential visits.

Trip leaders will check the pupil's IHP, clinical Allergy Action Plan and medication arrangements before the visit.

Emergency medication must accompany the pupil and appropriately trained staff must be present.

The pupil's prescribed adrenaline devices must be available throughout the visit.

Activities on a school trip should be risk assessed for allergy-related hazards, with additional controls introduced where necessary.

The risk assessment should consider:

- food and catering;
- accommodation;
- transport;
- activities;
- known environmental allergens;
- insect stings;

- access to emergency medication;
- communication;
- location and access to emergency services;
- staff training;
- emergency contacts.

Alternative arrangements should be considered only where the risk cannot be adequately controlled.

Overnight trips should be planned in collaboration with parents/carers and the venue should be briefed early about the pupil's allergy and food requirements.

For sporting excursions, the receiving school/venue should be informed where appropriate and a trained member of Shiphay staff should accompany the team.

The school may consider taking spare AAIs on particular trips where appropriate, provided this does not result in the school being left without its required spare AAI provision.

11. Allergy awareness and nut bans

Shiphay supports a whole-school culture of allergy awareness rather than relying on a blanket allergen-free claim.

No school can guarantee a truly allergen-free environment.

Staff and pupils should understand:

- what allergies are;
- common allergens and individual triggers;
- the importance of avoiding known allergens;
- signs and symptoms of allergic reactions;
- signs of anaphylaxis;
- how to seek help;
- how the school's procedures minimise risk.

Any local restriction or control should be based on identified risk and the needs of individual pupils rather than implying that the school environment can be guaranteed allergen-free.

Shiphay does not use a blanket "nut-free" claim as a substitute for individual allergy management.

Where a specific restriction is introduced, the school will consider the evidence, individual pupil needs, practicality, proportionality and the effectiveness of other risk controls.

12. Risk assessment

Shiphay will complete an individual allergy risk assessment when a new pupil with allergy joins the school or when a pupil is newly diagnosed, where this is required to identify gaps in systems and processes for keeping the pupil safe.

Activity-specific risk assessments will be used where an activity, setting, trip or other circumstance creates additional hazards or requires additional controls.

Risks relating to allergy will form part of the school's wider risk-management arrangements and will be actively managed.

Risk assessments are supporting documents.

They should be informed by the pupil's IHP and healthcare-professional Allergy Action Plan and must not replace, contradict or create alternative clinical instructions.

The school will consider risks associated with:

- food and catering;
- classrooms;
- practical activities;
- PE and sport;
- playgrounds;
- clubs;
- celebrations;
- trips;
- residential visits;
- transport;
- insect stings;
- contact allergens;
- medication access;
- staff availability and training.

The school should use the Shiphay Allergy Activity Risk Assessment Template and review it:

- when circumstances change;
- following a serious incident;
- following a near miss;
- following relevant feedback from a pupil or parent/carer;
- when clinical advice changes.

13. Communication, publication and review

This policy will be published on the school website and will be readily accessible to parents/carers and staff.

A hard copy will be made available on request.

The policy will be communicated to:

- staff;
- pupils, in an age-appropriate way;
- parents/carers;
- relevant volunteers;
- catering staff;
- other regular pupil-facing personnel.

All staff will be expected to understand the policy as part of annual allergy-awareness training.

The school will ensure that allergy information is shared with staff who need it to keep pupils safe, while respecting confidentiality and data-protection requirements.

Information concerning allergy is health information and is treated as special category personal data. The school will only share information where there is a lawful basis and where it is necessary and proportionate to support safety, inclusion and education.

The school will avoid unnecessary public displays of individual pupils' medical information.

The school will maintain appropriate records including:

- allergy register;
- IHPs;
- healthcare-professional Allergy Action Plans;
- prescribed medication records;
- spare AAI stock and expiry checks;
- staff training records;
- serious incident records;
- near-miss records;
- relevant risk assessments.

Serious incidents and near misses

A serious incident includes an event relating directly to allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or emergency services.

A near miss is an event which did not result in harm but had clear potential to do so, for example because of an error, omission or system failure.

Near misses are treated as important learning opportunities.

Serious incidents and near misses may be identified by:

- staff;
- pupils;
- parents/carers;
- healthcare professionals;
- other relevant individuals.

They must be recorded as soon as reasonably practicable through the school's accident/incident recording arrangements.

The record should include, as appropriate:

- who was affected;
- what happened;
- when and where it happened;
- why it happened, as far as known;
- how staff and pupils responded;
- what support was provided;
- whether emergency services were called;
- how the incident concluded.

Parents/carers of children aged up to 16 will be informed as soon as possible following a serious incident or near miss.

The pupil and parents/carers should be given an opportunity to discuss what happened and contribute to the lessons-learned review.

The designated senior leader responsible for allergy safety will review the incident and consider whether changes are required to:

- this policy;
- the pupil's IHP;
- the Allergy Action Plan arrangements;
- risk assessments;
- staff training;
- communication;
- medication arrangements;
- catering arrangements;
- other school procedures.

The school will confirm appropriate lessons learned and actions arising from the incident.

Serious incidents and near misses will be approached in a **no-blame, learning-focused manner**, with the aim of reducing the risk of recurrence.

The governing body will be informed of serious incidents and relevant learning, alongside any statutory reporting requirements.

Policy review

This policy will be reviewed at least annually.

It may be reviewed earlier following:

- a serious incident;
- a near miss;
- a significant change in guidance;
- a significant change in school arrangements;
- feedback from pupils, parents/carers or staff;
- identification of a weakness in the school's allergy safety arrangements.

The school will involve pupils with allergy, staff and parents/carers where appropriate in the development and review of allergy safety arrangements.

14. Useful links

The school will maintain links to the most current versions of relevant guidance and resources.

- Department for Education – **Allergy safety in schools Statutory Guidance**, published July 2026.
- Department for Education – **Allergy safety policy template**.
- Department for Education – **Individual Healthcare Plan template**.
- Department for Education – **Allergy guidance for schools**.
- Department for Education – statutory guidance on **supporting pupils with medical conditions at school**.

- Department of Health and Social Care – **Using emergency adrenaline auto-injectors in schools**.
- Department of Health and Social Care – **Emergency asthma inhalers for use in schools**.
- Anaphylaxis UK – school allergy resources.
- Allergy UK – school allergy awareness and management resources.
- BSACI – Allergy Action Plans for prescribed adrenaline auto-injectors.

The school will check these resources periodically to ensure links and guidance remain current.

APPENDICES

Appendix 1 – Individual Healthcare Plan (IHP)template

INDIVIDUAL HEALTHCARE PLAN (IHP)

Allergy Management – Shiphay Learning Academy

School-owned plan. Complete with the pupil where appropriate, parent/carer, school staff and relevant healthcare professionals. Attach or clearly reference the current healthcare professional Allergy Action Plan.

A. Child's details

Child's name			*Current photo*
Date of birth			
Class/year group			
Parent/carer contacts	**Name:**	**Name:**	
	Tel:	**Tel:**	
Emergency contacts	**Name:**	**Name:**	
	Tel:	**Tel:**	

B. Allergy and clinical information

Allergy/known allergen(s)	
Is the child likely to be aware that they are having an allergic reaction and can they alert others?	
Symptoms / early warning signs	
Previous serious reaction / anaphylaxis	

Known triggers / exposure routes	
Healthcare professional / service	
Date of current clinical Allergy Action Plan	

C. Day-to-day arrangements

Avoidance / prevention measures	
Classroom and supervision	
Support/adaptations to manage food allergy at meal and snack times	
Curriculum, cooking, science and practical activities	
PE / sport / clubs	
Wellbeing, anxiety and bullying	
Arrangements for maintaining educational progress where absence or missed learning occurs due to allergy	

D. Impact on education

Potential harm which might come to the child if their allergy is not managed properly	
How the allergy may impact on the child's learning	
Any interaction between allergy and SEN?	

E. Trips and activities

Additional controls	
Medication and emergency kit	

Named trained staff	
Transport / venue / catering	
Linked activity risk assessment(s)/prompts for specific issues that should be considered	

F. Emergency response

Clinical action plan attached/referenced (*attach to this IHP*)	
When to give first AAI	
Second AAI arrangements	
999 / emergency arrangements	
Positioning / observation	
Parent/carer notification	
Hospital / follow-up arrangements	
Location of spare AAIs	

G. Communication and training

Staff who need to know	
Training required/completed	
Confidential information-sharing arrangements	
Where IHP is accessible	

H. Review and agreement

Issued by and date completed		
Next planned review date		
Earlier review triggers		
Parent/carer signature		
Pupil signature where appropriate		
School representative		
Healthcare professional input/signature where appropriate		

Child's Name: – Individual Healthcare Plan for Allergy

Annex: Medication needed while in school

Non-prescription Medication

Non-prescription medication (e.g. oral antihistamines) which the child may require to manage their allergy	
Is this emergency medication?	
Where the medication is stored	
How and when the child may need access	
Parental consent:	**Date:**

Prescription medication for allergy prescribed by a healthcare professional

AAI brand / dose / number	
Is this emergency medication?	
Where the medication is stored	
How and when the child may need access	
Self-carry / self-administration arrangements	
Expiry-check arrangements	
Prescribed by:	**Date:**
Parental consent:	**Date:**
Use of "spare" adrenaline devices in an emergency	
Parental consent:	**Date:**
Use of "spare" salbutamol inhaler if relevant (i.e. the child is prescribed an asthma reliever inhaler)	
Parental consent:	**Date:**

Child's Name: – Individual Healthcare Plan for Allergy Annex: Care or Action Plans issued by healthcare professionals		
Allergy/Asthma Action Plan	*Attach to the IHP for use in an emergency*	
Issued by:	**Role:**	**Date:**
Care Plan		
Location of care plan		
Staff responsible for delivering/supporting delivery of the care plan		
Issued by:	**Role:**	**Date:**

Appendix 2 – Relationship between clinical plan, IHP and risk assessment