



AMESBURY SCHOOL
HINDHEAD

CHARTERHOUSE FAMILY OF SCHOOLS

AMESBURY SCHOOL: ALLERGEN & ANAPHYLAXIS POLICY

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Approved by:
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1. AIMS & OBJECTIVES

This policy sets out Amesbury School's whole-school approach to allergy safety, including the arrangements used to identify and support pupils with allergies, reduce the risk of exposure to known allergens, respond to allergic reactions and anaphylaxis, and promote the safety, wellbeing, inclusion and participation of pupils with allergies.

The policy has been updated to reflect the Department for Education's statutory guidance Allergy safety in schools, published 6 July 2026, and the allergy safety duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026 (commonly referred to as "Benedict's Law"). The governing body has a statutory duty to have an allergy safety policy, keep it under review at least annually and publish it on the school website. The school will have regard to the statutory guidance when implementing this policy.

Amesbury is committed to being an allergy-aware school. We cannot guarantee a completely allergen-free environment. We will, however, take reasonable and proportionate steps to minimise the risk of exposure to known allergens and maintain robust arrangements for rapid emergency response.

The policy is intended to support safe inclusion. A pupil with an allergy will not be routinely excluded from lessons, meals, clubs, trips, sports, residential activities or other aspects of school life because of their allergy. Where an activity presents an avoidable risk, it will be adapted or an appropriate alternative will be provided.

2. SCOPE & RELATED POLICIES

This policy applies to all pupils, staff, governors, volunteers, contractors with a pupil-facing role, catering staff, supply and agency staff, peripatetic staff, parents/carers and visitors, and to all school activities on and off the school site.

The policy should be read alongside:

- Supporting Pupils at School with Medical Conditions Policy.
- First Aid and Emergency Procedures.
- Safeguarding and Child Protection Policy.
- SEND Policy and Accessibility Plan.
- Anti-Bullying Policy.
- Educational Visits and Trips Policy.
- Food Safety and Catering procedures.
- Attendance Policy.
- Data Protection / Privacy Policy.
- Health and Safety Policy.

This is a dedicated allergy safety policy and does not replace the school's wider medical conditions policy. Coeliac disease and food intolerances are not allergies and are normally managed under the school's medical conditions arrangements, although the practical risk controls for food preparation and cross-contamination may be similar.

3. LEGISLATION, STATUTORY GUIDANCE & KEY REQUIREMENTS

This policy is informed by and should be implemented with regard to the following:

- Children and Families Act 2014, section 100 – duty to make arrangements to support pupils with medical conditions.
- Children’s Wellbeing and Schools Act 2026, section 34 – allergy safety provisions, including the requirement for an allergy safety policy, publication and review.
- Department for Education, Allergy safety in schools – statutory guidance, July 2026.
- Department for Education, Supporting pupils with medical conditions at school – statutory guidance.
- Equality Act 2010 – duties relating to equality and disability, including reasonable adjustments where applicable.
- Human Medicines (Amendment) Regulations 2017 – legal framework permitting schools in England to obtain and use spare adrenaline auto-injectors for emergency use.
- Food Information Regulations 2014 – allergen information requirements for food businesses, including school caterers.
- Requirements for School Food Regulations 2014 / School Food Standards.
- Early Years Foundation Stage statutory framework, where applicable.

The Department for Education guidance states that schools should have a dedicated allergy safety policy covering allergy awareness training, wellbeing, risk reduction, food allergies, identification, Individual Healthcare Plans, prescribed adrenaline, spare adrenaline, visits and trips, serious incidents and near misses, information sharing and communication of the policy.

The Government has indicated that further regulations will introduce additional statutory requirements concerning areas including spare adrenaline devices, allergy safety training and the recording and reporting of incidents. Amesbury School will maintain arrangements that meet or exceed the current statutory guidance and will review this policy promptly when further regulations or updated guidance come into force.

4. WHAT IS AN ALLERGY?

An allergy is a medical condition in which the immune system reacts abnormally to a normally harmless substance, known as an allergen. Allergens may include food, insect venom, medicines, latex, animal allergens, pollen and other substances.

Allergic reactions vary in severity. Some are mild; others can be life-threatening. Anaphylaxis is a severe, rapidly developing allergic reaction and is a medical emergency. It can affect the airway, breathing and/or circulation. Skin symptoms may be absent, so staff must not wait for a rash or swelling before treating suspected anaphylaxis.

Allergy can include food allergy, allergic asthma, eczema, allergic rhinitis/hay fever and other allergic conditions. The school will consider any allergy or medically recognised trigger that has the potential to cause significant harm and will seek appropriate healthcare advice where necessary.

Food allergy, coeliac disease and food intolerance are different conditions. Coeliac disease is an autoimmune condition triggered by gluten and cannot cause anaphylaxis. Food intolerance is not an immune-mediated allergic reaction and cannot cause anaphylaxis, although it may cause significant symptoms and requires appropriate management.

5. DEFINITIONS

5.1 ANAPHYLAXIS

Anaphylaxis is a potentially fatal, systemic allergic reaction affecting the airway, breathing and/or

circulation. It can develop rapidly and requires immediate emergency treatment.

5.2 ALLERGEN

A substance that triggers an allergic reaction in a person who is sensitised to it.

5.3 ADRENALINE DEVICE / AD

A device containing a measured dose of adrenaline used to treat anaphylaxis. This includes prescribed adrenaline auto-injectors (AAIs). Some pupils may be prescribed a non-injectable adrenaline device such as a nasal spray. Spare devices held by the school are currently adrenaline auto-injectors.

5.4 INDIVIDUAL HEALTHCARE PLAN / IHP

A written plan describing the specific support, adaptations, medication and emergency arrangements required for an individual pupil. The IHP is developed with the pupil and parents/carers and, where appropriate, relevant healthcare professionals.

5.5 ALLERGY ACTION PLAN

A clinical action plan issued by a healthcare professional describing the signs of an allergic reaction and the action to take, including emergency medication. Where one exists, it should be attached to or referenced by the pupil's IHP.

5.6 SERIOUS INCIDENT

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

5.7 NEAR MISS

An allergy-related event that did not result in harm but had clear potential to do so, for example an error, omission or system failure that could reasonably have led to a serious incident.

6. WHOLE-SCHOOL ALLERGY SAFETY & GOVERNANCE

Amesbury School adopts a whole-school approach. Allergy safety is not solely the responsibility of the School Nurse or catering team. Every adult working with or supervising pupils has a role in recognising allergies, reducing avoidable risks and responding promptly to an emergency.

6.1 GOVERNING BODY

- Approve and oversee this dedicated Allergy & Anaphylaxis Policy.
- Ensure the policy is reviewed at least annually, and sooner following significant changes, serious incidents or near misses.
- Ensure the policy is published on the school website and is accessible to staff, parents/carers and pupils as appropriate.
- Provide appropriate oversight of the school's arrangements for allergy safety, training, medication, risk management, incident reporting and inclusion.
- Receive appropriate assurance from the Headteacher / Designated Allergy Lead that the policy is implemented effectively.
- Challenge and seek evidence that lessons are learned from serious incidents and near misses.

6.2 HEADTEACHER / DESIGNATED SENIOR LEADER

- The Headteacher will nominate a senior member of staff as Designated Allergy Lead.
- Ensure the school has effective systems for allergy identification, communication, risk management, emergency response and inclusion.
- Ensure adequate resources are available for training, emergency medication and safe catering arrangements.
- Ensure allergy safety is considered within relevant school improvement, safeguarding, health

and safety and risk management processes.

- Ensure serious incidents and near misses are investigated and learning is implemented.

6.3 DESIGNATED ALLERGY LEAD

- Act as the senior strategic lead for allergy safety.
- Coordinate implementation and annual review of this policy.
- Ensure staff understand their responsibilities and that allergy safety is embedded across school activities.
- Work with the School Nurse, catering team, safeguarding lead, SENCO and other relevant staff to resolve allergy-related concerns.
- Monitor allergy-related incidents and near misses and ensure learning is shared.
- Provide regular assurance to the Headteacher and governing body.

6.4 SCHOOL NURSE / MEDICAL TEAM

- Collect and coordinate allergy information and support clinical documentation.
- Work with pupils and parents/carers to develop and review IHPs and ensure Allergy Action Plans are available where provided by healthcare professionals.
- Maintain the school allergy register and prescribed medication records.
- Ensure relevant staff can access current information while maintaining confidentiality.
- Check prescribed adrenaline devices for expiry and support parents/carers with replacement arrangements.
- Maintain and check the school's spare adrenaline devices, including expiry dates, storage and accessibility.
- Provide or arrange appropriate allergy awareness and emergency response training.
- Support risk assessment and planning for trips, sports and other activities.

6.5 ADMISSIONS / ADMINISTRATION

- Capture allergies and dietary information at admission and before pupils join the school.
- Seek relevant previous IHPs and Allergy Action Plans where appropriate.
- Ensure information is transferred promptly to the School Nurse and relevant staff.
- Ensuring changes to pupil information are communicated without unnecessary delay

6.6 CATERING MANAGER & CATERING STAFF

- Maintain effective allergen management systems and comply with food safety and allergen information legislation.
- Know which pupils require allergen-safe food and use at least two appropriate identification methods at mealtimes where practicable.
- Provide clear allergen information for food served and enable pupils to check information independently where appropriate.
- Check ingredient labels and supplier information and manage cross-contamination risks.
- Ensure changes or substitutions to menus do not compromise the safety of pupils with allergies.
- Liaise with parents/carers and the School Nurse where individual dietary arrangements require clarification.
- Ensure new agency and temporary catering staff are briefed on the school's allergy procedures.

6.7 ALL STAFF

- Read and understand this policy and the relevant allergy information for pupils they supervise.
- Complete the required annual allergy awareness and emergency response training.
- Know how to recognise allergic reactions and anaphylaxis and how to summon emergency help.
- Know where prescribed and spare adrenaline devices are located and how to access them.
- Consider allergy risks before activities, lessons, clubs, celebrations, trips and sports.
- Never deliberately provide a pupil with a known allergen or ignore an identified allergy risk.
- Ensure a pupil experiencing an allergic emergency is treated where they are; they should not be sent alone to the office or medical room.
- Report all allergic reactions, serious incidents and near misses promptly.

6.8 PARENTS / CARERS

- Provide accurate and current information about their child's allergy, triggers, previous reactions, prescribed medication and relevant clinical advice.
- Provide copies of current clinical Allergy Action Plans and other relevant medical documentation.
- Provide two in-date adrenaline devices where prescribed.
- Provide oral antihistamines where advised or prescribed as part of their child's Allergy Action Plan.
- Tell the school promptly about changes to the child's allergy, medication or treatment plan.
- Work with the school to develop and review the child's IHP.
- Support their child to understand their allergy and develop age-appropriate self-management skills.

6.9 PUPILS

- Be encouraged to understand allergies and the risks allergens can pose to others.
- Pupils with allergies should be supported, according to age and ability, to understand their allergens, recognise symptoms and seek help.
- Where appropriate and safe, pupils should be encouraged to carry their own prescribed adrenaline devices.
- Pupils should not share, trade or swap food, food utensils or food containers.
- Pupils should report concerns, bullying or suspected exposure to a trusted adult immediately.

7. IDENTIFICATION, RECORDING & INFORMATION SHARING

The school will maintain a current register of pupils with known allergies. The register will identify known allergens, whether an IHP is required, whether an Allergy Action Plan is held, prescribed emergency medication and relevant support arrangements.

Information will be gathered from parents/carers, pupils, previous settings and healthcare professionals where appropriate. For new pupils, arrangements should be established before the pupil starts school wherever possible. For mid-year admissions, the school will make every effort to put appropriate arrangements in place within two weeks.

A current photograph and allergy information may be displayed in staff-only locations where food is prepared or served, and in other locations where staff need it to provide safe supervision.

Information must be handled confidentially and only shared with those who need to know.

Information may need to be shared with catering staff, teachers, lunchtime supervisors, trip leaders, sports staff, club leaders, transport providers or other relevant adults. The pupil and

parents/carers should be involved in decisions about information sharing wherever appropriate. The school will also consider staff and visitors with allergies where relevant, particularly where food is being served.

8. INDIVIDUAL HEALTHCARE PLANS

A pupil should have an IHP where their allergy has a functional impact in school, places them at risk of harm, or requires arrangements that are additional to or different from the school's general arrangements.

The IHP will be developed with the pupil and parents/carers and, where appropriate, relevant healthcare professionals. It will be proportionate to the individual's needs and will be treated as a live document.

An allergy IHP should include, as appropriate:

- Pupils' name, date of birth, class, photograph and emergency contacts.
- Known allergens and relevant risk factors.
- History of significant allergic reactions.
- Current clinical Allergy Action Plan and the healthcare professional who issued it.
- Prescribed medication, including adrenaline, antihistamines, inhalers or other treatments where relevant.
- The pupil's ability to recognise and communicate a reaction.
- How much responsibility the pupil can safely take for self-management.
- Arrangements for reducing exposure to known allergens.
- Arrangements for food and mealtimes.
- Reasonable adjustments and arrangements for lessons, clubs and activities.
- Arrangements for educational visits, sports and trips.
- Emergency response arrangements, including the location of prescribed and spare adrenaline devices.
- The potential impact of allergies on learning, attendance and wellbeing.
- Review date and details of who contributed to the plan.

IHPs will be reviewed at least annually and sooner following a new diagnosis, significant change in circumstances, new healthcare advice, medication change, serious incident or near miss.

9. MINIMISING THE RISK OF EXPOSURE

The school will take reasonable and proportionate measures to reduce exposure to known allergens. A completely allergen-free environment cannot be guaranteed.

- All staff planning activities must consider whether allergens are present and whether the activity can be delivered safely.
- Risk assessments must consider allergy for relevant classroom activities, cooking, science, art, craft, music, animals, gardening, sports, clubs, celebrations and special events.
- Where an allergen is not essential to an activity, a safe alternative should be used.
- Where possible, whole-group alternatives should be used rather than excluding an individual pupil.
- Food containers and packaging should not be used in craft activities where they may contain allergen residues unless their safety has been established.
- Play dough and similar materials must be checked for allergens such as wheat.
- Bird feed, animal food, glues, craft materials and other non-food products must be considered where a pupil has a relevant allergy.

- Food, utensils and containers must not be shared or traded.
- Handwashing before eating and after relevant activities should be encouraged.
- Surfaces and utensils used for food preparation must be cleaned effectively to reduce cross-contamination.

10. FOOD ALLERGY & CATERING

Amesbury School is an allergy-aware school. We do not claim to be a completely allergen-free or nut-free site. In line with current DfE guidance, the school's approach is based on active allergy awareness, risk reduction, clear allergen information and robust emergency arrangements rather than reliance on a blanket 'nut-free' claim.

The school will work with its catering provider to ensure that allergen information is accurate, accessible and kept up to date. Catering staff will follow supplier, ingredient and cross-contamination controls and will not knowingly include an allergen in a meal intended for a pupil for whom that allergen is medically identified.

- The 14 legally recognised allergens must be identified in accordance with the Food Information Regulations 2014.
- Allergen information must be available for food served by the school and for relevant prepacked food.
- PPDS food must comply with applicable Natasha's Law requirements.
- Menu substitutions must be checked so that allergen safety is maintained and changes are communicated.
- Where appropriate, pupils with food allergies should have at least two reliable methods of identification at mealtimes, balancing safety with dignity and inclusion.
- Pupils with allergies must not routinely be segregated from peers at mealtimes.
- Food brought into school for birthdays, celebrations or events should be subject to the school's allergy arrangements and parental engagement where needed.
- Where parents/carers provide food for a pupil with an allergy, it must be clearly labelled with the pupil's name where appropriate.
- The school should avoid unlabelled food being provided to pupils with allergies.
- Catering staff should be available to discuss allergen-safe meal arrangements with parents/carers.

10.1 SCHOOL CELEBRATIONS, CAKE SALES & EVENTS

- Organisers must consider allergy risks before events involving food.
- Food supplied by parents or external providers should be subject to clear ingredient/allergen information requirements.
- Where safe information cannot be established, an alternative should be provided for affected pupils.
- The school should use non-food alternatives where practical.
- External food providers should demonstrate appropriate food safety and allergen controls where relevant.

10.2 FOOD IN THE CURRICULUM

- Food technology, cooking, science and art/craft activities must be risk assessed where allergens may be present.
- Safe substitutions should be used where possible.
- Staff must consider cross-contamination from ingredients, utensils, packaging and surfaces.

11. THE 14 REGULATED FOOD ALLERGENS

The following 14 allergens are required by law to be declared when used as ingredients in relevant food:

- Celery.
- Cereals containing gluten, including wheat, rye, barley and oats where applicable.
- Crustaceans, such as prawns, crab and lobster.
- Eggs.
- Fish.
- Lupin.
- Milk.
- Molluscs, such as mussels, squid and oysters.
- Mustard.
- Peanuts.
- Sesame.
- Soya.
- Sulphur dioxide and sulphites at the applicable legal threshold.
- Tree nuts, including almonds, hazelnuts, walnuts, cashews, pecans, Brazil nuts, pistachios and macadamia nuts.

Any food can cause an allergic reaction. The school allergy register may therefore include allergens outside the 14 regulated food allergens, such as individual fruits or other foods, as well as non-food allergens.

12. NUT-AWARE APPROACH

The school operates an allergy-aware / nut-aware approach rather than describing the site as completely nut-free. Nuts are only one of many allergens and precautionary 'may contain' labelling means that a completely nut-free environment cannot reliably be guaranteed.

- The school will minimise the introduction of peanuts and tree nuts where reasonably practicable.
- The catering provider will not knowingly use nuts as an ingredient where the school's catering arrangements prohibit them.
- Food brought into school by others remains a potential source of allergens and will be managed through education, communication and risk assessment.
- Visitors and external providers will be made aware of the school's allergy expectations where relevant.
- The school will not rely on a nut-aware policy as a substitute for individual risk management and emergency preparedness.

13. PRESCRIBED ADRENALINE DEVICES

Pupils prescribed adrenaline must have rapid access to their prescribed devices. The school will work with the pupil and parents/carers to agree whether the pupil carries the devices or whether they are stored in an unlocked, accessible location.

- Where prescribed, pupils should have access to both of their prescribed adrenaline devices at school.
- Prescribed adrenaline devices must not be locked away or stored where access is unreasonably delayed.

- Devices should be kept at room temperature in accordance with manufacturer instructions and protected from extremes of heat and direct sunlight.
- Expiry dates must be checked regularly and parents/carers informed in good time when replacement is required.
- A copy of the relevant Allergy Action Plan should be kept with or immediately accessible alongside prescribed medication where practicable.
- Prescribed medication remains the responsibility of the pupil/parent/carer for supply and replacement, unless otherwise agreed within the school's medical procedures.
- Used or expired adrenaline devices must be disposed of safely in accordance with the manufacturer's guidance and the school's medicines procedures.

14. SPARE ADRENALINE AUTO-INJECTORS

Amesbury School will maintain spare adrenaline auto-injectors for emergency use in accordance with the current Department for Education and Department of Health and Social Care guidance and the applicable medicines legislation. Spare devices are not a replacement for a pupil's own prescribed devices.

- Spare AAls will be held in pairs and in the correct dosage(s) for the age range of pupils at the school.
- The school will locate spare AAls so they can be brought to a person experiencing anaphylaxis within five minutes.
- Spare AAls will be readily accessible and not locked away, while being stored safely out of reach of pupils where appropriate.
- The location(s) of spare AAls will be clearly identified and communicated to staff.
- The school will maintain a documented register of spare AAI locations, batch numbers, expiry dates and checks.
- Spare AAls will be checked regularly and replaced before expiry or following use.
- Spare AAls may be used for an individual experiencing anaphylaxis who does not have a prescribed device available, or where their prescribed device is unavailable or has misfired.
- The current legal framework permits spare AAls to be used in an emergency to save life. Staff must not delay emergency treatment while trying to establish prior consent.
- Spare AAls must not be taken home with individual pupils or treated as personal medication.

For primary school, current DfE guidance indicates that schools should normally hold one pair of spare 150 microgram AAls for children under 6 and one pair of spare 300 microgram AAls for individuals over 6. The school will review the number and locations required in light of its pupil population, site layout and the five-minute response requirement.

15. RESPONDING TO AN ALLERGIC REACTION / ANAPHYLAXIS

Anaphylaxis is a medical emergency. Staff must act promptly. Do not wait for a rash, swelling or collapse. A person may have anaphylaxis without skin symptoms.

15.1 SIGNS OF A MILD OR MODERATE REACTION

- 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.

15.2 SIGNS OF ANAPHYLAXIS

- Airway: swelling or tightening of the throat, tongue or upper airway; hoarse voice or difficulty swallowing.
- Breathing: sudden wheeze, breathing difficulty, persistent cough or noisy breathing.
- Circulation: dizziness, faintness, sudden sleepiness, confusion, pale/clammy skin, collapse or loss of consciousness.

15.3 EMERGENCY RESPONSE

Treat suspected anaphylaxis as an emergency.

- Send for the nearest adrenaline device immediately. Bring the device to the person; do not send the person to fetch it.
- If the person has a prescribed adrenaline device, use it in accordance with their Allergy Action Plan and device instructions. If it is unavailable or has misfired, use the school's spare AAI.
- Administer adrenaline as soon as possible and within five minutes. Do not wait for an ambulance to arrive or delay adrenaline while contacting emergency services.
- Call 999 and request an ambulance. State that the person is experiencing anaphylaxis.
- Keep the person lying flat with legs raised where possible. If breathing is difficult, allow them to sit up with legs outstretched. Do not allow them to stand or walk.
- If symptoms have not improved after five minutes, follow the individual's Allergy Action Plan and current clinical guidance regarding a second adrenaline dose.
- A trained member of staff should remain with the person until emergency services arrive.
- If the person becomes unconscious and is not breathing normally, begin CPR and follow the 999 operator's instructions.
- A pupil experiencing an allergic emergency should not be sent alone to the medical room or office; help must come to them.
- Record the incident and the exact time adrenaline was administered.
- The pupil must receive emergency medical assessment following anaphylaxis and should be taken to hospital as directed by emergency services.
- Inform parents/carers as soon as practicable.
- Replace any used spare or prescribed emergency device as soon as possible.

Any staff member, volunteer or bystander may take reasonable action to save a life in a life-threatening emergency. Staff are expected to act reasonably and to the best of their ability in an emergency.

16. SCHOOL TRIPS, SPORTS & EXTERNAL ACTIVITIES

Pupils with allergies must be supported to participate in trips, sports fixtures, residential visits, clubs and other activities. Allergy must be included in the relevant risk assessment.

- The trip leader must review relevant IHPs and Allergy Action Plans before departure.
- A pupil at risk of anaphylaxis must have their prescribed adrenaline devices with them.
- At least one member of the supervising staff must know the pupil's allergy, emergency plan and how to access and use emergency medication.
- Emergency contact arrangements must be available.
- Catering arrangements must be checked in advance and allergen information obtained.
- Where an external venue cannot provide adequate assurance, the school will identify alternative arrangements or controls.
- The pupil must not be required to provide a parent/carers as a condition of attending where the

school can reasonably make appropriate arrangements itself.

- Away fixtures must have appropriate allergy information shared with the host organisation where necessary and proportionate.
- Spare AAls may be taken on some trips where appropriate, provided doing so does not compromise the required stock on the school site.

17. TRAINING

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent, temporary, supply, agency, peripatetic, catering, lunchtime, breakfast/after-school club and regular volunteer staff with pupil-facing roles.

First aid training alone is not sufficient. Allergy training will cover:

- What allergy is and how allergic reactions can occur.
- Food allergies, asthma, eczema, hay fever and other allergic conditions.
- The differences between allergy, coeliac disease and food intolerance.
- Known allergy triggers and where to find pupil-specific information.
- Recognition of mild/moderate allergic reactions and anaphylaxis.
- Emergency response, including calling 999 and administering adrenaline.
- Location and use of prescribed and spare adrenaline devices.
- Recognition and emergency response for acute asthma where relevant.
- The impact of allergy on wellbeing, inclusion and participation.
- The school's allergy safety policy and staff responsibilities.
- Use of IHPs and Allergy Action Plans.
- Reporting of allergic reactions, serious incidents and near misses.
- Measures to minimise exposure to known allergens.

Additional practical training will be provided for staff who may need to administer adrenaline. Staff supervising residential visits, sports or other higher-risk activities will receive appropriate briefings before the activity.

18. SERIOUS INCIDENTS & NEAR MISSES

Amesbury School will record and investigate allergy-related serious incidents and near misses using a learning-focused, no-blame approach. The purpose is to identify system weaknesses, improve arrangements and reduce future risk.

- Record the incident as soon as reasonably practicable.
- Record who was affected, what happened, when and where it happened, why it occurred if known, the response, whether emergency services were called and how the incident concluded.
- Inform parents/carers of a child aged up to 16 as soon as possible. For a young person over 16, confirm their wishes regarding parental notification, subject to safeguarding and other legal considerations.
- Share the incident with the Designated Allergy Lead and relevant senior leaders.
- Consider whether the IHP, Allergy Action Plan, risk assessment, training, catering arrangements, communication systems or this policy need to be reviewed.

- Give the pupil and parents/carers an opportunity to contribute to the lessons-learned review.
- Implement and record actions arising from the review.
- Report externally where required by law, regulation, safeguarding procedures, food safety requirements or health and safety reporting duties.

Parents/carers may identify an incident after the pupil has returned home. The school will consider relevant information received after the event and record it appropriately

19. WELLBEING, INCLUSION & ANTI-BULLYING

Allergy can affect a pupil's wellbeing, confidence, attendance and participation. The school will promote inclusion and avoid unnecessary restrictions.

- Pupils with allergies should be enabled to participate fully in school life wherever reasonably practicable.
- Reasonable adjustments will be considered where appropriate.
- Pupils should not be routinely separated from peers because of their allergies.
- Attendance will not be penalised where absence is directly related to the pupil's allergy or necessary medical appointments, in accordance with the school's attendance procedures.
- The school will not require parents/carers to attend school to administer medication where the school is responsible for making appropriate arrangements.
- Allergy-related bullying, teasing, intimidation, deliberate exposure or misuse of medication will be treated seriously and managed under the Anti-Bullying and Behaviour Policies.
- Pupils with significant anxiety related to allergies may be offered additional pastoral support.

20. OTHER ALLERGIC CONDITIONS

20.1 ASTHMA

Asthma can be associated with allergy and can be triggered by allergens. Pupils with asthma will be supported through the school's asthma and medical conditions arrangements. Staff will know how to recognise an asthma attack and access prescribed and emergency asthma medication where applicable.

20.2 INSECT STINGS

A pupil with a significant insect-sting allergy will have an IHP and risk assessment where required. Outdoor activities, sports and trips will consider the pupil's specific triggers and emergency medication.

20.3 ANIMAL ALLERGY

Where a pupil has a significant animal allergy, the school will consider reasonable measures relating to classroom animals, visiting animals, school pets, farms, zoos and other activities.

20.4 HAY FEVER / ALLERGIC RHINITIS / ECZEMA

Where these conditions have a functional impact on school life or require specific medication or adaptations, appropriate arrangements will be documented and implemented.

21. VISITORS, CONTRACTORS & EXTERNAL PROVIDERS

Where practicable, the school will identify allergy information for visiting pupils and adults in advance, particularly where food is being served or a visitor will supervise pupils.

- Visiting pupils with known allergies should have their emergency medication with them where prescribed.
- The accompanying adult should provide relevant allergy information and emergency

arrangements.

- External caterers and food providers must comply with applicable food safety and allergen requirements.
- Regular pupil-facing contractors and providers should be included in the school's allergy awareness arrangements where appropriate.

22. COMMUNICATION & AWARENESS

This policy will be communicated to staff, pupils and parents/carers and published on the school website. New staff and relevant regular volunteers will be made aware of the policy as part of induction.

- Allergy information will be included in appropriate parent communications.
- New pupils with allergies will be introduced to relevant staff and, where helpful, the catering team.
- Pupils may be offered age-appropriate allergy awareness education.
- The school may identify Allergy Champions to promote awareness and provide a point of contact for concerns or feedback.
- The school will communicate changes to allergy procedures following incidents, near misses, legislation or guidance updates.

23. DATA PROTECTION & CONFIDENTIALITY

Allergy information is health information and will be handled confidentially. The school will collect, store and share information in accordance with data protection requirements and its privacy and information-sharing procedures.

Information will be shared on a need-to-know basis where necessary to keep a pupil, staff member or visitor safe. Confidentiality must not prevent appropriate information being available to staff responsible for the pupil at the time it is needed.

24. MONITORING, ASSURANCE & REVIEW

The Designated Allergy Lead will monitor implementation and provide assurance to the Headteacher and governing body. The school will review its arrangements at least annually and following any significant incident or near miss.

- Annual review of the Allergy & Anaphylaxis Policy.
- Annual review of allergy training completion.
- Regular audit of prescribed and spare adrenaline devices, including expiry dates and accessibility.
- Review of the allergy register and IHP completion.
- Review of catering allergen information and cross-contamination controls.
- Review of relevant risk assessments for trips, sports, curriculum and events.
- Review of serious incidents and near misses and evidence of lessons learned.
- Review of pupil and parent/carers feedback.
- Review of changes to legislation, statutory guidance and clinical guidance.

The governing body will receive sufficient information to satisfy itself that the school is meeting its legal duties and implementing this policy effectively.

25. UNACCEPTABLE PRACTICE

The following are not acceptable:

- Preventing a pupil from easily accessing prescribed emergency medication.
- Ignoring the views of the pupil or parents/carers without a justified safeguarding, clinical or legal reason.
- Ignoring relevant healthcare professional advice.
- Assuming every pupil with allergy requires the same arrangements.
- Assuming an older pupil no longer requires support because they are developing self-management skills.
- Assuming a pupil does not have an allergy simply because a formal diagnosis is still being investigated.
- Sending a pupil home or excluding them from normal school activities, lunch, clubs or trips because of their allergies where safe arrangements can reasonably be made.
- Sending a pupil experiencing a suspected allergic emergency to the medical room or office without suitable supervision.
- Requiring parents/carers to attend school to provide medical support that the school should reasonably provide.
- Preventing or unnecessarily restricting participation in trips or activities because of allergies.
- Treating the school's nut-aware approach as a guarantee that no allergen is present.

26. POLICY APPROVAL & REVIEW

Policy owner	Designated Allergy Lead / School Nurse
Approved by	Amesbury School Governing Body
Date approved	September 2026
Review frequency	At least annually and following significant incidents, near misses or changes to statutory guidance

APPENDIX 1 – QUICK REFERENCE: EMERGENCY ANAPHYLAXIS RESPONSE

IF ANAPHYLAXIS IS SUSPECTED:

1. GIVE ADRENALINE WITHOUT DELAY – ideally within five minutes. Use the person's prescribed adrenaline first where available; use a school spare AAI if prescribed medication is unavailable or has misfired.
2. CALL 999 immediately and state 'anaphylaxis'.
3. KEEP THE PERSON WITH YOU. Bring emergency medication to them; do not send them to the medical room or office.
4. LIE FLAT with legs raised if possible. If breathing is difficult, allow them to sit up with legs outstretched. Do not allow them to stand or walk.
5. IF THERE IS NO SIGNIFICANT IMPROVEMENT AFTER FIVE MINUTES, follow the Allergy Action Plan and current clinical guidance for a second adrenaline dose.
6. MONITOR continuously and begin CPR if the person becomes unconscious and is not breathing normally.
7. HAND OVER TO PARAMEDICS and ensure used adrenaline devices are safely disposed of.
8. INFORM PARENTS/CARERS and complete the incident record.

Remember: anaphylaxis can occur without a rash or skin swelling. If in doubt, treat as an emergency and follow the person's Allergy Action Plan.

APPENDIX 2 – GOVERNOR ASSURANCE CHECKLIST

- A dedicated allergy safety policy is approved, reviewed annually and published on the school website.
- A named senior leader is responsible for allergy safety.
- All relevant staff receive allergy awareness and emergency response training at least annually.
- The school maintains a current allergy register.
- Pupils who require specific arrangements have an up-to-date IHP and relevant clinical action plan.
- Prescribed adrenaline is rapidly accessible to pupils who require it.
- Spare adrenaline devices are held in pairs, in appropriate doses, are in date and can be brought to a person within five minutes.
- Allergy risks are included in relevant risk assessments, including trips and activities.
- Catering arrangements comply with allergen information requirements and support pupils with allergies.
- Serious incidents and near misses are recorded, reviewed and used to improve practice.
- The school can demonstrate that pupils with allergies are included in school life and are protected from allergy-related bullying.
- Policy implementation and learning from incidents are reported through appropriate governance arrangements.

APPENDIX 3 – REFERENCES & FURTHER GUIDANCE

Department for Education (2026), Allergy safety in schools – statutory guidance, published 6 July 2026.

Department for Education, Supporting pupils with medical conditions at school – statutory guidance.

Children and Families Act 2014.

Children’s Wellbeing and Schools Act 2026.

Equality Act 2010.

Food Information Regulations 2014.

Human Medicines (Amendment) Regulations 2017.

Requirements for School Food Regulations 2014 / School Food Standards.

Food Standards Agency – allergen guidance and the 14 regulated food allergens.

British Society for Allergy & Clinical Immunology (BSACI) – clinical allergy resources and spare adrenaline guidance.

Anaphylaxis UK – allergy and anaphylaxis guidance and education resources.