Signhills Academy
Allergy Safety Policy

(from August 2026)

Approved by:	**Full Governing Body**	**Date: Summer** 2026
Next review due by:	**Summer 2027**	

1. Purpose and Legal Basis

This policy sets out how Signhills Academy identifies, manages and reduces allergy-related risks and ensures that all members of the school community are prepared to respond effectively to allergic reactions, including anaphylaxis. It is a standalone policy as required by section 34 of the Children's Wellbeing and Schools Act 2026 and has been developed with regard to the statutory guidance Allergy Safety in Schools (DfE, July 2026). It is published on the school website and made available in hard copy on request. This policy is informed by the following legislation and guidance:

- Children and Families Act 2014 (section 100), as amended by the Children's Wellbeing and Schools Act 2026 (section 34)
- Allergy Safety in Schools – statutory guidance (DfE, July 2026)

- Human Medicines Regulations 2012 (Regulation 238) – emergency administration of adrenaline to save life
- Human Medicines (Amendment) Regulations 2017 – schools purchasing spare AAIs without prescription
- Using Emergency Adrenaline Auto-Injectors in Schools (DHSC, 2017)
- Emergency Asthma Inhalers for Use in Schools (DfE/DHSC)
- Food Information Regulations 2014 (including Natasha's Law amendments 2021)
- Keeping Children Safe in Education (DfE, 2025)
- Equality Act 2010; Health and Safety at Work Act 1974

2. Scope

This policy applies to all pupils, all staff (including teaching staff, support staff, lunchtime supervisors, catering staff, office staff, site staff, supply and cover staff, peripatetic staff, agency workers and regular volunteers), and visitors. It covers all areas of the school site and all school-organised activities, including educational visits, sporting fixtures and wraparound provision.

2.1 Allergy Types in Scope

This policy covers all forms of allergy, including food allergy, asthma (where allergic in nature), eczema, allergic rhinitis (hay fever), allergy to insect stings, contact allergies (e.g. latex, nickel) and drug allergies.

Coeliac disease and food intolerances are not allergies and are managed through the school's Medical Conditions Policy. However, allergen management measures that protect pupils with food allergy will often also benefit those with coeliac disease or food intolerance.

3. Roles and Responsibilities

3.1 Governing Body

- ensure this policy is adopted, published on the school website and reviewed at least annually; • Nicola Gallant is the named governor with oversight responsibility for allergy safety;
- receive reports on allergy-related incidents, near-misses and training compliance.

3.2 Headteacher (Designated Allergy Safety Lead)

The Headteacher is the named senior leader responsible for allergy safety as required by the statutory guidance. In this capacity the Headteacher will:

- drive the implementation and review of this policy;
- oversee the day-to-day management of allergy safety across the school;
- coordinate Individual Healthcare Plans with parents, healthcare professionals and staff;
- maintain a register of all individuals (pupils, staff and visitors) with known allergies;
- coordinate annual allergy awareness training and maintain a training record;
- manage the school's spare adrenaline auto-injector and spare asthma inhaler stock;
- lead incident reviews following any allergic reaction or near-miss;
- report to the governing body on incidents, near-misses and compliance.

3.3 All Staff

- complete annual allergy awareness training;
- know where spare adrenaline devices and spare asthma inhalers are stored;
- be familiar with the Individual Healthcare Plans of pupils in their care;
- follow the emergency response procedures set out in this policy;
- report any allergic reaction, suspected reaction or near-miss on the same day.

3.4 Parents and Carers

- inform the school of any known or suspected allergies at admission and whenever circumstances change;

- provide up-to-date prescribed medication (including adrenaline devices where prescribed) and ensure it is in date;
- work with the school to develop and review their child's Individual Healthcare Plan;
- ensure their child carries their prescribed adrenaline device(s) in their school bag where appropriate.

4. Allergy Awareness Training

All staff present during times when pupils are on site will receive allergy awareness training at least annually, delivered through the National College's Allergy and Anaphylaxis course (developed with Anaphylaxis UK, aligned with the statutory guidance). This includes permanent staff, supply and cover staff, peripatetic staff, agency workers, catering staff and regular volunteers. It does not include contractors with no pupil-facing role. Training must be completed before a member of staff has unsupervised contact with pupils.

Training will ensure all staff:

- have an awareness of allergy, the risks it poses and how allergic reactions can occur;
- understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever and others) which can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- can identify the range of symptoms of allergic reactions and recognise anaphylaxis;
- know how to respond in an emergency, including calling 999, locating and administering emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack), and how to use both prescribed and spare devices;
- understand the school's allergy safety policy and know how to check whether a pupil is on the allergy register and how to use an Allergy or Asthma Action Plan;
- understand the impact allergy can have on a child's wellbeing;
- understand their responsibilities in reducing the risk of exposure to known allergens;
- understand how to report an incident or near-miss.

In addition, all staff will physically handle and practise with an EpiPen trainer device to build confidence and muscle memory. Where Jext devices are temporarily held as a substitute, staff will receive a briefing on differences in operation. New staff, supply staff and regular volunteers receive allergy awareness information at induction. The Business Manager maintains a training matrix recording completion dates, available for inspection.

It is good practice to conduct periodic allergy safety drills (simulated anaphylaxis scenarios) in the same way as fire drills, to test and reinforce emergency response procedures. Results will be recorded and used to inform ongoing review of this policy.

5. Identifying Individuals with Allergies

The school gathers allergy information for pupils on admission, at the start of each academic year through an annual medical update, and at any point a parent or carer notifies the school of a new or changed diagnosis. For staff, information is gathered at the point they commence work. For visitors, allergy information is sought in advance of their visit wherever possible, particularly if they are likely to be served food.

The school maintains a register of all individuals with known allergies (including up-to-date photographs and lists of known allergens), held in areas accessible to staff only. Relevant extracts are displayed in the kitchen and any area where food is served or handled.

6. Individual Healthcare Plans

A pupil will have an Individual Healthcare Plan (IHP) if their allergy has a functional impact on them at school, poses a risk of harm, and requires arrangements that are additional to or different from those made generally. Not all pupils with an allergy will need an IHP; some allergies (e.g. mild hay fever manageable with over-the-counter antihistamine) may have little impact and can be managed through the school's Medical Conditions Policy.

IHPs are developed in partnership with parents and, where appropriate, the pupil. They are not clinical documents; where healthcare professionals have issued care plans, action plans or medication instructions, the IHP refers to and attaches them rather than duplicating clinical content. IHPs follow the DfE's template format and include: key information and a current photograph; known allergens; how the allergy is managed; impact on education and wellbeing; arrangements for support including allergen avoidance and mealtimes; arrangements for visits and trips; emergency response (referencing any Allergy or Asthma Action Plan); and a medication annex recording prescribed and non-prescription medication, parental consent and consent for use of spare adrenaline devices.

IHPs are reviewed at least annually, or sooner following a change in the pupil's condition, new clinical advice, or a serious incident or near-miss. They are accessible to all staff who need them and are taken on all educational visits.

7. Prescribed Adrenaline Devices

Pupils at risk of anaphylaxis who are prescribed adrenaline devices must have rapid access to their devices at all times, including in the lunch area, playground, sports field and on trips. Pupils are encouraged to keep their devices in their school bag. Where a pupil cannot carry their own device (due to age or other considerations), it will be stored in the Medical Room in an unlocked, accessible location. A copy of the pupil's Allergy Action Plan is kept with their medication.

The school records which pupils have prescribed adrenaline devices and ensures parents take devices home at the end of the day (so the pupil has them for the journey home) and at the end of each term for expiry checking. If a pupil who is prescribed nasal adrenaline does not have their device available, the school's spare AAIs may be used in an emergency.

8. Spare Adrenaline Auto-Injectors

8.1 Brand and Dose

The school standardises on **EpiPen** for all spare AAIs. Where EpiPen is unavailable due to supply shortages, Jext may be substituted; staff will receive a briefing on differences in operation before substitute devices enter service.

The school stocks 300mcg AAIs only. As a KS2 school, the substantial majority of pupils weigh over 30kg, for whom 300mcg is the appropriate dose. In the event that a smaller pupil requires emergency adrenaline, a 300mcg dose remains clinically preferable to withholding adrenaline – the risk of not administering adrenaline far outweighs the risk of a marginally higher dose.

8.2 Stock Configuration

Set	Contents	Location	Notes
On-site	2× EpiPen 300mcg	Medical Room (fob / break-glass), signed	Never leaves building
Trip Kit A	2× EpiPen 300mcg	Stored with on-site set when not in use	Taken by trip lead
Trip Kit B	2× EpiPen 300mcg	Stored with on-site set when not in use	Taken by trip lead
Total	**6× EpiPen 300mcg**		**Replaced annually or after use**

Spare AAIs are stored in pairs, clearly labelled as emergency spare devices (distinct from any individually prescribed devices), accessible to all staff via fob access with break-glass override, within five minutes from anywhere on the school site. They are stored at room temperature, not refrigerated, protected from light, checked monthly for expiry and condition, and replaced before expiry or immediately after use. Where two trips run concurrently, each takes its own kit; the on-site set never leaves the building.

8.3 Who Can Use Spare AAIs

The school's spare AAIs may be used:

a) on a pupil with a known allergy whose own prescribed device is unavailable, not working or has already been administered;
b) on any individual (pupil, member of staff or visitor) experiencing suspected anaphylaxis, including where there is no prior allergy diagnosis.

Consent is not required for spare adrenaline devices to be used in an emergency. It is good practice to obtain advance consent from parents (recorded in the IHP), but in an emergency anyone may take reasonable action to save a life without checking whether prior consent has been given. Under Regulation 238 of the Human Medicines Regulations 2012, any person may administer adrenaline to save life in an emergency. Staff should be reassured that mistakes, hesitation or imperfect technique do not amount to serious and wilful misconduct; the expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

8.4 Purchasing and Disposal

Spare AAIs are purchased from a pharmacy on a letter on school headed paper, signed by the Headteacher. The school records brand, dose, batch number, purchase date, expiry date, monthly checks and any use. Used or expired AAIs are disposed of via ambulance paramedics, a pharmacy return or a preordered sharps bin, as they contain needles.

8.5 Expired AAIs

The school maintains in-date spare AAIs at all times. In a life-threatening emergency where only an expired AAI is available, it should be used. The MHRA has confirmed that expired AAIs will not actively cause harm but may be less effective as adrenaline potency gradually reduces. An expired device is always preferable to no device. During previous national supply shortages (2018–2019), the MHRA granted batch-specific extensions of up to four months. If a similar disruption occurs, the school will follow the latest MHRA guidance. The solution must be checked before use – if discoloured or cloudy, the device should not be used unless no alternative is available.

9. Spare Asthma Inhaler

The school holds a spare emergency salbutamol reliever inhaler and spacer for use where a pupil's **own prescribed inhaler** is unavailable (e.g. broken or empty). This may **only** be used for pupils who have been prescribed a reliever inhaler and for whom written parental consent has been obtained. The spare inhalers (and spacers) are stored alongside the spare AAIs in the Medical Room. A reliever inhaler must never be given instead of adrenaline to treat anaphylaxis; however, following administration of adrenaline, a reliever inhaler may be used if the pupil is still wheezing, in line with their Allergy or Asthma Action Plan.

10. Reducing the Risk of Allergic Reactions

The school adopts an allergy-aware approach rather than blanket allergen bans (e.g. "nut-free"), which can create a false sense of security. Active risk management, staff awareness and clear communication are more effective. Any food can cause an allergic reaction; nuts are only one of fourteen regulated food allergens.

10.1 Food Management

- work with Chartwells to ensure allergen information is provided for all meals in accordance with the Food Information Regulations 2014 (including Natasha's Law requirements for PPDS food), and that kitchen staff are aware of pupils with allergies;
- maintain at least two methods of identifying pupils with food allergy at mealtimes (e.g. staff checking, photographs in the kitchen);
- ensure no sharing or trading of food, food utensils or food containers between pupils; surfaces cleaned after eating;
- consider allergen risks when planning cooking activities, food-based rewards, celebrations, charity events and any food brought in from home;
- ensure that pupils with food allergy are not segregated from their peers at mealtimes;
- communicate expectations to parents about food sent in from home.

10.2 Classroom and Environment

- class teachers aware of allergies of all pupils in their class;
- staff planning any activity to consider allergen risk, including in craft (e.g. old food packaging, egg cartons may contain traces), science, DT, cooking, music (e.g. latex in some instruments) and activities involving animals;
- use allergen-free alternatives for the whole group where a known allergen would otherwise be present (e.g. wheat-free flour for play dough);
- hand-washing promoted before and after eating; allergy awareness information displayed in staff room and kitchen.

10.3 Airborne and Contact Allergens

Where a pupil has a known allergy to airborne or contact allergens (e.g. latex, animal dander, pollen), the school will put reasonable measures in place to manage the risk of exposure, documented in the pupil's IHP.

11. Responding to Allergic Reactions

11.1 Mild to Moderate Reactions (No ABC Symptoms)

Mild to moderate reactions that do not involve the Airway, Breathing or Circulation can be treated with oral antihistamine (if available and consented). Do not leave the pupil unattended. Contact the pupil's parents. The pupil does not normally need to be sent home but must be observed in a safe place for at least 60 minutes, as mild reactions can sometimes develop into anaphylaxis.

11.2 Anaphylaxis (ABC Symptoms)

Anaphylaxis involves the Airway (swelling, hoarse voice, difficulty swallowing), Breathing (wheeze, persistent cough, noisy breathing) or Circulation (dizziness, feeling faint, pale clammy skin, loss of consciousness). If any of these signs are present:

- **Lie the pupil flat with legs raised.** If breathing is difficult, allow them to sit. Never let them stand or walk – bring help and medication to them.
- **Administer adrenaline without delay** using the pupil's own device or the school's spare EpiPen. Inject into outer mid-thigh; can be used through clothing.
- **Call 999 immediately.** State anaphylaxis and that adrenaline has been given. If in doubt whether the reaction is anaphylaxis, give adrenaline – it is very safe and may be lifesaving.
- **If no improvement after 5 minutes,** give a second dose using a new device.
- **Stay with the pupil** until the ambulance arrives. Do not let them stand up, even if they appear to be improving.
- **Contact parents** as soon as practicable.
- **Hand over to ambulance crew** with used device(s) and details of the reaction.

If the pupil has an Allergy Action Plan, follow it. Any member of staff may administer adrenaline in an emergency to save life, regardless of training. Legal protection is provided by Regulation 238 of the Human Medicines Regulations 2012. Staff who act in good faith are protected; the expectation is simply that they act reasonably to the best of their ability.

12. Educational Visits and Off-Site Activities

- a portable trip kit (2× EpiPen 300mcg) must be taken on every off-site activity;
- the trip lead carries the IHPs (including Allergy/Asthma Action Plans) of participating pupils with known allergies;
- at least one staff member must have completed allergy awareness and practical EpiPen training;
- the trip risk assessment must consider allergy-related risks, including access to emergency medication, proximity to medical facilities and allergen exposure at the venue;
- where a pupil has their own prescribed adrenaline device, it must be carried for the duration of the visit;
- the trip lead confirms before departure that the trip kit is complete, in date and packed.

13. Serious Incidents and Near-Misses

A serious incident is any event relating 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 or attendance by emergency services. A near-miss is an event that did not result in harm but had clear potential to do so.

Every serious incident or near-miss must be:

- recorded in the Accident Book and on CPOMs on the same day, including who was affected, what happened, when and where, what action was taken, and how the incident concluded;
- reported to the pupil's parents as soon as possible;
- reported to the Headteacher (Designated Allergy Safety Lead);
- reported to the governing body;
- reported to the Health and Safety Executive under RIDDOR where the incident arose from a work activity and resulted in death or immediate hospitalisation;
- reported to the local authority environmental health team where the incident involved food provided by the school and may constitute unsafe food under food safety legislation;
- reported to the relevant healthcare professional where the incident related to a care plan or action plan they issued.

Incident reporting is not limited to staff. Parents, the pupil themselves or healthcare professionals may identify that an incident has occurred (e.g. where the impact of allergen exposure is delayed). Following any serious incident or near-miss, the Headteacher will arrange a review to identify root causes, whether procedures were followed, and what improvements should be made. Findings are shared with staff, reported to the governing body and used to inform the next review of this policy.

14. Pupil Wellbeing

The risk posed by allergy and the possibility of anaphylaxis can be a significant cause of anxiety for pupils and families. The school will actively provide reassurance that robust measures are in place, fully include pupils with allergies in all aspects of school life, and not exclude a pupil from any activity solely on the basis of their allergy where reasonable adjustments can be made. Allergy-related bullying, including excluding peers by deliberately using allergens, denigrating the need to avoid allergens, or threats to force-feed known allergens, is addressed in line with the Anti-Bullying Policy. The Wellbeing Team provides additional support where needed. Pupils with attendance affected by allergy-related appointments or illness will not be penalised or excluded from attendance rewards.

15. Information Sharing and Data Protection

A pupil's health information is special category data under UK GDPR. The school has a lawful basis to hold, use and share this data when necessary to support the pupil's safety and inclusion, but will do so in a controlled and respectful way. Unnecessary sharing can reduce confidence and be embarrassing for pupils who may not want to be singled out. Information about known allergies is shared only with staff who need to know. Further details are set out in the school's Data Protection Policy.

16. Awareness of this Policy

This policy is published on the school website and made available in hard copy on request. All staff are made aware of the policy as part of annual allergy awareness training. Where pupils are prescribed adrenaline devices, it may be appropriate for their close friends to know how to seek help in an emergency; any wider awareness will be discussed with the pupil and their parents first.

17. Unacceptable Practice

In line with the statutory guidance, the following practices are not acceptable:

- preventing pupils from easily accessing their medication;
- ignoring the views of the pupil or their parents, or medical advice from healthcare professionals;
- assuming all pupils with allergy require the same support, or that older pupils do not need support;
- dismissing a pupil's allergy because they do not yet have a formal diagnosis;

- sending a pupil home or excluding them from activities (including trips, lunchtimes or extracurricular activities) for reasons associated with their allergy, or requiring parents to attend school to administer medication;
- sending a pupil who becomes unwell to the Medical Room without supervision – in an emergency, help must come to the pupil rather than the other way round;
- penalising pupils for allergy-related absence or excluding them from attendance rewards.

18. Monitoring and Review

Compliance and effectiveness are monitored through: CPOMs records, annual training audit, monthly AAI and asthma inhaler stock checks, IHP reviews, allergy safety drill outcomes, parent/staff/pupil feedback, and reports to the governing body. This policy is reviewed at least annually. It will also be reviewed following any serious incident or near-miss, or in response to changes in legislation, statutory guidance or school circumstances.

19. Related Policies

- **Supporting Pupils with Medical Conditions Policy • Child Protection and Safeguarding Policy • Health and Safety Policy • Risk Management Policy • Educational Visits Policy • Anti-Bullying Policy • Behaviour Policy • First Aid Policy • Data Protection Policy • Complaints Policy**

20. Review

Policy review will be led by:

Staff Team	Senior Leadership Team
Term / Year	Autumn 2027

This policy is intended to ensure the safety and inclusion of all members of the school community. All staff and other adults working with pupils in school have a responsibility to implement this policy with regard to the Health & Safety, Safeguarding and Equality Policies.