Policy

Shaftesbury Education

September 2026

Allergy Safety in School Policy

This document relates to	
Shaftesbury Victoria School	✓

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Purpose and scope

Purpose:

This policy will cover how Shaftesbury Victoria School will meet its commitment to fully supporting people (pupils, staff and visitors) with allergies. This policy sets out how we will provide a safe, inclusive and supportive environment for all by reducing exposure to known allergens, manage medicines and emergency equipment, staff training and learning from incidents and near misses.

This policy applies from 1st September 2026 and will be implemented in line with the Department for Education statutory guidance on allergy safety in schools.

This policy will be reviewed annually, or sooner following any significant incident, near miss, change in legislation or identified need for improvement.

The named member of the senior leadership with responsibility for allergy safety at Victoria School is **Nicola Nabney, Lead Nurse.**

Scope and key terms

This policy applies to pupils, regular volunteers and visitors, and to activities taking place on and off school property. In this policy, allergy refers to an immune-system reaction to a substance, which could be food, medication, insect venom, latex, animal dander or airborne allergen. Anaphylaxis is a rapidly developing and potentially fatal reaction affecting the airway, breathing or circulation. We recognise that allergies can have a significant impact on health, wellbeing and participation in school life, and that anaphylaxis can be life-threatening.

Asthma, eczema and allergic rhinitis may co-exist with allergies and are considered where relevant. Coeliac disease and food intolerance require safe management but are not allergies, they are covered in the Managing Medical Conditions Policy and food arrangements.

Legal Framework

Basis for this policy and related policies

This policy is written with regard to Section 100 of the Children and Families Act 2014, as amended by Section 34 of the Children's Wellbeing and Schools Act 2026, and the Department for Education's July 2026 statutory guidance on allergy safety in schools. These reforms are collectively known as Benedict's Law and require maintained schools, academies and pupil referral units (PRUs) to have an allergy safety policy.

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It also reflects wider regulations and complies with the Equality Act 2010, the Health and Safety at Work Act 1974, the Human Medicines Regulations 2012, food information law and the common-law duty of care.

It should be read alongside our:

- Supporting pupils in schools with medical conditions and medication management policies
- Safeguarding, behaviour, anti-bullying and child protection policies
- Health and safety policy, risk assessment and educational visits including first aid and emergency response arrangements
- Food safety and catering.

Roles and Responsibilities

Victoria School takes a whole-school approach to allergy management.

Trustees

Trustees will:

Approve the policy and seek assurance that it is implemented and published on the school website.

Executive Leadership Team: Director for Education

The Director for Education will provide executive oversight of allergy safety across Shaftesbury Education, ensuring that school leaders understand and implement this policy. They will seek assurance that effective systems are in place for implementation, publication, training, incident reporting, review and improvement actions, and will escalate significant risks, themes or gaps in assurance to Trustees as required.

Headteacher

The Headteacher is responsible for the day-to-day implementation of this policy within the school. They will ensure that allergy safety arrangements are embedded in practice, that the allergy register, Individualised Healthcare Plans (IHPs), staff training, emergency medication arrangements, communication systems, incident reporting and improvement actions are maintained, reviewed and acted on. The Headteacher will provide assurance to the Director for Education and Trustees that the policy is implemented and published, and that any risks or required improvements are addressed promptly.

Senior leadership team

The named senior leader responsible for allergy safety will:

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Coordinate implementation of this policy, including maintaining the allergy register, ensuring IHPs are in place, arrange annual training, check emergency equipment (adrenaline devices are available and remain in date), overseeing communication and reviewing incidents, drills and be involved in annual policy review.

Staff

All staff are responsible for:

Completing the required training, knowing how to access allergy information and emergency medicines, following the IHPs and action plans and considering allergy risk when planning activities. They will respond immediately to symptoms and report any incidents and near misses and take part in any allergy drills. Catering staff must also follow food allergen and cross-contamination controls.

Parents and carers

All parents and carers should:

Provide accurate and up-to-date information to the school and take part in developing, reviewing and agreeing IHPs. They should provide any prescribed medications in the original packaging, and diligently provide changes in diagnosis, treatments or known risks to students. They should refrain from presenting intolerances and preferences as allergies and encourage their child to be allergy aware (where possible and appropriate). They should also consider and adhere to food restrictions and guidance the school has in place when providing packed lunches and snacks.

Identifying needs and support planning

Allergy register and information gathering

Victoria School will ask about allergies at admission, transition, annual data checks and whenever the circumstances change. Relevant information will be sought from the pupil, parents and carers, previous settings and healthcare professionals. Arrangements should be in place before the student starts the school or as soon as possible following a new diagnosis or transfer in during the school year.

IHPs and action plans

IHPs will be used where an allergy impacts the pupil's school day, creates a risk of harm or requires the support above and beyond normal arrangements. The school will develop them

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with pupils (where possible and appropriate), parents and carers, taking into account healthcare advice and any protocols that already exist from the student's healthcare provider. It will cover triggers, prevention, reasonable adjustments, medicines and consent, emergency action, communication, trips, roles and review arrangements. Current clinical Allergy and Asthma action plans can be attached rather than rewritten (as long as they contain the required detail).

The IHP will be reviewed yearly as standard, however sooner in the event of a reaction or any changes in condition or treatment. Decisions about carrying and self-administering medicines will be individualised and recorded and remain available to staff who must remain ready to assist in an emergency.

Training and awareness

Everyone working or volunteering while pupils are on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply and agency staff, roving staff, caterers, regular volunteers and staff in breakfast or after-school clubs. New staff will receive training during their induction and suitable arrangements will be made for short notice cover staff.

This training will cover:

- Understanding that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Allergy and acute asthma
- Common triggers and the range of symptoms when allergic reactions occur
- The difference between allergy, coeliac disease and food intolerance
- Signs of mild reaction vs anaphylaxis (be able to recognise a severe reaction)
- The use of prescribed and spare emergency medicines, including a student's prescribed medication or a spare adrenaline device
- Action plans and risk reduction
- Wellbeing and bullying
- How to access information about allergy and respond in an emergency
- Incident reporting process

Completion of training needs to be recorded, and any additional clinical competency or delegation requirements will be managed separately. First aid training alone is insufficient.

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This training does not replace separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

Preventing exposure and supporting inclusion

Food and Catering

Victoria School and its catering team will maintain effective allergen controls. Ingredient and allergen information will be accurate and accessible; substitutions will be checked and communicated; cross-contact risks will be managed; and prepacked food will meet current labelling requirements. Reasonable adjustments will be made so eligible pupils can safely access school meals.

Pupils will be encouraged to wash their hands before and after eating and use clearly labelled bottles and lunch containers and avoid sharing food or utensils. Food brought in for celebrations, fundraising or clubs will be risk assessed and accompanied by appropriate allergen information. The school will not claim to be completely ‘allergen free’; any targeted food restrictions will remain proportionate, risk assessed and clearly communicated.

The catering manager is responsible for making sure that current allergen information and safe catering procedures are maintained across all school-provided food services.

Activities, visits and risk minimisation

Emergency medication must remain readily available during changes to the normal school routine. These may include but are not limited to school trips, activities elsewhere on site, fire drills and lockdown practices. We will make sure that a pupil’s adrenaline device is available and with them under these circumstances.

Planning for lessons and activities will consider relevant food and non-food allergens, including cooking ingredients, craft and science materials, latex, animals, insect stings, cleaning products and airborne triggers. Controls will be proportionate to the person’s known risks and recorded where needed.

Pupils with allergies will be enabled to enjoy trips, residentials, sport and extracurricular activities wherever reasonably possible. The risk assessment will identify allergens, food arrangements, trained staff, emergency contacts and how prescribed and spare medicines will remain accessible without leaving the main site inadequately stocked.

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Wellbeing and bullying

Victoria School will avoid unnecessary exclusion or singling out, involve pupils in decisions and provide pastoral support where allergy causes anxiety. Teasing, threats, deliberate exposure to an allergen or other allergy-related bullying will be treated seriously and managed under the behaviour, safeguarding and anti-bullying policies.

Medication and emergency response equipment

Prescribed medications

A pupil prescribed an adrenaline device, or reliever inhaler must have rapid access to it throughout the school day, including at breaks, in recreational areas (outdoors) and off site (such as at trips and visits). Medicines will not be locked away or kept more than five minutes away from where they may be needed. In an emergency, the medication is brought to the person. The pupil's own prescribed medication should be used and will suffice in the first instance, unless unavailable.

Spare adrenaline devices and emergency inhalers

The school will hold an appropriate range of spare adrenaline devices in pairs, in line with current national guidance. A spare device may be used to save a life where a person's own device is not working or unavailable, or where there is no prescribed medication available. Prior consent must not delay life-saving treatment, although consent, choice and preferences will be recorded in IHPs where possible.

Emergency salbutamol inhalers and spacers may only be used for a pupil who has been prescribed a reliever inhaler and for whom written consent is in place in accordance with guidance.

The locations of spare adrenaline devices and salbutamol inhalers are clearly signposted. They are clearly labelled with 'Emergency Anaphylaxis Kit' and the locations are shared with Victoria School staff by the named senior leader.

The named senior leader responsible for allergy safety will ensure:

- spare devices are accessible within 5 minutes
- devices are not locked away
- devices are clearly labelled

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- devices are stored in pairs
- expiry dates are checked and devices remain clear (not cloudy) on a monthly basis
- used devices are replaced promptly and disposed of safely
- expired devices are replaced one month prior to expiration.

Used adrenaline devices will be disposed of in a sharps box, kept in the nurse's bay or given to the paramedic. Out of date adrenaline devices will be taken to a pharmacy to be disposed of.

We will keep an accurate record of when a spare adrenaline device is used. This will include details of:

- where and when the reaction took place
- how much medication was given
- who gave the medication.

Medication and emergency response equipment

Checks and records

Emergency kits will be accessible, clearly labelled and checked at least monthly (including that contents remain clear not cloudy). Checks will cover stock, dose, packaging, condition and expiry dates. Replacements will be arranged before expiry (usually at least a month in advance) and promptly after use. Administration records will show what was given, when, why and by whom; used devices will be disposed of in a sharps container or handed to paramedics to be disposed of safely. Out of date devices will be taken to local Pharmacies or returned to our supplier as required for replacement.

Medication and emergency response equipment

Mild or moderate reaction

Staff will follow the individual's IHP or clinical action plan, keep the person under direct observation and obtain medical advice as directed. The pupil must not be sent elsewhere

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alone. Any progression of symptoms to the airway, breathing or circulation must be treated as anaphylaxis.

Suspected anaphylaxis

Anaphylaxis is a medical emergency. Staff will give adrenaline without delay, aim to do so within 5 minutes, call 999 and follow Appendix A (emergency response). They will not wait for parental contact or move the person towards the medication. If a person with an allergy and asthma develops severe breathing symptoms, adrenaline is given first where anaphylaxis is suspected, followed by their asthma plan. Parents or emergency contacts will be informed after immediate emergency action has started.

Incidents, near misses and learning

A serious incident is one in which allergy causes harm or an immediate and significant risk of harm, including the need for emergency medicine, urgent clinical help or emergency services. A near miss causes no harm but could have led to a serious incident.

All allergy reactions, serious incidents and near misses will be recorded and reviewed in a proportionate, no blame way. Records will include the circumstances, timings, symptoms, medicines given, people involved, escalation and outcome. Parents and carers and the governing body/trustees will be informed as appropriate, alongside any statutory reporting to external bodies.

The review will identify contributory factors and actions, check whether the IHP, risk assessment, training, catering controls, equipment or policy need to change, assign owners and confirm completion. Reports made later by pupils, families or healthcare professionals will also be accepted and considered.

Information sharing and confidentiality

Allergy information is special category health data. The school will collect, use and share only what is necessary to keep people safe and included using an appropriate lawful basis and secure systems. Information will be available promptly to staff who need it including at mealtimes, food service points, on trips, but will not be displayed publicly. Pupils, parents and carers will be involved in decision making about routine sharing where possible. Relevant information will transfer safely when a pupil changes class or setting.

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Unacceptable practice

The school will not:

- Delay or prevent access to prescribed emergency medicine or send an unwell pupil for help without suitable supervision.
- Ignore the pupil or family's views, clinical advice, an IHP or action plan.
- Assume all allergies require the same response, or that older or more independent pupils do not need support.
- Exclude any pupil from meals, learning, trips or activities without an individual, evidence-based reason and consideration of reasonable adjustments.
- Require a parent or carer to attend routinely to provide support that the school should arrange, or penalise allergy-related absence.
- Dismiss a potential allergy solely because diagnosis or medical investigation is incomplete.

Communication, monitoring and review

This policy will be published on the school website, made available in hard copy on request and explained through staff training and age-appropriate pupil and parent communication. The school will carry out an anaphylaxis response drill at least annually and record what was learned.

The named allergy safety lead will review implementation through checks of training, IHPs, the allergy register, medicine availability, incidents, near misses and actions. The policy will be reviewed at least annually and sooner after an incident or near miss, a change in risk, revised law or guidance. Pupils, families and staff with experience of allergy will be invited to contribute.

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Policy Ownership

Name	Version
Allergy Safety in School Policy	1.0

Date published	Date for next review
September 2026	September 2027

Approved by	Date
Shaftesbury Safeguarding & Services Quality Committee	8th September 2026

History	Date	Author	Reason
1.0	September 2026	Gemma Curtis	Policy created

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Appendix A: Recognise and respond to the signs of anaphylaxis

A: Airways

- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B: Breathing

- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C: Circulation

- Persistent dizziness, faintness, pallor
- Pale or floppy, clammy skin
- Suddenly sleepy tiredness
- Collapse/ loss of consciousness

If any one (or more) of these signs are present: Don't delay

- Lie flat with legs raised (if breathing is difficult, allow to sit)
- Give adrenaline device without delay (use the school's spare device if needed)
- Immediately dial 999 for ambulance and say anaphylaxis (ana-fill-axis) and follow any instructions. Give them the exact location of the affected person.

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After giving adrenaline:

- Stay with person until ambulance arrives, do not stand them up
- Keep them lying down, even if things seem to be getting better
- Phone parent/ emergency contact

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available

Commence CPR at any time if there are no signs of life

Always give adrenaline device first if someone has severe and sudden breathing difficulty (including wheeze, persistent cough or hoarse voice). Then seek medical help. Anaphylaxis can occur without skin symptoms.

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