



Shawlands Primary School

ALLERGY SAFETY POLICY

Benedict's Law / DfE statutory allergy safety requirements

Written by Claire Athorn

REVIEWED ANNUALLY

Effective date 1 September 2026

Designated Allergy/Medical Lead: Claire Pease
Governor Responsible for Medical/Allergy Safety: Sarah White

At Shawlands
we want all our pupils to **thrive**
academically, **creatively** and
socially by providing a
broad, balanced curriculum,
engaging lessons and
stimulating experiences in a
safe, welcoming environment.

Contents

- 1. Policy Statement**
- 2. Legal and Guidance Framework**
- 3. Scope and Responsibilities**
- 4. Allergy Identification and Register**
- 5. Individual Healthcare Plans and Allergy Action Plans**
- 6. Staff Allergy Training and MediKit**
- 7. Emergency Adrenaline Auto-Injectors**
- 8. Emergency Anaphylaxis Procedure**
- 9. Food, Catering and the 14 Regulated Allergens**
- 10. Curriculum, Educational Visits and Extended Provision**
- 11. Inclusion, Equality and Allergy-Related Bullying**
- 12. Serious Incidents and Near Misses**
- 13. Monitoring, Audit and Review**
- 14. Publication, Accessibility and Communication**

1. Policy Statement

Shawlands Primary School is committed to providing a safe, inclusive and supportive environment for every pupil, including pupils living with allergies. The school recognises that allergic reactions can occur rapidly and that anaphylaxis is a potentially life-threatening medical emergency.

The school operates a whole-school allergy safety approach aligned with the Department for Education statutory guidance on allergy safety in schools. The school will maintain an allergy safety policy, review it at least annually, make it known within the school and to parents/carers and pupils, and publish it on the school website.

The school will identify pupils with allergies, provide appropriate Individual Healthcare Plans (IHPs), ensure staff receive allergy awareness and emergency-response training, maintain accessible spare/emergency adrenaline auto-injectors (AAIs) in accordance with current requirements, manage food and environmental risks, support full participation and inclusion, and record and learn from serious incidents and near misses.

Keep pupils with allergies safe while maintaining full inclusion.

Ensure staff can recognise and respond to suspected anaphylaxis.

Maintain appropriate prescribed and emergency medication arrangements.

Use MediKit and SIMS to support training and relevant record keeping where available.

Work in partnership with pupils, parents/carers, healthcare professionals and catering providers.

2. Legal and Guidance Framework

Children and Families Act 2014.

Children's Wellbeing and Schools Act 2026.

Department for Education statutory guidance: Allergy safety in schools.

Department for Education: School food standards: allergy guide / allergy guidance for schools.

Food Information Regulations 2014.

Food Standards Agency guidance on allergens and food labelling.

Equality Act 2010.

Supporting pupils at school with medical conditions.

The school's related medical conditions, first aid, safeguarding, educational visits and catering procedures.

The Children's Wellbeing and Schools Act 2026 introduced statutory allergy safety policy duties from 1 September 2026. The appropriate authority must have an allergy safety policy, review it at least annually, publicise it within the school and to parents/carers and pupils, bring it to the attention of pupils and staff at least annually, publish it on the school website and have regard to relevant statutory guidance.

The school will apply any subsequent regulations or official updates in force at the time.

3. Scope and Responsibilities

This policy applies to all pupils and to all adults who may have responsibility for, or contact with, pupils, including teachers, teaching assistants, lunchtime supervisors, office staff, senior leaders, governors where relevant, site staff, cleaners where relevant, supply/agency/temporary staff, volunteers, trainees, catering staff, breakfast club and after-school provision staff, and staff leading educational visits.

Governing Body

Ensure an up-to-date Allergy Safety Policy is in place.

Receive termly assurance on implementation, training, emergency AAI arrangements and significant incidents.

Undertake an annual compliance check against the Governor/Headteacher checklist.

Ensure actions arising from reviews are completed.

Headteacher

Overall implementation, resources and compliance.

Ensure policy review and publication.

Ensure training and emergency arrangements are resourced.
Report significant allergy arrangements and incidents to governors.
Coordinate response and review following serious incidents.

Designated Allergy/Medical Lead – Claire Pease

Maintain the allergy register.
Coordinate IHPs and Allergy Action Plans.
Oversee training and competency records.
Coordinate (Adrenaline Auto Injector)AAI checks and emergency kit arrangements.
Liaise with parents/carers and healthcare professionals.
Review incidents and near misses and coordinate lessons learned.

All Staff

Complete required training.
Know emergency procedures and AAI locations.
Follow IHPs and Allergy Action Plans.
Reduce avoidable allergen exposure.
Report concerns, incidents and near misses promptly.

Catering Provider

Maintain accurate allergen information.
Check ingredients and product/menu changes.
Prevent cross-contamination.
Communicate changes promptly.
Maintain agreed dietary requirements.

Parents/Carers and Pupils

Parents/carers provide accurate current information and prescribed medication and report changes promptly.
Pupils follow age-appropriate arrangements, do not share food and tell an adult if they or another pupil becomes unwell.

4. Allergy Identification and Register

The school will identify pupils with known allergies through admission information, parent/carer declarations, medical forms, healthcare information, transition information and subsequent updates.

When new allergy information is received (admission, healthcare professional update or parent notification), the Designated Allergy/Medical Lead will update the allergy register within 2 working days and notify the class teacher, lunchtime staff and relevant wraparound staff. For pupils with EAL, parents/carers will be offered translated forms or interpreter support to ensure accuracy of information.

The school will maintain an up-to-date allergy register. Information will be shared on a strictly need-to-know basis while ensuring classroom staff, lunchtime supervisors, office staff handling emergency contacts and staff leading trips or activities have the information required to keep pupils safe.

Allergy information will be maintained securely in school systems including SIMS/MediKit where appropriate and handled in accordance with UK GDPR and data protection requirements.

Pupil name and class.
Known allergen(s) and severity/risk.
Whether the pupil is at risk of anaphylaxis.
Prescribed medication and location.
Whether the pupil carries an AAI.
Emergency/spare AAI arrangements.
IHP/Allergy Action Plan status.
Relevant emergency contacts.
Relevant curriculum, catering, trip or self-management requirements.

5. Individual Healthcare Plans and Allergy Action Plans

A pupil whose allergy requires supportive arrangements at school will have an appropriate IHP. Where appropriate, this may incorporate or be accompanied by an Allergy Action Plan.

When an IHP will be required

An IHP will be completed where a pupil has a diagnosed moderate or severe allergy, is prescribed medication including an AAI, has had a previous anaphylactic reaction, or where the allergy is likely to require school-based management or emergency response.

Development and review

The IHP will be developed with the pupil where appropriate, parents/carers, school staff and relevant healthcare professionals. Where a pupil has an EHC plan, the IHP will be cross-referenced in relevant SEND documentation. IHPs will be reviewed at least annually and whenever there is a significant change, including a new reaction, medication change, transition to a new class or change to an EHC plan.

IHP content

Allergy/allergies and known triggers.
Symptoms and previous reactions where relevant.
Risk of anaphylaxis.
Medication and AAI type/dose and location.
Self-management arrangements.
Emergency response instructions.
Staff trained to administer an AAI and date of last competency check.
Trips, clubs and extended activity arrangements.
Food/catering arrangements.
Parent/carer and healthcare contact information.
Healthcare professional input.

6. Staff Allergy Training and MediKit

All staff will receive allergy awareness and emergency-response training appropriate to their role. Training will cover allergy awareness, recognition of anaphylaxis, emergency response, AAI use, school procedures, emergency AAI locations, prevention of exposure, food/cross-contamination risks, educational visits, wraparound provision and incident reporting.

All staff must complete allergy awareness and anaphylaxis response training on induction and refresher training at least annually. Designated staff, including first aiders, designated AAI holders, lunchtime leaders and trip leaders, will receive practical hands-on AAI training and an annual competency check.

Supply, agency and temporary staff will receive relevant allergy information at induction/on arrival, including the one-page emergency allergy poster and emergency AAI locations. The school will record evidence of the briefing.

Shawlands Primary School uses MediKit to support delivery and/or recording of staff medical and allergy training where available. MediKit will not be relied upon as the sole source of emergency information during an acute reaction.

Training compliance will be reviewed at least termly, with a target of 100% of relevant staff trained. New staff will receive relevant allergy information at induction and formal training as soon as reasonably practicable.

Training completed and date.
Course/module and evidence/certificate where provided.
Refresher/review date.
Outstanding staff and actions.
Coverage for supply, temporary, breakfast and after-school staff.
AAI practical competency check where applicable.

7. Emergency Adrenaline Auto-Injectors

The school will maintain an appropriate supply of spare/emergency AAls in line with current legislation, Department for Education guidance and the school's medication arrangements. Spare AAls are intended for emergency use and do not replace pupils' prescribed medication.

The number and location of emergency kits will be determined by the school's building, pupil needs and risk assessment. Emergency devices will be securely stored but immediately accessible without avoidable delay.

Emergency kit

At least two in-date AAls of the appropriate device type(s), as required by the school's arrangements.

Instructions for use.

Gloves.

Face shield for CPR.

Emergency record sheet.

Suitable bag/container for transporting used devices to hospital.

Emergency kits will be clearly labelled. Actual locations will be stated on the emergency poster and staff information and reviewed whenever the school's layout or risk changes.

Checks and access

Expiry and condition checks will be documented.

Used or expired devices will be replaced without avoidable delay.

Staff will know where emergency devices are kept.

Prescribed AAls remain available under each pupil's IHP.

Medication accompanies pupils on educational visits and other activities where required.

The school will follow the current legal and official guidance governing administration of spare/emergency AAls, including requirements relating to medical authorisation and parental consent where applicable.

Relevant arrangements will be recorded within the pupil's IHP/allergy information.

8. Emergency Anaphylaxis Procedure

If anaphylaxis is suspected, staff must act immediately. Do not wait for all symptoms to appear and do not delay adrenaline while waiting for a parent/carers or another member of staff.

Give the pupil's prescribed AAI immediately, where available and authorised under the pupil's arrangements.

If the prescribed AAI is unavailable or cannot be accessed promptly, use the school's spare/emergency AAI where permitted and appropriate.

Call 999 and state: 'Suspected anaphylaxis – adrenaline has been administered.'

Send for the second AAI/emergency kit if available.

Keep the pupil with an adult and do not allow unnecessary walking.

Follow the pupil's IHP/Allergy Action Plan and emergency-service instructions.

If symptoms have not improved and a second device is available, follow current emergency guidance and the IHP.

Contact parents/carers as soon as practicable after emergency help has been called and treatment started.

Record, report and review the incident.

After the emergency

An adult known to the pupil will accompany them to hospital where possible, or follow ambulance-service instructions.

The used AAI will be managed/disposed of appropriately and a replacement obtained immediately.

A debrief will be arranged for relevant staff and pupils.

Pastoral support will be offered where needed.

Parents/carers will receive appropriate information.

The Designated Allergy/Medical Lead and Headteacher will review the incident within 48 hours where practicable and identify immediate actions.

9. Food, Catering and the 14 Regulated Allergens

The school will work with its catering provider to identify and safely manage pupils' food allergies. Catering staff must check ingredients and product changes, maintain accurate allergen information, prevent cross-contamination and ensure agreed dietary requirements continue to be met when menus or products change.

Cereals containing gluten

Crustaceans

Eggs

Fish

Peanuts

Soybeans

Milk

Nuts

Celery

Mustard

Sesame

Sulphur dioxide and sulphites

Lupin

Molluscs

The school will maintain an allergy-aware environment. It will actively identify known allergens, minimise avoidable exposure and maintain robust emergency arrangements rather than relying solely on a blanket 'nut-free' approach.

Parents/carers should not routinely send food into school for sharing. Where food is used for celebrations, rewards, fundraising or curriculum activities, allergy risks will be considered beforehand. Applicable allergen-labelling requirements, including those for prepacked for direct sale food, will be followed.

10. Curriculum, Educational Visits and Extended Provision

Allergy risks will be considered in cooking, baking, science, art, craft, sensory activities, gardening, outdoor learning and other practical activities. Pupils will not be excluded from curriculum activities solely because they have an allergy; proportionate adjustments will be considered.

Educational visits

Review the pupil's IHP/Allergy Action Plan.

Confirm medication is present and in date.

Identify trained staff.

Check food arrangements.

Consider emergency medical access.

Ensure medication remains immediately accessible.

Confirm arrangements with transport providers/venues where relevant.

Record completion of allergy checks within the visit risk assessment.

The same standards apply to breakfast clubs, after-school clubs, performances, residential activities and other extended provision.

11. Inclusion, Equality and Allergy-Related Bullying

Pupils with allergies should be able to participate fully in lessons, play, PE, meals, clubs, trips, residential activities, celebrations and social activities.

Where an allergy amounts to a disability under the Equality Act 2010, the school will consider reasonable adjustments.

Deliberate exposure to an allergen, interference with medication, mocking, intimidation or bullying because of an allergy will be treated seriously under the school's behaviour and anti-bullying procedures.

The school will consider the emotional and social impact of allergy management and support pupils to participate without unnecessary stigma or exclusion.

12. Serious Incidents and Near Misses

The school will record and review serious allergy incidents and near misses on the school's incident tracker.

Anaphylaxis requiring emergency medication.

An AAI being inaccessible or out of date during an emergency.

An allergy not being communicated for a trip or activity.

A wrong meal identified before consumption.

An exposure with potential to cause harm.

Medication being unavailable, misplaced or incorrectly administered.

Failure to follow an IHP or Allergy Action Plan.

Failure of catering or cross-contamination controls.

Following an incident, the school will consider what happened, whether the IHP was current, whether staff knew what to do, whether medication was available and accessible, whether training was adequate, whether catering procedures were followed, whether communication was effective and what changes are required.

Serious incidents and significant near misses will be reported through governance arrangements and, where required, to relevant external bodies.

13. Monitoring, Audit and Review

The Headteacher and Designated Allergy/Medical Lead will monitor compliance. The governing body will receive appropriate assurance on policy implementation, staff training, emergency AAI arrangements and lessons learned through termly reporting.

Current allergy register.

IHP completion and review.

Staff training compliance and competency checks.

MediKit/SIMS records.

Emergency AAI stock, expiry, condition and accessibility checks.

Catering allergen arrangements.

Educational visit checks.

Serious incidents and near misses.

Supply/temporary/wraparound arrangements.

Equality, inclusion and anti-bullying arrangements.

Actions arising from incidents and audits.

This policy will be reviewed at least annually and sooner following a serious incident, significant near miss, medication error, material change in a pupil's needs, or relevant change in legislation or statutory guidance.

The Headteacher will include allergy safety arrangements and significant incidents within appropriate termly safeguarding and governance reporting.

14. Publication, Accessibility and Communication

This policy will be published on the school website in an accessible format and made known within the school and to parents/carers. The school will take steps at least annually to bring the policy to the attention of pupils, parents/carers and all persons working at the school, whether paid or unpaid.

Parents/carers will be provided with relevant allergy information arrangements on admission and reminded of the school's arrangements at appropriate intervals.

A one-page emergency allergy poster will be displayed in classrooms, offices, the staffroom and other key locations and provided to relevant temporary and supply staff.



**SHAWLANDS
PRIMARY SCHOOL**

BETTER TOGETHER

SUSPECTED ANAPHYLAXIS – ACT IMMEDIATELY



- 1.**  **GIVE ADRENALINE NOW** — use the pupil's prescribed AAI. If unavailable/inaccessible, use the school's spare emergency AAI where appropriate.
- 2.**  **CALL 999** — say: "Suspected anaphylaxis – adrenaline has been administered."
- 3.**  **SEND FOR THE SECOND AAI / EMERGENCY KIT.**
- 4.**  **KEEP THE CHILD WITH AN ADULT** — do not allow them to walk unnecessarily.
- 5.**  **IF REQUIRED, GIVE A SECOND DOSE** — follow current emergency guidance and the pupil's IHP.
- 6.**  **CONTACT PARENTS/CARERS** once emergency help has been called and treatment started.
- 7.**  **RECORD AND REPORT THE INCIDENT.**



DO NOT WAIT.



DO NOT SEND THE CHILD TO FIND THEIR MEDICATION.



DO NOT LEAVE THE CHILD ALONE.



SAFE CHILDREN. STRONGER TOGETHER. | BETTER TOGETHER.



Appendix B — Parent/carer allergy information form



Pupil name:	
Date of birth:	
Class	
Parent/carer name(s):	
Emergency contact number(s):	
Known allergy/allergies:	
Known trigger(s):	
Has the child ever had anaphylaxis?	YES / NO
Typical symptoms:	
Prescribed medication/AAI:	
AAI dose/type:	
Where is the child's prescribed AAI normally kept?	
Can the child self-carry/self-administer?	YES / NO / WITH SUPPORT
Healthcare professional/clinic	
Any other important information:	

I confirm the information above is accurate and I will inform the school of any changes.

Parent/carer signature: _____

Date: _____

Appendix C – Individual Healthcare Plan / Allergy Action Plan Template

Pupil	
Class	
Allergy/allergies	
Known triggers	
Risk of anaphylaxis: YES / NO / UNKNOWN	
Symptoms / early warning signs	
Prescribed AAI(s)	
Medication location	
Emergency procedure	
Second AAI arrangements	
Staff trained to administer AAI	
Date of last training/competency check	
Food/catering arrangements	
Curriculum/activity adjustments	
Educational visit arrangements	
Parent/carers contacts	
Healthcare professional input	
Self-management arrangements	
Date agreed	
Review date	
School representative	
Parent/carers	
Pupil (where appropriate)	

The IHP must be reviewed at least annually and whenever there is a significant change in the pupil's needs, medication, allergy status or circumstances.

Appendix D – Governor/Headteacher Compliance Checklist

- ☐ Dedicated Allergy Safety Policy approved and published.
- ☐ Policy reviewed at least annually.
- ☐ Policy brought to the attention of pupils, parents/carers and staff at least annually.
- ☐ Allergy register current.
- ☐ IHPs current for pupils who require them.
- ☐ Relevant staff allergy training compliance checked.
- ☐ AAI competency checks evidenced for designated staff.
- ☐ MediKit/SIMS records reviewed.
- ☐ Spare/emergency AAIs available where required.
- ☐ AAI expiry, condition, storage and accessibility checks evidenced.
- ☐ Emergency AAI locations displayed and known to staff.
- ☐ Catering allergen arrangements checked.
- ☐ Educational visits arrangements checked.
- ☐ Serious incidents and near misses recorded.
- ☐ Lessons learned and actions tracked.
- ☐ Staff know emergency procedure.
- ☐ Supply/temporary/breakfast/after-school staff arrangements checked.
- ☐ Equality, inclusion and anti-bullying arrangements reviewed.
- ☐ Parent/carers information forms and IHPs reviewed.
- ☐ Termly assurance reported to governors.

Evidence/location of records: _____

Governor review date: _____ Reviewer: _____

Actions arising: _____

Appendix E — Document control and approval

Policy owner:	Claire Athorn(Headteacher)
Designated Allergy/Medical Lead:	Claire Pease
Governor responsible:	Sarah White
Approved by:	
Approval date	
Next review	September 2027

Official Sources and Further Reading

Department for Education – Allergy safety in schools (statutory guidance):

<https://www.gov.uk/government/publications/allergy-safety-in-schools>

Department for Education – School food standards: allergy guide:

<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

Children's Wellbeing and Schools Act 2026 – allergy safety provisions:

<https://www.legislation.gov.uk/ukpga/2026/21>

Food Standards Agency – allergens and food labelling: <https://www.food.gov.uk/>

NHS – anaphylaxis: [https://www.nhs.uk/conditions/allergy poster](https://www.nhs.uk/conditions/allergy-poster)