



Allergy Safety Policy - DRAFT

This policy was approved and ratified by the Board of Trustees at

Cox Green School

On

PENDING - DRAFT



Revision History

Version	Areas
V1.0	New policy

Introduction

Cox Green School takes reasonable steps to prevent exposure to known allergens, respond promptly to allergic reactions and enable pupils with allergies to participate fully in school life. This policy sets out the arrangements for prevention, individual support, emergency treatment, staff training and learning from incidents. Anaphylaxis is a medical emergency: give adrenaline immediately, call 999 and bring help to the person. The emergency procedure is in Appendix A.

This policy applies to Years 7 to 13, including the Sixth Form, and to school-organised lessons, meals, clubs, fixtures, events, visits, residentials, work experience and transport. It also covers relevant support for staff, volunteers and visitors. External providers delivering school provision must follow the agreed allergy arrangements. Independent hirers must agree proportionate responsibilities and emergency arrangements through the letting process.

The policy should be read alongside the school's policies including but not limited to:

- Attendance and Punctuality Policy
- Behaviour and Suspension Policy
- Data Protection Policy
- Health and Safety Policy
- Inclusion Policy
- Medical Conditions Policy
- Offsite Educational Visits Policy
- Safeguarding Policy

Operational responsibilities and locations are recorded in Appendix B and must remain current.

1. Statutory framework

The Board of Trustees is responsible for the academy's allergy safety arrangements. It will have regard to the Department for Education's Allergy safety in schools statutory guidance, July 2026, issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026. The duty includes having, publishing and keeping an allergy safety policy under review.

Having regard means taking the guidance into account and carefully considering it. Where the school decides not to follow a recommendation in the statutory guidance, it will record the reasons and the alternative arrangements adopted. Any significant departure will be reported to the Board of Trustees for approval or assurance. The school adopts the arrangements below, including annual training, annual review and spare adrenaline provision. Where the guidance describes future regulations or good practice, this policy does not represent those provisions as already separate statutory duties. The



Designated Allergy Lead will check for subsequent regulations and revised guidance and bring any required changes to the Board with review of this policy.

The school will meet its applicable duties under the Equality Act 2010, health and safety legislation, safeguarding legislation, food information and food safety law, the Human Medicines Regulations 2012 as amended, UK GDPR and the Data Protection Act 2018. It will have regard to Supporting pupils at school with medical conditions and relevant SEND guidance. A severe allergy can amount to a disability; individual support will be based on need and risk, whether or not that threshold is met.

2. Allergies and related conditions

An allergy is an immune-system reaction to a substance which is normally harmless. An allergen is the substance causing that reaction. Relevant triggers include food, insect venom, medicines, latex, pollen, mould, dust mites and animal dander. Food allergy, allergic asthma, hay fever, allergic eye disease and eczema may occur together and require different support.

Anaphylaxis is a potentially fatal allergic reaction affecting the airway, breathing and/or circulation, referred to as ABC. It may be the person's first recognised reaction, may occur without a rash and may progress rapidly without earlier mild symptoms. Previous mild reactions do not predict that a future reaction will be mild. Emergency planning must reflect clinical history and documented triggers, including exercise-related or unusual reactions, rather than assume that food must have been eaten.

Food intolerance does not involve the immune system and does not cause anaphylaxis. Coeliac disease is an autoimmune condition caused by gluten, not an allergy or an intolerance. It can cause significant illness and long-term harm. These conditions are supported through the school's wider medical and dietary arrangements, with gluten avoidance and cross-contact controls for coeliac disease. They must not be dismissed as preferences.

Medically recognised sensitivities, including mast cell disorders, may also cause serious reactions. The school will seek appropriate clinical advice about triggers and emergency management and record the educational arrangements in the pupil's Individual Healthcare Plan.

3. Responsibilities

4.1 Board of Trustees and Headteacher

The Board will approve and oversee this policy, ensure adequate resources, include allergy risks on the school risk register and receive termly assurance on implementation, serious incidents, near misses and outstanding actions. It will ensure that the complaints procedure covers failures to provide agreed allergy support and that this policy is reviewed at least annually.

4.2 Headteacher

The Headteacher is responsible for implementation and will appoint a named member of the Leadership Team as the Designated Allergy Lead, with cover during absence. Allergy leadership must not be left solely to the Catering Manager. The Headteacher will ensure appropriate staffing, training, access to medication and insurance arrangements, and authorise school requests to purchase spare adrenaline auto-injectors.



4.3 Designated Allergy Lead

The Designated Allergy Lead is the senior point of contact for allergy safety. The named lead and deputy are recorded in Appendix B. The lead will coordinate identification, Individual Healthcare Plans, training, medication access, catering assurance and emergency planning, and ensure these arrangements operate during all school provision.

The lead will consult pupils, parents and staff with allergies when developing and reviewing the policy; organise annual training and a recorded annual anaphylaxis drill; monitor provision at least termly; and lead incident reviews. Findings and actions will be reported to the Headteacher and Board, with named owners and completion dates.

4.4 Student Welfare Officer

The Student Welfare Officer is the First Aid Lead, identified in Appendix B, will coordinate pupil plans and maintain current allergy and medication records. They will obtain relevant clinical plans, record consent, share information with staff who need it and arrange medication checks and replacements. This administrative role does not confer clinical expertise or authority to change a prescribed treatment.

The Student Welfare Officer will inspect school spare adrenaline kits at least half-termly, and self-carried prescribed adrenaline annually with additional checks where an IHP requires them, and after use. Checks will record location, brand, strength, quantity, condition, expiry and action taken. A named deputy will cover absence.

4.5 Staff and school teams

All staff must understand this policy, complete required training, know how to access relevant allergy information and act immediately in an emergency. They must consider allergens when planning activities, follow individual plans, maintain access to medication and report reactions, unsafe practices and near misses. Information received directly from families must be passed promptly to the Student Welfare Officer. Near Miss reports must be filed promptly with the IAM Compliance system.

Admissions staff will collect and pass on allergy information before pupils join. Staff arranging cover will ensure temporary and visiting staff have the necessary training and pupil information. HR and visit hosts will seek relevant allergy information from staff and visitors and arrange support before work or visits begin where possible.

The Catering Manager on behalf of the Catering Provider, will maintain accurate ingredient information, safe preparation and service procedures and staff competence. IT Support will promptly load identification of pupils with allergies on the till system, when provided by the Student Welfare Officer. The manager will check and communicate substitutions, stop unsafe service and cooperate with investigations. Outsourcing catering does not remove the school's oversight responsibilities.

The Operations Director and Facilities team will support environmental risk controls, safe storage locations, ambulance access and incident reporting. Subject and activity leaders will assess curriculum risks. The Educational Visits Coordinator and visit leaders will ensure individual allergy arrangements are effective off site. Pastoral staff and the SENCO will coordinate wellbeing, learning and communication support; the Designated Safeguarding Lead will consider any safeguarding concerns.



4.6 Parents and Pupils

Parents and carers are asked to provide accurate allergy information, current clinical plans, emergency contacts and a recent photograph; contribute to IHPs; and report changes promptly. They should supply labelled, in-date prescribed medication, including at least one adrenaline devices where prescribed and consenting to the use of the school spare device, or two adrenaline devices, and replace it before expiry or after use. Travel arrangements must allow access to medication on the journeys to and from school.

All families should follow the school's food and event arrangements. Parents and pupils may report concerns or delayed reactions to Reception or the Designated Allergy Lead; these must enter the same incident process as staff reports.

Pupils will be supported, according to age and ability, to understand their triggers, follow their IHP, carry agreed medication, check food information, and tell a member of staff immediately if unwell. All pupils must respect others' allergies, avoid sharing food and report unsafe behaviour. Self-management and peer support do not transfer the school's responsibility to the pupil or their friends.

4. Identifying allergies and sharing information

The school will identify known or suspected allergies through admission and transition information, annual information checks, notifications from pupils and families, previous settings and healthcare advice. Relevant information includes allergens, reaction history, associated asthma, medication, existing IHPs and clinical action plans. A diagnosis is not a prerequisite for proportionate support.

Arrangements should be ready before the start of the term for new entrants. For in-year admissions, new diagnosis or changed needs, every effort will be made to establish arrangements within two weeks where appropriate, with immediate interim measures for urgent risks. Staff arrangements should be ready when employment begins. Hosts will ask visitors about relevant allergies in advance, especially when food is offered, or at arrival if advance information is unavailable.

The Student Welfare Officer will keep a secure allergy register recording identity, current photograph, known or suspected triggers, emergency contacts, associated conditions, prescribed medication, carriage or storage, IHP and action-plan status and review dates. Relevant adult allergy information will be held proportionately through staff or visitor records and shared with those responsible for their safety.

Relevant teachers, support staff, catering staff, cover staff, first aiders and activity leaders must have current information before taking responsibility for a pupil. Photo lists may be used in staff-only food preparation and practical teaching areas. Emergency access must remain possible if normal electronic records are unavailable. Superseded plans will be removed from operational use and retained in accordance with the school's retention arrangements.

Health information is special category personal data. The school will document an appropriate lawful basis and special category condition, limit access and sharing to what is necessary, and use secure systems. Pupils and parents will be involved in routine sharing decisions, including transitions and external provision. Necessary sharing for safeguarding or a life-threatening emergency must not be delayed while seeking consent. Public displays of pupil health information and unnecessary labelling or singling out are not permitted.



5. Individual Healthcare Plans (IHPs)

An Individual Healthcare Plan, or IHP, is required where an allergy has a functional impact at school, creates a risk of harm and requires support additional to or different from general arrangements. This includes avoidance measures, emergency medicines and reasonable adjustments, even when symptoms occur rarely. Mild conditions managed entirely through ordinary medical arrangements may not need an IHP. The Headteacher will decide in discussion with the pupil, parents and relevant healthcare professionals, recording the reasons and any agreed support.

The school will prepare one coordinated IHP covering the pupil's support needs, rather than separate IHPs for each condition. The Student Welfare Officer will develop it with the pupil and parents, relevant staff and healthcare advice. Where applicable it will align with SEND and Education, Health and Care Plan arrangements. A new IHP will be prepared on transfer into Cox Green School, informed by the previous setting's plan if available.

The IHP will identify the pupil, photograph and emergency contacts; triggers and reaction awareness; health, learning and wellbeing effects; interaction with SEN; support, responsibilities and monitoring; food and curriculum controls; self-management; visits and transport; emergency arrangements; and issue, consultation and review dates. Medication records will include the prescriber, date, dose and device, access and storage, consent and date of consent. Appendix C sets out the required contents.

Clinical Allergy and Asthma Action Plans, care plans and advice letters remain separate documents and will be attached or clearly referenced with the issuer, healthcare professional, contact details and issue/review dates. Staff who need to act must have access to the current originals. The IHP will specify school responsibilities without rewriting clinical instructions as a substitute for the original plan. Staff must not change doses or make clinical judgements.

Advice from GPs, community nurses and other appropriate professionals will be accepted; consultant-only evidence will not be demanded. Where advice is unavailable, interim support will use the best available assessment of risk in close discussion with the family. Where safe arrangements cannot be determined, the school will seek clinical advice, including specialist help for complex conditions through school nursing or the relevant Designated Clinical or Medical Officer where necessary.

IHPs will be shared with the pupil, parents and relevant staff and implemented promptly. They will be reviewed at least annually and when clinical advice, medication, circumstances or self-management changes, or an incident or near miss suggests a weakness. Relevant plans will be shared securely during transition, including progression into the Sixth Form and onward education.

6. Inclusion and unacceptable practice

The school will make individual, proportionate adjustments so pupils can take part in lessons, meals, sport, clubs, events and visits alongside their peers. Allergy-related anxiety, low mood, embarrassment, disrupted sleep or reluctance to eat will be addressed through pastoral support and regular check-ins. New pupils and families will be offered discussion with catering staff and an introduction to the dining arrangements.



IHPs will set out how missed work is communicated, catch-up support, manageable workloads and reintegration following illness. The school will work with the local authority and other education providers following hospital education or alternative provision. Any temporary timetable adjustment must be individually justified, reviewed and consistent with attendance arrangements. Allergy-related fatigue and sleep disruption will be considered when responding to concentration or behaviour difficulties.

The following practices are not acceptable:

- Preventing prompt access to medication, including through uniform, bag-storage, examination or activity rules.
- Ignoring pupil or parent views, healthcare evidence or a suspected allergy while diagnosis is pending.
- Assuming identical support is suitable for everyone, or that older pupils who self-manage require no support.
- Sending an unwell pupil unaccompanied to Student Services, Reception or the first aid room. In suspected anaphylaxis, help and medication must come to the person.
- Unnecessarily sending pupils home, excluding them from meals or activities, or routinely segregating them at mealtimes.
- Penalising allergy-related absence or excluding pupils from attendance rewards because of medical appointments or allergy-related illness.
- Requiring parents to attend to administer routine medication or accompany visits because the school has failed to provide suitable support.

Allergy-related bullying includes teasing, threats to expose someone to an allergen, deliberate contamination, force-feeding, hiding medicines and exclusion through the deliberate use of allergens. Staff will intervene, record concerns, protect the pupil and apply behaviour, anti-bullying and safeguarding procedures as appropriate. Risk controls and pastoral support will be reviewed promptly.

Pupil awareness will be developed through tutor time, PSHE, assemblies and relevant lessons. Wider discussion of a pupil's allergy, peer emergency awareness or participation in a drill will be planned with the pupil and parents to protect privacy and wellbeing. Peer training never replaces staff emergency arrangements.

7. Preventing exposure to allergens

Cox Green School will maintain an allergy-aware environment. It cannot guarantee that the site is free from allergens and will not rely on a blanket 'nut-free' claim. Where an individual assessment supports a restriction on a particular food or material, the Designated Allergy Lead will record its scope, reasons and review date and communicate it to everyone affected. Restrictions supplement prevention and emergency arrangements.

Staff must consider food, contact and airborne allergens in every relevant activity, including Food Technology, Science, Art, Technology, Music, PE, gardening, clubs, rewards, fundraising and cultural events. They will check ingredients, materials and supplier information and reassess changes. Glues, dough, bird feed and used food packaging can contain allergens. Suitable alternatives will be used for the whole group where necessary so that a pupil can participate safely.



Controls include clean equipment and work surfaces, handwashing with soap and water, separation of ingredients and utensils and safe storage. Alcohol hand gel is not a substitute for washing away food residues. Food containers used for craft must be checked for relevant residues; non-food materials should be used where possible. Visiting teachers and activity providers must follow the same controls.

The Facilities team will address dust, damp, mould, ventilation and indoor and outdoor air quality through health and safety arrangements, taking account of asthma triggers and infection prevention. Assessment will include air-quality monitoring and supplemental HEPA filtration where needed, particularly where ventilation is limited and outdoor air is polluted. Adjustments must balance ventilation with the individual's pollen or other airborne triggers.

Insect risks will be assessed for outdoor activities. Food and drink should be covered, waste managed and nests reported to Facilities for competent assessment and control. Pupils must not disturb nests. Individual advice may include suitable footwear, covered limbs and avoiding strong fragrances. Animals on site and animal-related visits require prior assessment, appropriate avoidance measures, cleaning and handwashing after contact. Latex and other contact allergens will be substituted where needed.

8. Food and catering

8.1 Food information and safe preparation

The school and caterer will operate documented allergen controls covering purchasing, recipes, storage, preparation, cleaning, service, substitutions and incidents. The school will check allergen competence and procedures when appointing providers and during contract monitoring. These arrangements cover regular food provision throughout the day, including clubs, events and any tuck-shop or vending offer within school control.

Clear, accurate and readily accessible information must be available to pupils and parents about the 14 regulated allergens in food provided: celery; cereals containing gluten; crustaceans; eggs; fish; lupin; milk; molluscs; mustard; peanuts; sesame; soya; sulphur dioxide and sulphites above the applicable threshold; and specified tree nuts. The catering team will also check full ingredient and supplier information for allergies outside this list. Staff must never infer safety from a menu name, appearance or memory.

Food prepacked for direct sale must show its name and full ingredients list, with regulated allergens emphasised, in accordance with the applicable food information requirements, including Natasha's Law. Non-prepacked meals must have clear, accurate allergen information available before selection. The catering team will maintain written recipe and allergen information at service and provide it to families on request. Supplier-prepacked food must retain its required labelling.

Cross-contact will be prevented through suitable separation, clean hands, cleaned surfaces and utensils, safe storage and a controlled preparation and service sequence, including preparing an allergy-specific meal first where appropriate. Gluten-free claims must meet the limit of 20 parts per million or less; very-low-gluten claims must meet 100 parts per million or less and their other applicable conditions. Such claims are not assurances that food is suitable for wheat allergy.

Recipe, supplier, ingredient and menu substitutions require a fresh check and updated information before service. The Catering Manager must inform affected pupils and the Student Welfare Officer of



relevant changes before food is offered. If safety or ingredients cannot be established, staff will withhold that item from the person at risk and arrange a suitable alternative.

Precautionary wording such as 'may contain' must be considered against the individual's clinical advice and agreed IHP arrangements. Staff must not dismiss it or assume that the absence of such wording proves safety. Unlabelled or homemade food must not be assumed safer than a labelled product.

8.2 Safe and inclusive meal service

The Catering Manager will arrange at least two robust methods of identifying pupils with food allergies at service. The standard process will combine checking the pupil against a current secure photograph/allergy record with a separate identity and meal check by a trained adult before handover. An equivalent electronic or other system may be used where the Designated Allergy Lead records how both checks work. Exact arrangements are recorded in Appendix B and must preserve dignity.

The correct meal must be matched to the individual and checked against their current requirements, including allergens outside the regulated 14. A pupil's own checking is encouraged but must not be the only safeguard. Pupils will eat with their peers, with individual risk controls rather than routine separate tables or visible allergy labelling.

The school will work with pupils, parents, caterers and relevant professionals to provide suitable meals consistent with the School Food Standards. Reasonable adjustments must allow eligible pupils with allergies to access their free school meal entitlement; the agreed arrangements will be recorded in their IHP. Packed lunches must not become the automatic substitute for providing that entitlement.

8.3 Food brought into school and events

Packed lunches, bottles and ingredients brought for lessons must be clearly named, appropriately packaged and stored safely. Original ingredient labels should accompany classroom ingredients. Pupils must not trade or share food, drinks, utensils or containers, and throwing food is prohibited. Pupils will be encouraged to wash their hands with soap and water before and after eating.

Food intended for sharing, celebrations, rewards or fundraising must be agreed with the organising member of staff in advance. They will check ingredients and risks, engage affected families and obtain advance permission where appropriate for the pupil to participate safely. Where safety cannot be established, an inclusive non-food or otherwise suitable alternative will be provided.

Occasional fundraising food may fall outside food-business labelling law, but the school will still require clear ingredient and allergen information as a safety measure. Regular organised food provision must meet the applicable food-business duties. External event organisers and hirers must agree how allergy information, food safety and emergency response will be managed.

9. Asthma and other allergic conditions

Pupils with asthma should have a current clinical Asthma Action Plan and their prescribed reliever inhaler available throughout school activities and journeys. Those able to self-manage will be supported to carry it; otherwise it must be clearly labelled and easily accessible. Where an IHP is required, the Asthma Action Plan will be attached alongside any Allergy Action Plan.



Staff will recognise wheeze, persistent cough, chest tightness and breathing difficulty and respond using the current Asthma Action Plan and their training. For a severe attack, deterioration or failure to respond to the plan, staff will call 999 promptly, stay with the pupil and follow the call-handler's advice. Sudden breathing difficulty in someone with food allergy must prompt consideration of anaphylaxis: give adrenaline when suspected. An inhaler must never replace or delay adrenaline.

Support for hay fever, allergic eye disease and eczema will reflect need, including access to authorised medicines, moisturisers or emollients, time and privacy to apply treatment, sunglasses for outdoor activity, suitable clothing and adjustments to heat or pollen exposure. More severe symptoms, learning effects or risks will trigger consideration of an IHP. Routine mild symptoms may be supported under ordinary medical arrangements.

10. Medicines and emergency stock

10.1 Prescribed adrenaline and other medicines

A pupil prescribed adrenaline must have rapid access to two in-date prescribed devices at all times, including journeys, meals, PE, sports fields, clubs and visits. An adrenaline device may be an auto-injector or an individually prescribed licensed nasal device. Staff must be familiar with the actual device and follow its instructions and the current clinical plan.

Self-carry will be agreed individually with the pupil and parents, considering competence, confidence and risk. The IHP will specify support and monitoring and how devices return home for the journey. Where self-carry is unsuitable, an identified adult or an unlocked, continuously accessible location will be used. Devices must not be left in restricted offices, locked cupboards, changing rooms or a coach luggage hold when that prevents access.

Adrenaline must be administered immediately when needed, and within five minutes of recognising anaphylaxis. Storage and communication arrangements must allow retrieval and administration within that period; five minutes is an outer limit, not a waiting period. Appendix B records exact locations and access arrangements, including out-of-hours activities. Timed checks must test the furthest teaching and activity areas.

Medicines will be correctly labelled, in their original packaging where practicable, and accompanied by the current action plan. Adrenaline will be stored at room temperature in accordance with manufacturer instructions, protected from heat, freezing and direct sunlight, and not refrigerated. Storage must manage unauthorised access without delaying emergency use.

The Student Welfare Officer will record and check prescribed medication and remind families before expiry. Missing, expired or damaged devices will be escalated immediately to the family and Designated Allergy Lead for replacement and an interim safety plan. Essential support will not simply be withdrawn. Repeated absence of essential medication will also be considered under section 15.

10.2 School spare adrenaline auto-injectors

The school will maintain at least two pairs of spare 300 microgram adrenaline auto-injectors for its secondary-age pupils, subject to a recorded site and dose assessment. More stock or locations will be



provided where necessary to meet access times and maintain cover during trips or out-of-hours provision. Exact locations and any additional strengths are recorded in Appendix B.

Spare devices supplement each pupil's own devices. They will be stored in pairs in clearly labelled, emergency kits, readily accessible throughout provision. Each kit will have instructions, an emergency procedure and a checking record. A consistent brand will be purchased where practicable; any brand change requires staff familiarisation. The Headteacher will authorise purchase requests of devices for emergency use for pupils.

Under the supplied guidance, school spare stock is limited to auto-injectors; nasal adrenaline can be individually prescribed but cannot currently be purchased as school spare stock. A suitable spare auto-injector may be used when a prescribed device is missing, unavailable or misfires, including for someone prescribed a nasal device, or when a person presents with anaphylaxis for the first time.

Advance consent for spare adrenaline will be sought and recorded. In a life-threatening emergency, reasonable action to save life must not be delayed to establish a diagnosis or check prior consent. This differs from the restrictions on spare asthma inhalers below. Staff should act promptly, reasonably and to the best of their ability.

The Student Welfare Officer and deputy will check stock at least monthly and after every use or reported problem. Used, missing, damaged or expiring stock must be replaced promptly, with interim cover confirmed. Used auto-injectors should be handed to ambulance staff where possible. Used and expired devices will be disposed of through an appropriate pharmacy or approved sharps-disposal arrangement following manufacturer instructions, never general waste.

10.3 Emergency asthma inhalers

The school will maintain emergency salbutamol inhaler and spacer kits alongside spare adrenaline provision, with locations recorded in Appendix B. A spare inhaler may be used only for a pupil prescribed a reliever inhaler whose own inhaler is unavailable and for whom written consent is held, in accordance with DHSC guidance. The Student Welfare Officer will maintain an eligibility and consent record accessible with the kit.

Monthly and post-use checks will cover expiry, remaining doses, condition, availability of suitable spacers, cleanliness and replacement. Kits must be maintained and cleaned under DHSC and manufacturer instructions; spacers must not be shared between pupils. Every use will be recorded and parents informed. Spare inhalers do not replace personal inhalers or adrenaline for suspected anaphylaxis.

11. Responding to an allergic reaction

Staff must follow the person's current clinical Action Plan where available and the emergency arrangements in Appendix A. Emergency help must be summoned immediately; treatment must not wait for the Student Welfare Officer, a parent or a particular first aider.

A reaction without ABC symptoms may include swollen lips or eyes, itchy mouth, hives, abdominal pain, vomiting or a sudden behavioural change. Stay with the person, call for help, locate adrenaline and give authorised treatment such as antihistamine in accordance with their plan and the school's medicine



arrangements. Contact the parent or emergency contact and observe continuously in a safe place for at least 60 minutes after the reaction. Mild reactions do not automatically require sending a pupil home.

Any airway, breathing or circulation difficulty must be treated as suspected anaphylaxis. Throat or tongue swelling, a hoarse voice, difficulty swallowing, wheeze, persistent cough, breathing difficulty, faintness, pallor, confusion or collapse require immediate action. A rash is not necessary. If in doubt, give adrenaline.

Keep the person lying flat with legs raised. If breathing is difficult, allow them to sit with legs outstretched for as short a time as needed; do not let them stand or walk, even if they improve. Bring medication to them and administer adrenaline without delay. Ask another adult to call 999 simultaneously, or call immediately after giving adrenaline if alone. If symptoms have not improved or have worsened after five minutes, give a second dose using a second device and update 999.

Stay with the person, monitor breathing and follow emergency-service advice. Place an unconscious person who is breathing normally in the recovery position; if unresponsive and not breathing normally, begin CPR and use an AED as directed by training and the call-handler. Contact the family without delaying care, meet the ambulance and provide treatment details. Suspected anaphylaxis requires emergency clinical assessment and hospital care even after apparent recovery. At least two members of staff will accompany a pupil until a parent or responsible carer takes over where necessary.

12. Visits and activities off site

The visit or activity leader will plan early with the pupil, family, Student Welfare Officer, relevant providers and healthcare advice. A specific risk assessment is required for every pupil at risk of anaphylaxis on an off-site visit. It must address meals and packed lunches, accommodation, transport, sport, insects, animals, latex, communication, temperature, emergency access and any language barriers. Work-experience hosts and transport providers must receive necessary information and agree responsibilities.

Before departure, the leader must check the pupil has two in-date prescribed adrenaline devices and other required medicines, with the current IHP and clinical plans accessible. At least one accompanying adult must be trained and confident with the actual device, with sufficient cover for separate groups, overnight periods and staff absence. Devices must stay close to the pupil throughout travel and activities, protected from temperature extremes.

Catering arrangements must be confirmed in advance, including meals at another school, residential venues and allergens outside the regulated 14. Packed meals must be labelled and handed to the correct person. Staff must know how to call emergency services, give an exact location, access medical care and manage poor mobile coverage, including overseas arrangements.

The risk assessment will decide whether to take spare auto-injectors; doing so must not leave school without adequate spare cover. Missing medication must trigger urgent attempts to obtain it and a senior review of safe alternatives. There must be no automatic exclusion because of allergy and no routine requirement for parents to accompany a visit. An activity must not proceed with an unresolved immediate safety risk; the Headteacher or delegate will record the individual decision and arrangements to enable participation safely.



13. Training and drills

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, peripatetic and agency staff, regular volunteers, caterers and staff supervising clubs. Ad hoc maintenance contractors with no pupil-facing role are outside this whole-staff requirement but will receive relevant safety information.

New, supply and cover staff must have suitable allergy training and a briefing on local emergency arrangements and relevant pupils before taking unsupervised responsibility. The Designated Allergy Lead will, via the HR Director, check coverage, arrange catch-up training and retain records of attendance, date, provider, content and practical device familiarisation. First-aid training alone is insufficient.

Training will cover allergy and coexisting conditions; distinctions from intolerance and coeliac disease; triggers and exposure prevention; food labels and cross-contact; access to the allergy register and IHPs; use of current clinical plans; recognition of mild reactions and ABC anaphylaxis; acute asthma; and the effect of allergy on wellbeing and bullying.

Practical emergency training will cover locating and using prescribed and spare devices, current brands and strengths, positioning, immediate adrenaline, 999, the second dose, inhaler use, family contact and incident reporting. Staff will practise with appropriate trainer devices. Individual healthcare tasks requiring separate clinical competency, delegation or supervision will have those arrangements in addition to this training.

The school will run and record an anaphylaxis drill at least annually. It will test recognition, communication, retrieval and administration timing across the site, access during clubs and outdoor activities, device choice, ambulance access and staff cover. Results will be reviewed like an incident or near miss, with actions tracked to completion. Pupils will only be involved after suitable planning with them and their families.

14. Incidents and near misses

14.1 Recording and notification

A serious incident is an allergy-related event causing harm or immediate significant risk, including one requiring emergency medication, urgent clinical intervention or emergency-service attendance. A near miss causes no harm but has a clear potential to do so through an error, omission or system failure. Mild reactions also require recording and consideration of learning.

All reactions, unsafe meals, medication errors, serious incidents and near misses must be reported promptly and recorded in the school's accident book or approved electronic equivalent as soon as feasible. Pupils, families, staff, visitors and healthcare professionals can report events, including delayed effects noticed at home. Appendix B gives the reporting route.

The record will state who was affected; what happened, when and where; the suspected cause and known circumstances; witnesses; symptoms; actions and medicines, including dose, device and times; emergency-service involvement; family contact; and the outcome. Relevant food, packaging, labels, records and other evidence must be secured safely. Initial facts should be recorded promptly and supplemented as the investigation develops.



Reports must go to the Designated Allergy Lead and Headteacher. Parents or carers must be notified promptly for pupils aged up to and including 16. For pupils over 16, the school will confirm their agreement before routine parental notification, subject to safeguarding, capacity and other lawful grounds for sharing where necessary. The affected person and family, as appropriate, will receive the report, contribute to the review and be told the resulting actions. Serious incidents will be escalated promptly to the Board through confidential arrangements, alongside termly reporting of incidents and near misses.

14.2 External reporting

The Designated Allergy Lead and Operations Director will determine external reporting requirements with the relevant competent advisers. The school and caterer will record and review all allergen food incidents, seek environmental health or Primary Authority advice where appropriate and notify competent authorities when unsafe food has left immediate control and may pose a wider consumer risk under Article 19 of Regulation (EC) 178/2002. Withdrawal or recall action will be taken where required. An isolated error immediately contained does not automatically require a formal food notification; the assessment and advice will be recorded.

RIDDOR reporting will be assessed against the applicable criteria. For pupils and other non-workers, this includes a work-related accident causing death or direct transfer to hospital for treatment of an injury, not solely precautionary checks. A spontaneous medical episode unrelated to work activity is not automatically reportable. Employee cases and other reportable events will be assessed under their relevant RIDDOR criteria. The school will seek competent health and safety advice where uncertain and meet the required reporting timescales.

Where an event relates to delivery of a clinical care or action plan, the issuing healthcare professional or team will be notified and given the report for advice and review. The Designated Safeguarding Lead will consider a referral where there is concern about neglect, abuse or exploitation, including repeated absence of essential medication putting a pupil at risk. An allergy incident alone does not automatically require a safeguarding referral.

14.3 Review and support

The Designated Allergy Lead will lead a review in a spirit of learning without blame. It will consider foreseeability, prevention, whether plans covered the circumstances, whether they were followed, their adequacy, training or communication weaknesses, possible breaches of duties and changes needed. This does not prevent appropriate action on serious misconduct or safeguarding concerns.

The pupil and family and, where relevant, healthcare professionals will contribute. The review will consider policy, IHP, food controls, medicines, access times and staffing; agree actions, owners and deadlines; and verify completion. Relevant learning will be shared with staff while respecting privacy. Every serious incident or near miss must prompt consideration of review; a complete policy rewrite is unnecessary where arrangements remain fit for purpose.

Pastoral support will be offered to the affected pupil, family, witnesses and responding staff. The school will meet with the pupil and family to restore confidence in safe participation and review the IHP and any return-to-school support. Staff will have time to reflect constructively on the response.



If a pupil dies, the school will activate its critical incident plan, cooperate with Police, coronial and child-death review processes, preserve potentially relevant evidence and records and support the family, siblings, pupils and staff. The Headteacher will coordinate communication and statutory liaison in accordance with current child-death review guidance.

15. Communication and complaints

The policy will be published on the school website, made available in hard copy on request and communicated to pupils, families, staff, regular volunteers and relevant external providers. Training, induction, admission information and regular reminders will explain how to report an allergy, seek support and raise a concern.

Allergy questions and reports may be made through Reception to the Designated Allergy Lead. Complaints about an incident, near miss, delay or failure to implement this policy or an IHP will be investigated under the school's published complaints procedure. Immediate risks must be acted on while a complaint is considered. Concerns about the lead's handling may be raised with the Headteacher, and those about the Headteacher through the route specified in the complaints procedure.

16. Monitor and review

The Designated Allergy Lead will audit implementation at least termly, including identification, IHP and clinical-plan currency, training and cover, medication stock and access times, food information and service checks, curriculum and visit controls, wellbeing, complaints and incident actions. The Board will receive assurance and challenge unresolved weaknesses through the risk register.

The policy will be reviewed at least annually, considering pupil, parent and staff feedback and all recent serious incidents and near misses. Earlier review will follow material changes in needs, premises, catering, legislation or guidance, or evidence that arrangements are ineffective. Changes must be communicated and implemented. Appendix B will be updated promptly whenever people, locations or operational arrangements change.



10.Version History

Version	Authorisation	Approval Date	Effective Date	Next Review
1	Full Governing Body	xx/XX/2026	01/09/2026	Sept 2027

11.Glossary

DAL Designated Allergy Lead

TBC To Be Confirmed



Appendix A Emergency procedure

Suspected anaphylaxis requires immediate adrenaline and a 999 ambulance call. Do not wait for a rash, a parent or a particular member of staff.

Recognise ABC: airway or tongue swelling, hoarse voice or difficulty swallowing; sudden wheeze, persistent cough or breathing difficulty; faintness, pallor, confusion or collapse. Any one may indicate anaphylaxis. If in doubt, give adrenaline.

1 Bring help to the person

Call for help and send someone for their prescribed adrenaline and the nearest spare pair. Stay with them. Never send them to collect medication or walk to the medical room.

2 Position safely

Lie flat with legs raised. If breathing is difficult, allow sitting with legs outstretched for as short a time as needed. Do not allow standing or walking, even after improvement.

3 Give adrenaline immediately

Use their prescribed device if immediately available; otherwise use a suitable spare auto-injector. Follow the device instructions and clinical Action Plan. For an auto-injector, inject into the outer mid-thigh as instructed. Note the time. Do not delay to check consent or to telephone 999.

4 Call 999

Ask another adult to call while adrenaline is given; if alone, call immediately afterwards. Say “anaphylaxis”, give the exact location and report treatment and time. Follow the call-handler’s advice. Send an adult to meet the ambulance.

5 Repeat after five minutes if needed

If there is no improvement or symptoms have worsened after five minutes, give another dose using a second device. Note the time and update 999. Antihistamines and inhalers must not replace adrenaline. Use a reliever after adrenaline for persistent wheeze only as directed by the clinical plan or emergency advice.

6 Monitor and arrange hospital care

Stay with the person. If unconscious but breathing normally, use the recovery position. If unresponsive and not breathing normally, start CPR and use an AED following training and 999 advice. Contact the family without delaying care. Hospital assessment is required even if the person seems recovered.

7 Handover and report

Give ambulance clinicians the medication details, times and used devices. A staff member should accompany a pupil until a parent or carer takes over where necessary. Record the incident, secure relevant evidence, replace stock and notify the Designated Allergy Lead.



Emergency address: Cox Green School, Highfield Lane, Maidenhead, Berkshire, SL6 3AX. Use the exact gate, meeting point and out-of-hours access arrangements recorded in Appendix B.

For a reaction without ABC symptoms: follow the clinical Action Plan, give authorised treatment, inform the family and supervise continuously for at least 60 minutes. Escalate immediately if ABC symptoms appear or anaphylaxis is suspected.



Appendix B Local implementation schedule

The Headteacher and Designated Allergy Lead will complete and maintain this schedule before the policy takes effect. Medication locations and access arrangements must be communicated to all relevant staff and checked during drills. The school commitments in this policy require confirmation through these records.

Item	Local detail	Responsible role
Designated Allergy Lead	TBC	Headteacher
Deputy Allergy Lead	TBC	Headteacher
Medical or First Aid Lead and deputy	Emma Doyle, Student Welfare Officer	Designated Allergy Lead
Spare AAI pair 1	TBC	Student Welfare Officer
Spare AAI pair 2	TBC	Student Welfare Officer
Additional stock and site coverage	Student Welfare Officer will arrange replacement stock. Access to AAI in site opening times.	Designated Allergy Lead
Emergency inhaler kits	TBC	Student Welfare Officer
Prescribed medicines	Student Services Office, Fifield.	Student Welfare Officer
Emergency help on site	Channel 1, or x333 on 3CX.	Headteacher / Facilities
Ambulance access	Facilities Team to be notified on Channel 1.	Facilities / Reception
Records and contingency access	Medical information stored in Sims and accessible on EduLink One. IHPs on Sims and under student files. Offline register with Student Welfare Officer.	Student Welfare Officer
Catering provider	IFG (named person and contact TBC)	Finance Director
Two meal-service checks	Catering team, via till allergy read out. Catering allergy lead identified through purple hat/apron. Allergy information register at till.	Catering Manager



Item	Local detail	Responsible role
Individual restrictions	food Student Welfare Officer to notify IT Support, who will load this on Till system, displays at check out at till.	Designated Allergy Lead
Incident reporting	IAM Compliance system, incident reporting tab.	Operations Director
Training and drill	E-Learning via HR Director loading on to Every system.	Designated Allergy Lead
Medication assurance	Checking record and reordering by Student Welfare Officer. Cover by Student Services.	Student Welfare Officer
Approval and review	Policies administrator to notify Designated Allergy Lead when due review. Designated Allergy Lead to maintain awareness of changes in legislation and requirements.	Board / Headteacher

The Designated Allergy Lead will retain evidence of the completed checks and actions, including retrieval and administration within five minutes from the furthest relevant location. Changes to local arrangements must be shared promptly with staff and reflected in pupil plans where relevant.



Appendix C Individual Healthcare Plan requirements

Use one coordinated IHP for the pupil. This schedule sets out the required school information; it does not replace clinical Allergy or Asthma Action Plans. The current DfE IHP template is available through the reference in Appendix D.

Identity and access

Name, date of birth, class or year group, current photograph and emergency contacts. Identify who needs the plan, any confidentiality arrangements and how staff can obtain it during an emergency.

Allergy and impact

Known or suspected allergens, reaction history, associated asthma or other conditions, awareness of symptoms and ability to alert others. Record effects on health, learning and wellbeing, including any interaction with SEN.

Self-management

What the pupil can manage, agreed self-carry, adult support and monitoring, including travel, sport and activities. Record the pupil's confidence and the views of the pupil, family and relevant professionals.

Support in school

Specific avoidance measures, meal-service arrangements, curriculum adjustments and responsible staff. Include missed-work communication, catch-up, return workload and reintegration after illness or hospital education.

Visits and transport

Adjustments and risk-assessment prompts for trips, fixtures, work experience, transport and residentials, including medicines, food and access to emergency care.

Emergency arrangements

Refer to and attach current clinical Action Plans. Record local actions, named staff and cover, contacts, medication and spare-kit locations. If no clinical plan exists, record school emergency arrangements and seek relevant advice without delaying interim support.

Medication annex

Medicine, device, dose as prescribed, prescriber and date; emergency or routine use; exact storage or carriage and take-home arrangements; checks and access. Record consent and its date, including separate written consent for eligible spare-inhaler use and advance consent for spare adrenaline.

Clinical documents

Attach current Allergy and Asthma Action Plans and relevant care plans or advice letters. Record the issuing provider, professional's name, role and contact details, issue date and review date. Identify school staff supporting delivery. Do not rewrite clinical directions as a replacement.



Issue and review

Named school author, date issued, date discussed with pupil and family, participants, distribution and next annual review. Review sooner after new advice, medication or circumstances, an incident or near miss, or changed independence. Share and implement the revised plan.



Appendix D References

Principal guidance: Department for Education, Allergy safety in schools, July 2026. The supplied PDF retains "June_2026" in its filename; the publication itself is dated July 2026. The guidance and its IHP and policy templates are available at:

[DfE Allergy safety in schools and templates](#)

The Designated Allergy Lead will use the current versions of the following related guidance and resources when reviewing the policy and operational arrangements:

[DfE Supporting pupils at school with medical conditions](#)

[DHSC Using emergency adrenaline auto-injectors in schools](#)

[DHSC Emergency asthma inhalers for use in schools](#)

[Food Standards Agency Allergen guidance for food businesses](#)

[HSE Incident reporting in schools](#)

[BSACI and partners Spare Adrenaline in Schools](#)

[DfE Keeping children safe in education](#)

[DfE Working together to safeguard children](#)

[Child death review statutory and operational guidance](#)

The school's medical, medicines, first-aid, safeguarding, behaviour, attendance, SEND, catering, health and safety, educational visits, data-protection and complaints arrangements must be read consistently with this policy. If guidance or legislation changes, the Designated Allergy Lead will arrange a prompt review.